Promising practices to support retention of the healthcare workforce in northern, rural and remote communities in Canada

If you are looking for promising practices used in northern, rural, and remote communities in Canada to improve access to safe, high-quality, team-based primary care, then this promising practice will be of interest to you.

Implementing a Physician Assistant Program to Promote Retention Within Ongomiizwin Health Services

What is the promising practice?

A key strategy to promote retention within Ongomiizwin Health Services (OHS) has been to embed physician assistants into clinical teams within seven rural and remote communities in Manitoba. The physician assistant program was implemented to provide critical surge capacity and supports for providers and patients who live and work in northern, rural and remote communities. The program has been in place since 2020 and is funded by Indigenous Services Canada.

Key messages and components of the promising practice

- In 2020, Ongomiizwin Health Services (OHS) developed an innovative, progressive solution with the integration of physician assistants (PA) into clinical teams.
- Between 2019 and 2022, OHS piloted the physician extender program and achieved proof of concept. Within two years:
    - the PA program was expanded from a singular provider to 19, across one hospital and several fly-in sites
    - PAs delivered an additional 10,000+ hours of clinical service to most remote First Nations communities
- The program was widely accepted and has received praise from both healthcare colleagues and patients.
- The critical success factors included:
    - working closely with the key stakeholders (for example the College of Physicians and Surgeons, physicians, nurses and leadership)
    - an attractive contractor model with flexible full-time equivalent (FTE) positions
    - variable practice sites
    - an ability to operate to fullest scope under the supervision of supportive northern family physicians

Context

Serving northern Manitoba and the Kivalliq, Qikiqtani and Kitikmeot regions of Nunavut, OHS is a robust inter-professional health service agency led by a team of Indigenous and non-Indigenous health professionals.

Health disparities for First Nations communities are the result of complex historic and ongoing socio-politico-economic issues, geographic and logistical barriers and sits within an equally

complex, antiquated healthcare system. Healthcare delivery to northern and remote First Nations communities is challenging in terms of health human resource recruitment and retention and the existence of structural, systemic and institutional barriers in access to care. The COVID-19 pandemic further strained this system and underscored outdated healthcare service delivery models, resulting in the need to create novel approaches. The global pandemic further exasperated the significant nursing shortages which were felt ubiquitously across Canada, but more deeply experienced in the most remote and vulnerable communities. Primary care in Canada has also been under increased stress, furthering the disparity of health outcomes for First Nations versus non-First Nations people.

Approach: Embedding physician assistants

Part of Manitoba's solution to address these challenges was the creation of the Ongomiizwin Health Services physician extender program [PILOT] in 2020, to embed physician assistants as members of primary healthcare teams in rural and remote communities of Manitoba. The OHS physician extender program [PILOT] was initially funded by COVID-19 federal funding and the support of (non-remunerated) provincially funded family physicians. It is now funded on a year-by-year basis by Indigenous Services Canada.

Between 2020 and 2023, OHS piloted the physician extender program and achieved proof of concept. Within two short years, OHS expanded from one physician assistant to 19 across one hospital and several fly-in sites within Manitoba. There was wide acceptance and praise from both healthcare colleagues and patients.

Who was involved?

Medical leadership, PA clinical leads, administrative leadership, finance, legal and human resource personal, the regulatory body (College of Physicians and Surgeons of Manitoba) and program funders (Indigenous Services Canada).

Results (how do we know retention is improving?)

While the impact of implementing physician assistants and retention has not been comprehensively evaluated, cost efficiencies, system improvements and clinical outcomes are now being evaluated. We have some evidence that the integration of PAs does and will continue to have a positive impact on retention in northern, rural and remote communities. For example, early foundational data collections for a two-year timeframe have demonstrated:

- Improved workflow dynamics for both nurses and physicians; and innovative and improved models of team-based healthcare delivery.
- Nurses are further supported, having more physician resources available to them in-community and additional colleagues to manage the increased disease burden and nurse station needs.
- Physicians and nurses can offload many of the primary and chronic care needs of patients to PAs, freeing up physicians to divert attention to complex cases and critical care.

- PAs have provided critical surge capacity supports during periods of extreme staff shortages, especially over the summer months.
- Enhanced support to physician and nursing colleagues by reducing workloads.
- Serving as effective interdisciplinary extenders in nursing stations and hospital sites.

While these results have made a positive impact on retention, they can also improve access to care for people living in northern, rural and remote communities. Other results that may relate to improved access to safe primary care:

- Over the course of two years, PAs delivered an additional 10,000+ hours of clinical service to some of our most remote First Nations communities.
- The integration of PAs has afforded additional versatility to help bridge gaps between the two traditional disciplines of nursing and medicine.
- Improvements in service delivery for primary and acute care to remote underserved First Nations communities.

Additional benefits include the movement towards a more multidisciplinary, holistic team-based approach to care in the community and the reduction of silos in education tracks by supporting training sites for PA students. The PA model is a valuable asset that reduces health inequities, addresses access barriers and promotes team-based improvements in primary care. High standards of culturally-safe, excellent medical care have been outlined with a PA to PA mentorship core.

What do the staff think?

- “It is very clear that our (First Nations Inuit Health Branch [FNIHB]) nursing stations could not have remained open during the holidays without the support from physician assistants.” (FNIHB nurse leader)
- "Sharing the clinical workload has alleviated significant pressures off the physicians and nurses. I can’t imagine not working with a PA in the future.” (FNIHB field nurse)
- “Sorting out the introduction of a new role and scope of practice was challenging in a multi-agency environment but so worth the investment in time and energy throughout the onboarding and mentorship process. The PAs feel supported and are set-up for success in a clinically complex practice environment.”

Key Success Factors

- Strong physician advocacy and mentorship between the physician and physician assistant and the use of their arenas to support PA integration.
- Having a strong leadership team, including a PA as the program lead, that also functions as active, serving clinicians and mentors.
- Utilizing an attractive contractor model, featuring flexible work opportunities such as variable FTE positions and variable practice sites.
- Allowing the PAs with significant experience to practice to the upper levels of their scope under the supervision of supportive northern family physicians. The ability to offer high

levels of autonomy to the PAs is made possible with remote physician supervision and support.
- Individualized, targeted mentorship by seasoned PAs for continuity, consistency and culturally safe practice patterns.
- Collaboration with College of Physicians and Surgeons Manitoba (CPSM) to formalize and streamline on-boarding, documents and periodic evaluation processes. Successfully achieved creation of competency level five to optimally depict northern practice models.
- Successful integration factors are strong with MD-PA, OHS and CPSM relationships and PA-led mentorship of new hires to ensure high quality practice standards of care and targeted ongoing clinical teachings can be delivered.

Major Challenges

- On-boarding of PAs is uniquely complex, time and labor intensive. Onboarding requires intimate knowledge of PA practice and CPSM policy.
- A strong relationship with physicians is critical.
- Need to understand individual strengths and weaknesses of each clinician to optimally match PA to the right site, and right type of practice setting.
- Cannot conceptualize PAs as physician or nurse substitutes.
- PAs are a unique discipline with broad applications when carefully recruited and vetted and optimally utilized.
- There are four PA training programs in Canada with 65 spots allocated in total; Manitoba has 15 spots. Some variability in education models and curriculum content and targets, length of study and differing areas of focus.
- Manitoba graduates have been preferentially selected to reduce travel costs, and for their familiarity with core clinical acumen.

Next Steps

- Continue to solicit sustainable funding from federal and provincial governments.
- Transition from project to program with clear structures in place.
- To effectively evolve from a project to a program, a restructured leadership framework with delegation of administrative duties will ensure appropriate supports are in place for continued success.
- Work with PA education partners to expand upon distributed education.
- Future vision of developing a multi-disciplinary, micro-credentialing fellowship training program focused on Indigenous health topics and northern medical practice.
- Work with service partners in modernizing service delivery models based on inter-professional teams.
- Secure physician remuneration for remote preceptorship.
- Design and implement an evaluation framework.
- Aspects of the onboarding and recruitment continuum have been refined and novel documents and processes have been developed through the learning curve of our

earlier years. The project has continued to expand and evolve; a needs assessment for sustainability and success has been identified.

Cost

The current annual operating budget of $2.2 million covers the administration, travel costs and salaries for approximately 9.0 FTE physician assistants. The five-year strategic plan anticipates a PA working in every clinical site, requiring 28.8 FTEs. The PA Program is funded by our federal partners at Indigenous Services Canada and executed through contracted service agreements with Ongomiizwin Health Services.

For more information

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