



# Boom, Bust, KABOOM? Prospects for Physician Resources in Canada

Town Hall Meeting  
Faculty of Medicine  
Dalhousie University  
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# Boom

- 1964 Report of the Royal Commission on Health Services (Hall Report)
- 1966 Health Resource Fund Act
  - 4 new medical schools (Memorial, Sherbrooke, McMaster, Calgary)
- 1986-9 Physician supply increased by 1,900 per year (average)

# Bust

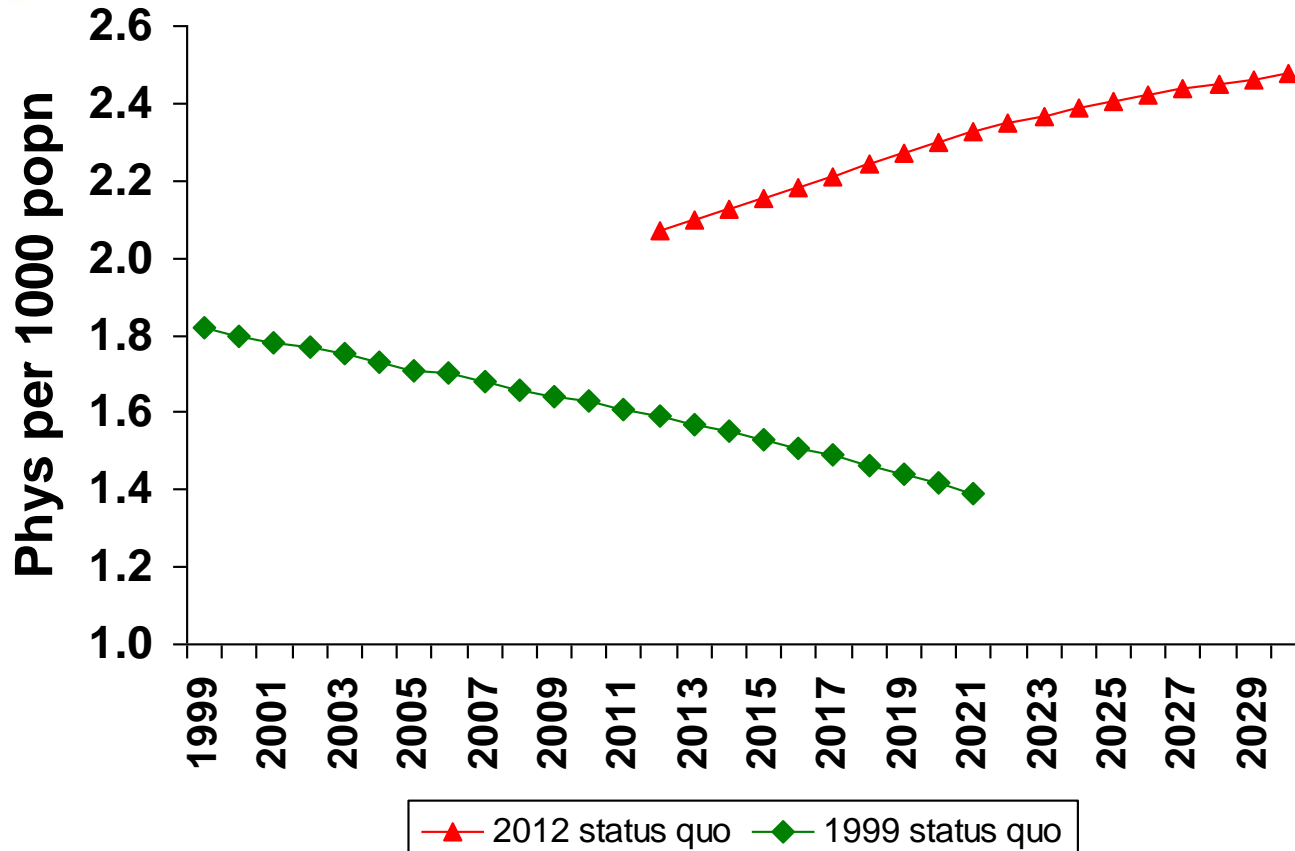
- 1992 Health Ministers agree to cut enrolment by 10% (post-Barer-Stoddart)
- 1992 Shift to two-year prelicensure
- 1996 Net loss of 508 physicians to migration
- 1993-96 Net declines in physician supply each year
- 1995 Shortages emerge in medium-size cities

# KABOOM?

- 1999 Canadian Medical Forum calls for 2,000 1<sup>st</sup>-year enrolment places by 2000
- 2001 Northern Ontario School of Medicine announced
- 1997- 2011 1<sup>st</sup>-year enrolment increased by 79% compared to 14% population growth
- 2004-12 Net gains to migration each year
- Ongoing Expanded roles for non-MD clinicians (e.g., NPs and pharmacists) and new roles (Physician Assistants)
- Emerging Evidence of employment challenges for new certificants

# Projected Physician Supply

Status quo from 1999 and 2012



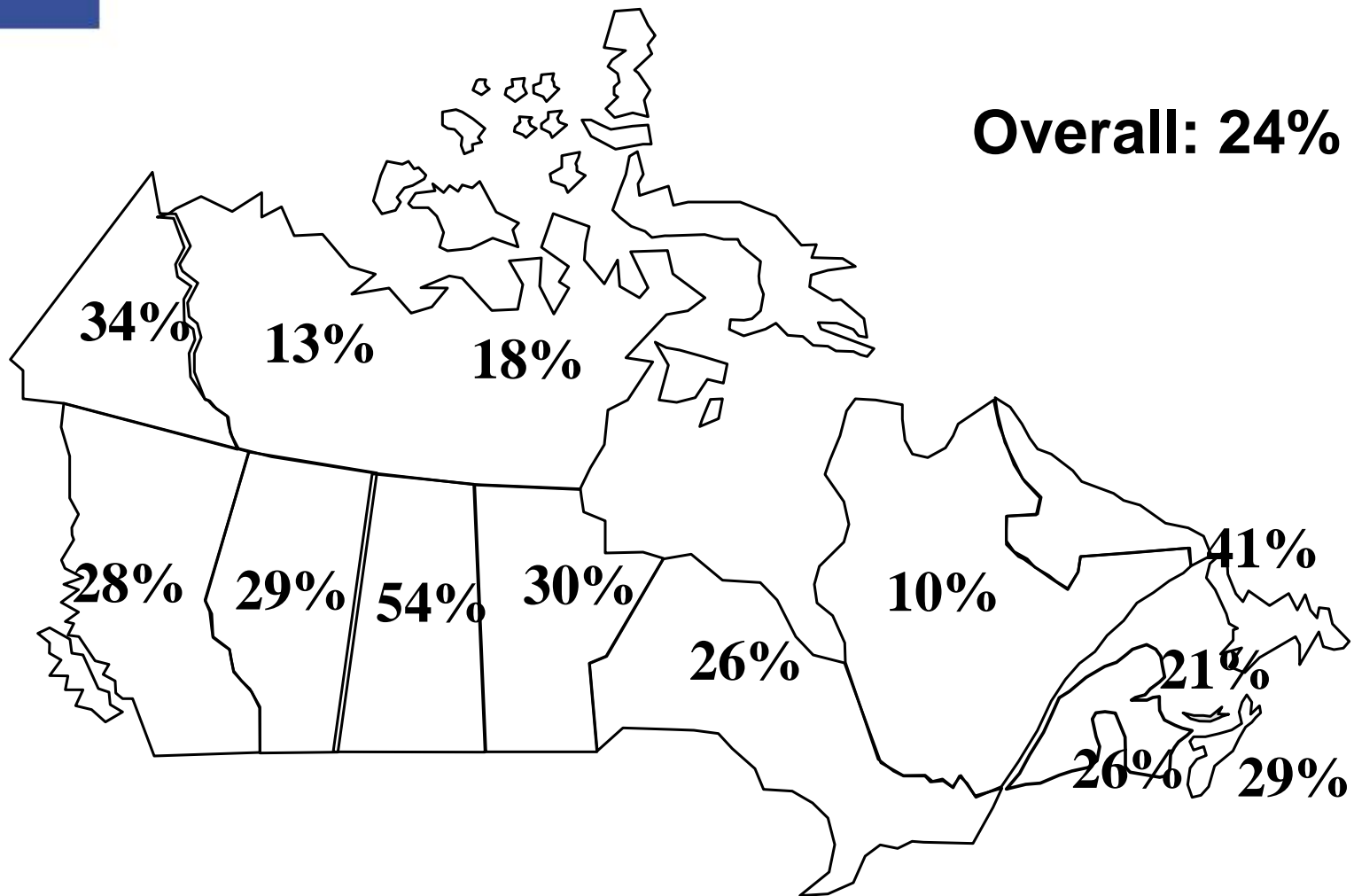
Source: 1999 and 2012 CMA Physician Resource Evaluation  
Template

# Physician Demographics in 2012-2030

Selected physician demographics 2012-2030, Canada

<b>Cohort</b>	<b>2012</b>	<b>2020</b>	<b>2030</b>
Female	36.5%	43.5%	50.3%
FPs	51.9%	52.0%	51.4%
55+	37.2%	37.8%	34.6%
Boomer (1946-64)	48.8%	34.4%	16.0%
Gen X (1965-74)	26.2%	23.5%	18.6%
Gen Y (1975-95)	13.9%	38.7%	52.0%

# IMGs as a percentage of all physicians, 2012



Source: 2012 CMA Masterfile

# Key Findings: PTMA Survey, February 2012

- All jurisdictions have an ongoing challenge in recruiting family physicians to rural and remote communities
- To the degree that newly certified specialists are having difficulty finding positions this is mainly occurring among surgical subspecialties such as cardiac surgery and orthopedics and is mainly the result (particularly in orthopedics) of hospital infrastructure shortages (especially OR time) and not because of insufficient demand.

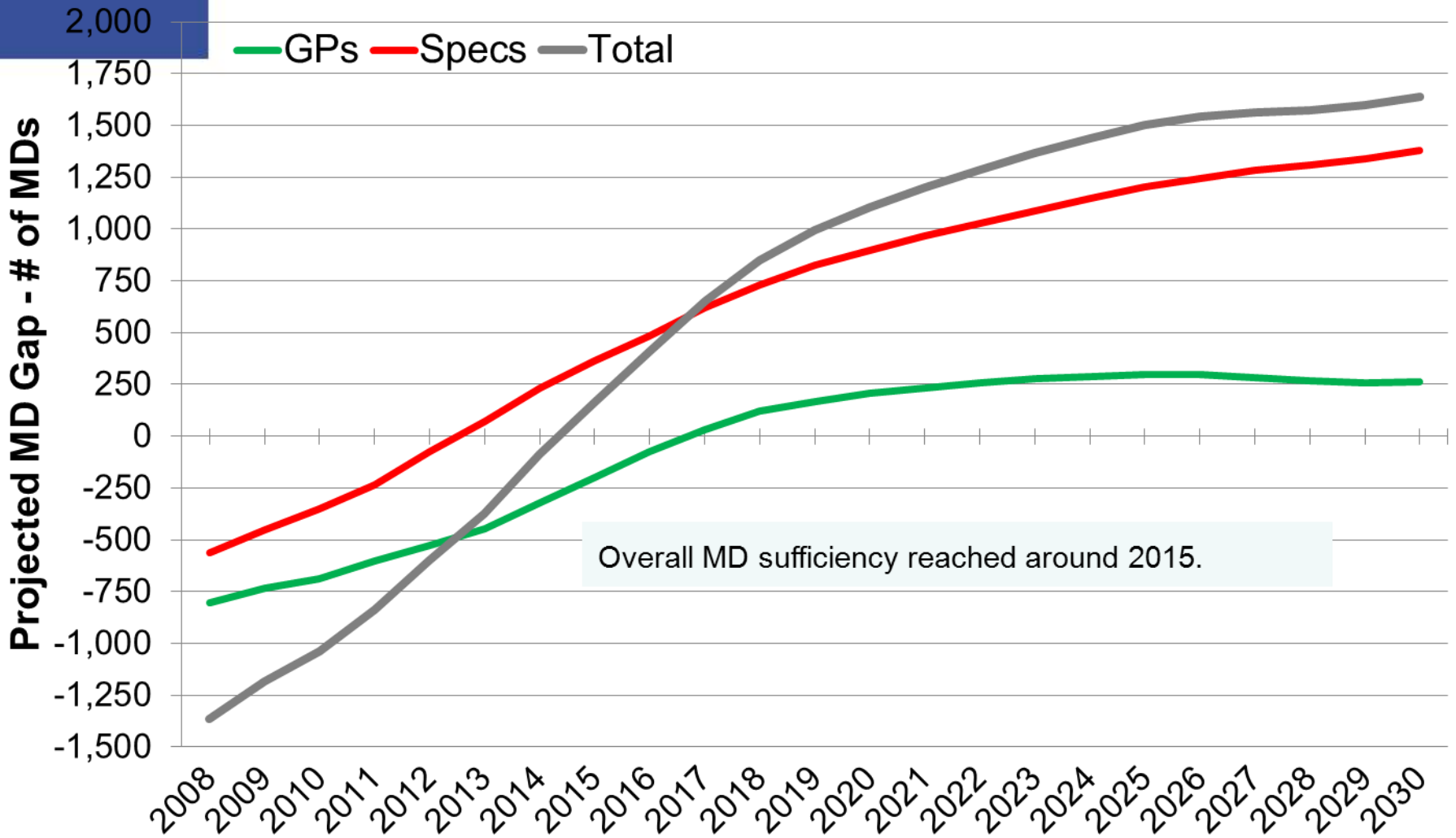


# General Observations

- To this day, only Quebec, PEI and NB have had a long-term physician resource plan in place and NS launched in Spring, 2012.
- Ontario is the first jurisdiction to have developed a supply and needs-based projection model. They are in the process of re-running the base model.
- Generally few observations offered on the mix of post-MD positions.
- Most PT governments maintain a web-based listing of available physician positions (both FP and specialist)

# Base Case Simulated Physician Gap 2008 - 2030

*'Predictions are risky, especially when they concern the future'* (Yogi Berra)



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# Supply

- Most PTs report an ongoing shortage situation , and in particular in rural/small urban areas outside the largest centres. GP/FPs most frequently cited shortage.
- Orthopedics and cardiac surgery most typically mentioned among specialties where it difficult to find a position - lack of OR time.
- Productivity gains not cited frequently – PAs in orthopedics cited for Manitoba. Alternate payment arrangements are seen as lowering output compared to FFS.
- Main co-dependency issue cited is due to interface of different payment modes (e.g., surgery, anaesthesia)

# Supply (Continued)

- The newer cohorts of graduates do not put in the same hours as their forebears. Retiring physicians tend to have much larger practices than newer grads are willing to take on.
- FFS tends to be associated with higher volume/output than alternate forms of payment.
- Most jurisdictions continue to rely on IMGs. It is mainly Saskatchewan and Newfoundland that rely on recruiting them directly to practice.

# Access to Family Physicians

- All jurisdictions have a number of residents without a family physician. These range from 10-15% of Yukon's population to 8-12K in PEI to 700K in AB and 800K in Ontario
- However, not all persons without a FP are looking for one.
- Both Ontario and BC report success in promoting a resurgence in comprehensive family practice through new models/incentives.
- Several jurisdictions pinpoint specific populations in need of family physicians e.g., addicts, homeless persons, Aboriginal persons, immigrants, rural populations, student populations in urban areas, HIV population.
- Functional specialty in family medicine is not perceived to be a full-time endeavour but done on the side

# Other Issues

- There remains limited opportunity for re-training.
- The Agreement on International Trade is not yet perceived as having an impact on mobility but there is concern that it might. (NWT has just adopted a regulation to come into compliance).
- Most jurisdictions now offer a retention bonus but they are not large.
- In general a surge of retirements is not anticipated. Physicians generally gradually diminish their activities. Moreover the stock market has been functioning as a retention factor.
- Presently there are no hard or soft caps on physician services budgets.

# 2012 National Resident Survey

- One in five residents (19.4%) described their current situation as “still looking for employment after graduation”
- Seven in ten respondents (70.8%) said they were confident/somewhat confident about finding employment in Canada
- Confidence in finding employment was highest among FM residents (96.9%) and lowest among surgical residents (48.2%)
- 52.9% said they plan to take further training after their primary specialty
- 43% were unsatisfied/somewhat unsatisfied with employment/career counselling in their program)

Source: Canadian Association of Internes and Residents



# Key Question

To the degree that there is a supply imbalance is it due to lack of need/demand or lack of human/physical infrastructure?

# Wait Times for Elective Surgery and Specialist Appointments

Percent	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
<b>Specialist appointment*</b>											
Less than 4 weeks	54	41	53	83	70	61	50	45	82	72	80
2 months or more	28	41	28	7	16	22	34	31	5	19	9
<b>Elective surgery**</b>											
Less than 1 month	53	35	46	78	59	54	44	34	55	59	68
4 months or more	18	25	7	0	5	8	21	22	7	21	7

\* Base: Needed to see specialist in past 2 years.

\*\* Base: Needed elective surgery in past 2 years.

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

# MD Graduates and R-1 Trainees: Canada and the U.S., 2011

	MD Graduates	R-1 Trainees*	Ratio R-1: Grads
Canada <sup>1</sup>	2,573	3,049	1.2:1
U.S. <sup>2,3</sup>	17,446	26,292	1.5:1

\*Refers to program year 1

Sources: 1 Association of Faculties of Medicine of Canada. Canadian Medical Education Statistics, 2010 and 2011-2012 CAPER Census of Post MD Trainees

2 Barzansky B, Etzel S. JAMA Dec. 5, 2012 – Vol 308 #21, 2259-63

3 Brotherton S, Etzel S. JAMA Dec. 5, 2012 – Vol 308 #21, 2264-79

# Selected Field of Post-MD Training: Ministry-Funded Trainees, 1991 and 2011

Selected Field	#1991	#2011	% Change
FM Care of Elderly	3	9	200
Anaesthesia	334	642	92
Geriatric Medicine	18	24	33
Pediatrics	324	546	69
Psychiatry	438	789	80
Anatomical Pathology	112	213	90
CVT Surgery	35	50	54
General Surgery	425	578	39
Neurosurgery	69	106	54
Orthopaedic Surgery	198	423	114
Total (all fields)	6,471	11,508	78

## **The NHS will train fewer doctors to avoid future brain drain, report warns**

**Fewer students should be admitted to medical school from next year to avoid a glut of consultants in the NHS that would be a waste of taxpayers' money and risk losing the best doctors to jobs abroad, a report has warned.**



# Thank You!

- CMA Canadian Collaborative Centre for Physician Resources - [www.cma.ca/c3pr](http://www.cma.ca/c3pr)
- National Physician Survey (CFPC, CMA, RCPSC) [www.nationalphysiciansurvey.ca](http://www.nationalphysiciansurvey.ca)
- [owen.adams@cma.ca](mailto:owen.adams@cma.ca)