NOAMA
NORTHERN ONTARIO ACADEMIC MEDICINE ASSOCIATION

Welcome

Before you sit down…

For our discussion, you will need a group at your table with varying perspectives.

Please form groups with a minimum of:

- 1 person from Health Sciences North (HSN)
- 1 person from Thunder Bay Regional Health Sciences Centre (TBRHSC)
- At least 3 people from a LEG outside of HSN or TBRHSC
- 1 person from NOSM's administration

TOGETHER WE ARE STRONGER

Local Education Group Lead Workshop

Leadership Structures &

Protected Time for Academic Work

Northern Ontario School of Medicine
École de médecine du Nord de l'Ontario

Thunder Bay Regional Health Sciences Centre

Health Sciences North
Horizon Santé-Nord

Why is it important to teach and do research in your clinical setting?

Session Outline

- Intro to the AHS Network Project
- Leadership Accountability for Academic Work
  - an overview of current structures and accountability for academic deliverables in AHSCs and smaller settings
- Interactive Discussion of Possible Future Structures

Clinical / Academic Integration Project

November 2016 – February 2017 | April 20-21, 2017 | Summer 2017

Thematic Discussions

- Leadership accountability for teaching and research in clinical sites.
- Research support services in clinical settings.
- Administrative support and coordination of education and research work in clinical environments.
- Strategic collaboration and governance.

Northern Ontario Clinical / Academic Integration Symposium

Sustainable Framework for Academic Integration

Multi-Year Implementation Plan

NOSM Collaboration Agreement Template for AHSCs and Other Partners

Process Evaluation

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Symposium Video

https://www.dropbox.com/s/11or6nviuxagh3y/NOSM%20Clinical-Academic%20Integration%20Symposium.mov?dl=0

Action Items Identified for the three organizations

- Develop a Unified Vision
- Develop a Unified Leadership Structure
- Create a single collaboration agreement

Important Process Recommendations

- Keep partners and stakeholders engaged and informed
- Ensure approach is scalable to the broader community / partners

Consider the following for your workplace:

- Who should be accountable / responsible in your discipline for the quality of your peers' clinical teaching?
- Who should be aware of and advocate for your learning needs as a clinical faculty member?
- Who should ensure appropriate allocation of teaching activities in your discipline? (Postgrad, undergrad and other)?
- How is continuity of learning and acquisition of competencies addressed to ensure that no gaps exist for learners at your site?
- How can we get more people engaged in academic work in your discipline? Whose role should this be?
- Where should people from discipline X turn to report their learning needs, or when they identify a needed curriculum improvement?
- Who should hold the vision for clinical research in discipline X in your Department?
- Who should decide what complement of physicians is needed in your Department to meet clinical and academic demands?

Why Pursue Leadership Accountability Changes at the AHSCs – and potentially in the broader network?

Purpose

1. To evolve highly functioning Academic Health Sciences Centres in Northern Ontario
    - with strong regional roles, supporting excellence in patient care, education and research in Northern Ontario
    - well integrated with the Northern Ontario School of Medicine
2. To continuously strengthen collaboration to deliver excellence in patient care, education and research in Northern Ontario.

Accountability for Academic Work in Clinical Settings

What are Academic Deliverables?

What are Leadership Accountabilities?

Why does this matter?

What have other medical schools learned?

"…the quality of academic deliverables is limited if the academic lead does of not have "authority/clout" in the clinical setting."

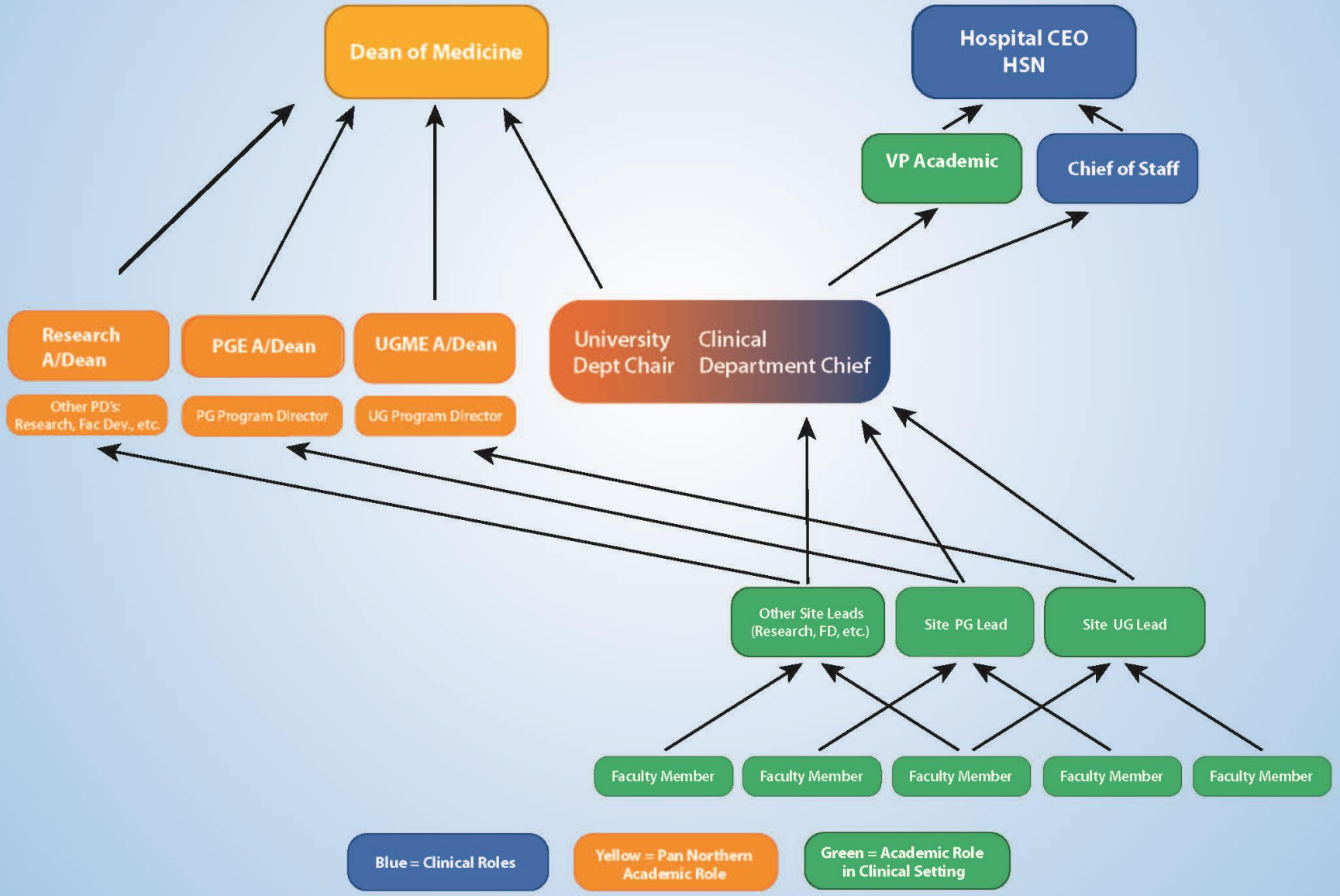
"…all physicians at an AHSC should clearly see the chain of command – how they report to both the hospital CEO and to the Dean of Medicine"

What have other medical schools learned?

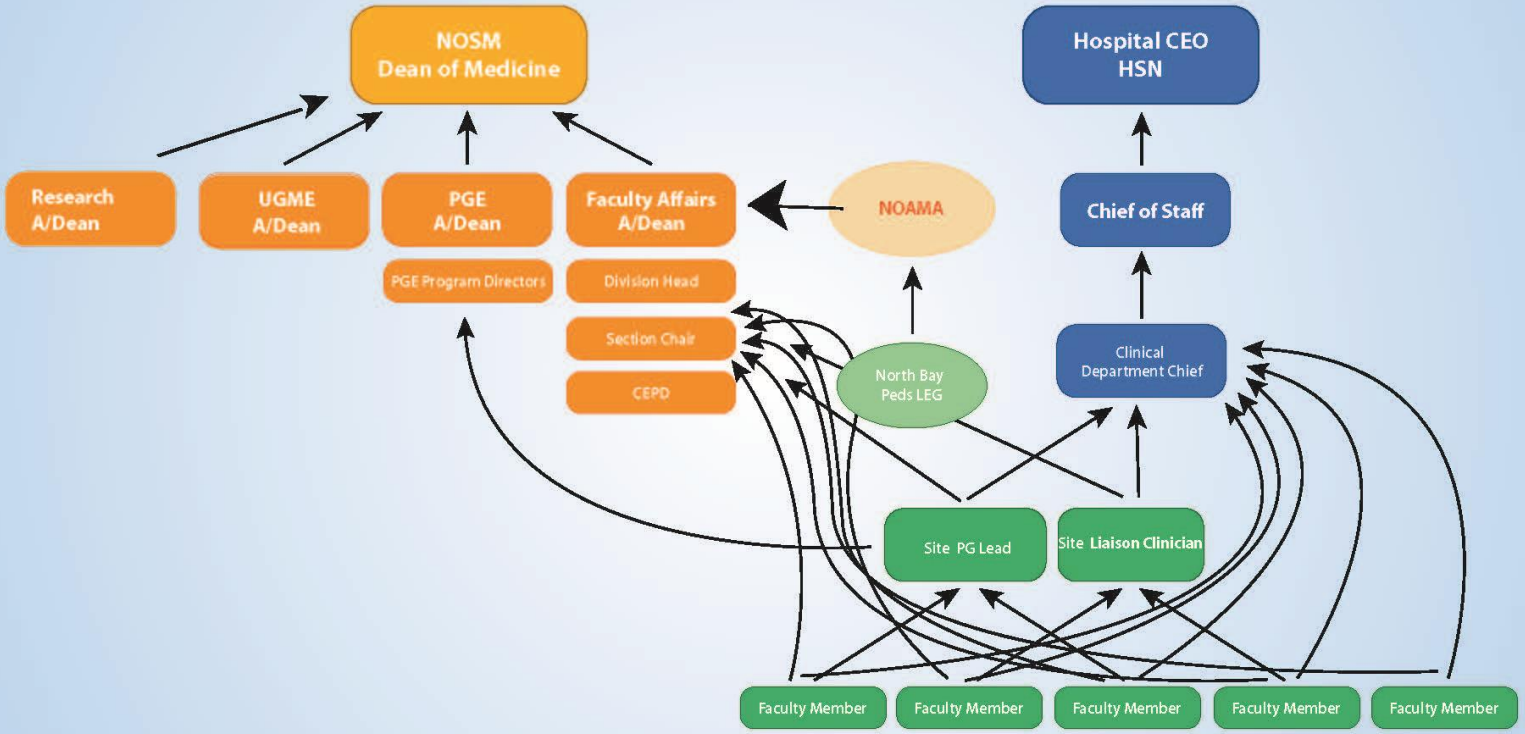
- *"Joint hospital-university appointments are key to integration of academic work in the hospital."*

- *"…when clinicians' leadership is also responsible for academics, the person engages faculty not only on their clinical performance, but is the person sharing learner feedback with the physicians, and ensuring that all faculty are coached to be effective teachers. This same person also sets the research agenda and develops a strategic HR plan for the Unit/Department."*

Current State —Sample Ontario Medical School



Current State —Non-AHSC Site, Example: North Bay Peds LEG

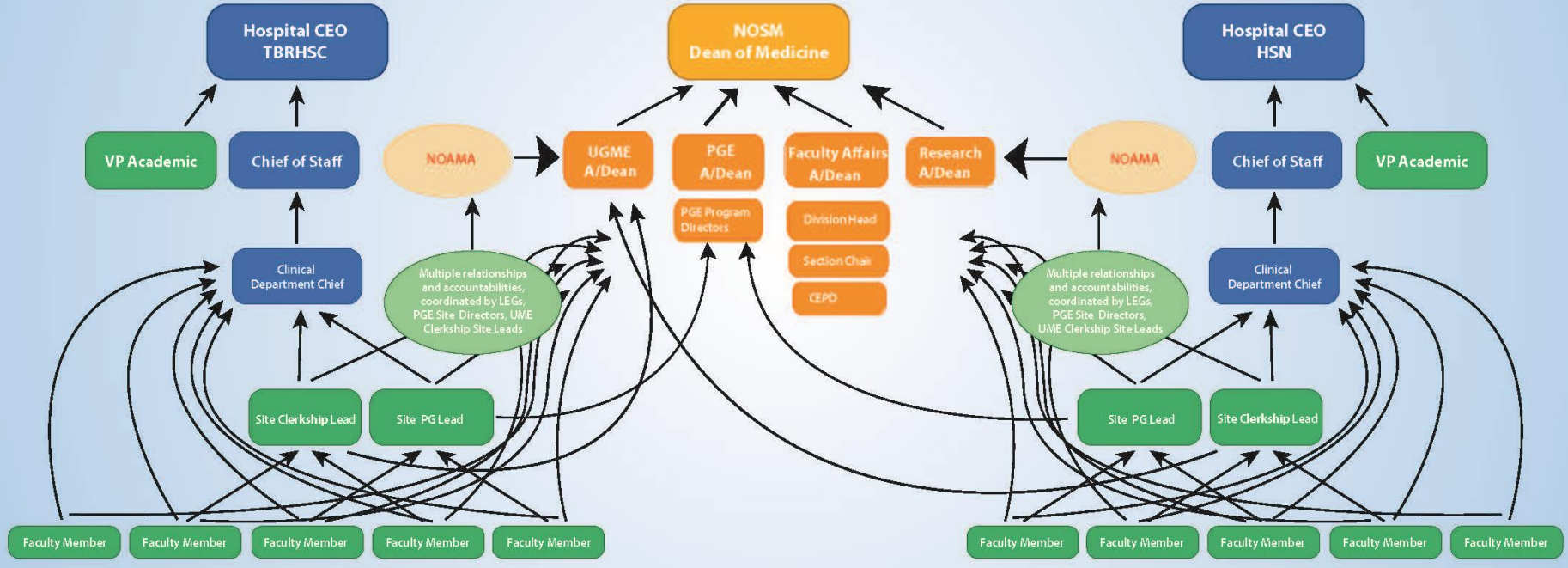


Blue = Clinical Roles

Yellow = Pan Northern Academic Role

Green = Academic Role in Clinical Setting

Current State —Both AHSC's



Blue = Clinical Role

Yellow = Pan Northern Academic Role

Green = Academic Role in Clinical Setting

Speed-Networking

Identifying a partner

- Important tips!

Task for each pair

- Each person introduces themselves and their role, and spends two minutes answering one or more of the questions on the screen
- At the signal, move on to another partner and repeat

4-5 minutes per round, 3 rounds

Introduce yourself and answer one or more of these questions (2 minutes each)

- From my perspective, the most important change that is needed to leadership accountability structures is…
- The most important outcome to me of this workshop/project would be…
- The most important thing I personally can do to advance quality and innovation in patient care, education and research is…

At the signal, find another partner and repeat

Breakout Exercise:

- Tables of 7-8
- No more than 3 people from any one organization
- Each table should have at minimum
  - 1 person from NOSM
  - 1 person from HSN
  - 1 from TBRHSC
  - least 3 from another LEG

In 6 minutes, make two lists on two pieces of paper:

- As we redesign leadership structures at the AHSCs… and potential changes in other communities / LEGs
  - We must:
  - We must not:

Narrowing it Down… to Minimum Specs

- In 15 minutes
  - Test each spec against the purpose of redesigning the leadership framework
  - If we drop this spec, can we still achieve our purpose (as per slide 7) ?
    - …. If yes, drop it from the list.
  - Write minimum specs on flip chart
    - (keep max spec lists too!!)

For each item on your list, ask yourselves:

If we drop this item, can we still achieve this purpose?
If yes, that item does not get transcribed to your flip chart paper.

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What's next?

- We will roll this input into a report and share with everyone
- Tomorrow, at the Leadership Structures Breakout Session…
  - come and help us get specific, with brainstorming on new leadership structures

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Background

- The NOSM AFP was established in 2009.
- The PCTA and NOSM signed an agreement to establish a governing body for the AFP called the Northern Ontario Academic Medicine Association (NOAMA).
- NOAMA is an unincorporated association established to manage, distribute, and administer the Alternative Funding Program funding on behalf of the MOHLTC and the Members, in accordance with the contractual terms of the AFP Agreement.
- The Physician Clinical Teachers' Association holds the majority of the voting membership of NOAMA.

Through NOAMA, NOSM is able to deliver its distinctive distributed, community-engaged medical and health professional education model involving on over 1,000 stipendiary physician faculty working in hospitals, clinics and family practices across 90 Northern communities.

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Background on the Northern Ontario School of Medicine:

- History
- Success
- Challenges

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History

- Opened September 2005
- First MD class graduated 2009
- First NOSM residency program 2007 – now 8 residency programs plus 5 Enhanced Skills program (Family Medicine PGY3)
- CEPD
- Research
- Health Sciences students
- Digital library

Social Accountability of medical schools is the obligation to direct education, research and service activities towards addressing the priority health concerns of the community, region and/or nation they have a mandate to serve."

World Health Organization, 2005

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Northern Ontario is the NOSM campus.

All clinical faculty members are actively practicing in communities.

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NOSM Academic Activities

- Undergraduate Medical Education
- Postgraduate Medical Education
- Continuing Education – clinical faculty
- Research
  - Directed at health needs of Northern Ontario
- Health Sciences students
  - Dietitians, Physician Assistants, Pharmacists, Occupational Therapy, Physiotherapy & Speech Language Pathology.
- Interprofessional Education
- Digital Library Services

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Our Success to Date

- **MD Students**
  - **92**% from Northern Ontario
  - **40%** from remote and rural communities
  - **7%** Indigenous **22%** Francophone
- **Career Choices:**
  - **62**% family medicine, mostly rural
  - 33% general specialties
  - 5% sub-specialties
- **Graduates**
  - **64%** of NOSM residents stay in the North (**22**% remote rural)
  - **94%** NOSM MD plus residency in Northern Ontario (**33**% remote rural)
  - **150** new family doctors in Northern Ontario serving approximately 178,000 patients
- **Economic Benefit**
  - **> $103M** – financial impact of NOSM on new economic activity in the North (*Draft CRaNHR report – as of 2015/16*).
- **New Remote First Nations Residency Stream**
  - 2 residents beginning Family Medicine Residency training July 2017 with a 4 year **return of service to a remote fly-in First Nations** community – unique in Canada

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Our Challenges

- We anticipate that up to 50% of family physicians will retire in small/rural communities in the next five years.
- We are seeing burnout among faculty as the struggle to cope with increasing clinical load, and more learners.
- At the residency level it is more difficult to recruit faculty to take on leadership positions – for one program we have been trying to find a new Program Director for 18 months with all potential candidates citing too heavy a clinical load.
- Rural faculty are expressing that they maybe unable to provide quality educational experiences because of clinical overload.

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Intent of the NOAMA AFP Agreement

- Provide funding that recognizes the unique contributions of physicians for academic activities;
- Increase the capacity of academic physicians to provide clinical services and academic activities in an integrated manner;
- Improve the coordination and integration of the interests of the physicians, hospitals and universities that comprise NOSM;
- Facilitate the successful recruitment and retention of physicians participating in the academic mission; and
- Ensure that the funding reaches participating physicians in an open and transparent manner.

We face challenging population health issues in the North and require a stable and well-supported multi-specialty base to ensure health care needs can be met.

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Building a Sustainable Academic Base in the North

- **NOSM hospitals lack the established academic clinical Department structures** that exist at other AHSCs to organize and fund protected time and academic leadership.
- Northern specialty-based physician groups are **not organized into practice plans** as are virtually all other AHSC physicians and therefore do not have the benefit of pooled funding to support protected academic time.
- NOSM physicians are **active clinicians paid limited stipends for academic work**. There is no concept of “Geographic Full Time” faculty that are the base at other Ontario AHSCs.
- **Lower learner volumes** do not attract the education funding needed to build an adequate and stable base of protected time and academic leadership.
- The **coordination and cost of keeping Departments and deliverables across such an expansive geography** is a major challenge. Its campus hospitals are spread across both the North East and North West LHINs.

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Unfunded Growth

NOSM AFP funding set in 2009 was based on 298 learners/year.

NOSM is now responsible for 438 learners a year: 256 undergraduate learners + 182 family and specialty residency positions representing a **47% unfunded increase**.

In addition, NOAMA membership has more than doubled since 2009.

AHSC AFP Funding Streams at Other ASHCs	AHSC AFP Funding for NOSM
Phase I	**$3,306,608**
Specialty Review	--
Phase III:	
Clinical Repair	--
Teaching	*$1,747,288*
Research	*$873,644*
Recruitment	*$436,822*
Administration	*$218,411*
Innovation	*$436,822*
	$3,712,987
Total Funding	**$7,019,595**
Per Student Funding	**$23,556**

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The Case for Additional NOAMA Funding

1. Foundational supports for academic medicine that exist in more mature AHSC environments are lacking in the North. Funding to support protected academic time and build a foundation of expertise and capacity is required to build a needed academic medicine base. With this will come a strong accountability framework including quality deliverables aligned with hospital and system priorities.

2. Unfunded growth in the teaching requirements facing NOSM clinician faculty is no longer tenable. Unfunded academic expectations on clinicians have been exacerbated by the increased clinical pressures of a growing and aging population in the North.

3. Research funding through the AFP was based on number of learners and this number has increased over time, unfunded.

4. Recruitment funding through the AFP was also based on number of learners. Given NOAMA membership has doubled since 2009, additional recruitment funding is required.

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Funding Request

1. Recognition of unfunded teaching and research growth through NOSM's 45 Local Education Groups since 2010	**$1,782,235**	
2. An increase in the AFP recruitment funding envelope, given the doubling of NOAMA members since 2010 and growing pressures	$297,039	
3. New Departmental-level academic medicine funding to support evolution to a stable and more accountable academic medicine foundation in line with other Ontario AHSCs – specifically: • Protected Time Funding • Department Research Funding • Department Governance Funding	$36,842,677 *$4,000,000*	*$51M is the calculation for the 2 main campuses in thunder Bay and Sudbury. A placeholder amount of $4M is requested to include affiliate community hospital departments as appropriate.*
Total PSA Per Year Funding Request	$42,921,677	

Department protected time funding has been determined by multiplying the total number of FTEs (active staff) in each Department by 20% of average billings for that specialty(ies) using provincial OHIP data.

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Funding Allocation - Academic Base Funding

ASSUMPTIONS

1. Based on: 80% Clinical Service
   20% Academic

2. Community Averages by Specialty - Fee for Service billings in Ontario.

3. Specialty FTE's within both Health Sciences North and Thunder Bay Regional Health Sciences Centre were used for the calculation of funding ask.

4. $4,000,000 was used as a placeholder for the community hospital specialties (North Bay, Sault Ste. Marie, Timmins, Kenora).

5. Family Practice was not used in the calculation in the department structure.

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Accountability for Department Academic Base Funding

- Allocation of funding to Departments, Divisions and sites will be based on actual academic activity.
- A comprehensive accountability framework will be developed that sets out teaching, research and quality deliverables, including funding incentives and consequences based on meeting deliverables.
- Department base funding will flow from NOAMA to TBRHSC and HSN Departments and through those Departments to respective Departments in affiliated community hospital Departments in Sault Ste Marie, North Bay, Timmins and Kenora.
- A condition for receiving Departmental funding will be the establishment of a governance group within the Department to receive and distribute funding and oversee accountability for deliverables. Governance will have NOAMA, hospital and Department membership representation.

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Next Steps

1. Await outcomes of negotiations between the OMA / MOHLTC
2. Continue to develop Academic deliverables at the department level.
3. Integrate the Leadership Structure with NOSM and the Academic Hospitals (Thunder Bay Regional Health Sciences Centre and Health Sciences North).
4. Continue to lobby the Ministry and the OMA.
5. Establish Readiness Structure.

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QUESTIONS