

CMA calls for national review of physician supply, demand

Employment challenges for new physicians took centre stage at the Canadian Medical Association's general meeting today, as doctors called for a national health care resources strategy to better meet emerging needs across the country.

"A comprehensive national prediction model is needed to anticipate the needs of the Canadian population," said Dr. Jesse Pasternak, chair of the Canadian Association of Internes and Residents' health human resources committee. "The goal is to find the right number, mix and distribution of physicians."

The Canadian Medical Association (CMA) has been struggling for years with how best to ensure that the supply of graduating doctors meets the needs of the population. Since 2007, anecdotes about underemployment or lack of employment have been surfacing. This initiative is now a priority, outgoing CMA President Dr. Anna Reid told delegates to the CMA General Council meeting in Calgary, Alberta.

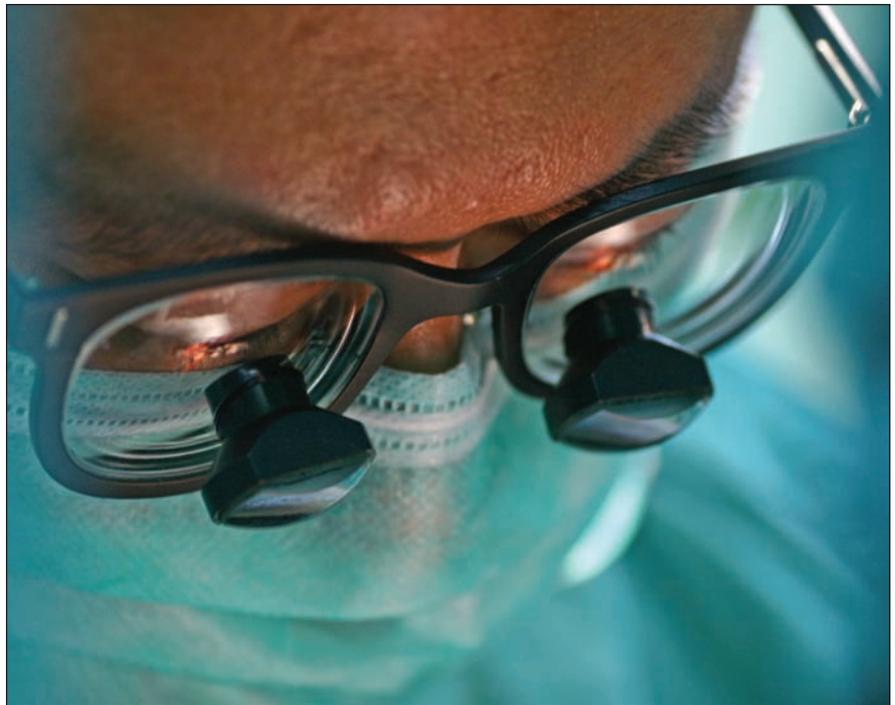
"Concerns have also been expressed about the appropriateness of the mix of post-graduate training positions relative to population needs," Reid said.

Part of the problem in coordinating physician supply and demand is that planning and governance fall under the jurisdiction of the provinces, without federal oversight.

"Health care in Canada operates somewhat in silos, both within the region and across provinces and Canada as a whole," said Pasternak. "This is something we need to bridge in order to have a meaningful plan to come forward on this."

Canadians also wonder why they are subsidizing the training of doctors — and particularly specialists — only to find that many leave Canada for the United States or other countries to get jobs, leaving long waiting lists for Canadian patients who need to access some specialists, Pasternak said.

A 2013 survey of 2000 medical residents by Nanos Research indicates that



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A 2013 survey of medical residents indicates that only 43% of surgical residents were confident about getting jobs when they finished their training.

although 85% of family medicine residents were confident about getting jobs when they finished their training, only 43% of surgical residents shared that confidence, Pasternak said. Of all the residents surveyed, 17% said they would seek employment outside Canada, and almost two-thirds of surgical residents said they planned to seek further fellowships, primarily as a way to improve their employability.

The 2013 study is in keeping with earlier studies indicating difficulty in matching training with need. A Royal College of Physicians and Surgeons' of Canada survey of doctors that it certified in 2011 indicated 14% had not found a position within 4 to 12 weeks after writing their exams. The 2012 National Physician Survey of Residents also indicated that more than two-thirds of those surveyed (67%) felt stressed about finding employment at the end of their training.

Although doctors at the Calgary meeting generally supported the need

to review supply and demand planning, some did so because they questioned whether the anecdotes of underemployment or unemployment are accurate or reflect the reluctance of some graduates to move to more remote underserved areas.

"The data on this is somewhat ambiguous," said a delegate from Vancouver, British Columbia. "It may not be as bad in unemployment or underemployment as Dr. Pasternak's report suggests."

But Pasternak, who suggests that a job-matching program and mentorship initiatives may help residents take over a retiring doctor's practice, says many of the residents he has spoken to are prepared to move.

"They just don't have an understanding of where those needs are," he said.

Some employment problems exist because hospitals or health regions don't have the necessary resources to hire new graduates, several doctors said. Much of the underemployment

doctors identify also relates to difficulty some have in accessing infrastructure, such as the problems that some surgeons have booking operating rooms, the CMA suggested in background documents.

“The continued existence of long wait times for consultations and procedures suggests that lack of demand is not the key factor that is resulting in underemployment,” the CMA’s background document states.

Psychiatrists are among specialists in short supply across the country, as Dr. Suzanne Allain from Thunder Bay, Ontario, pointed out. The Ontario Medical Association projects that “by 2030

the shortage will become dire,” Allain said. Currently, about half of Canada’s psychiatrists are 55 or older, and their expected retirements will increase the pressure for more mental health caregivers at a time the population’s mental health needs are already underserved, particularly for children, adolescents and seniors.

Although not all provinces have attempted to quantify their physician needs in the future, Ontario and Nova Scotia have. Ontario has predicted a surplus of general internal medicine specialists by 2021, along with a shortage of 248 psychiatrists. During the same time period, Nova Scotia expects

to have a shortage of internal medicine specialists and more psychiatrists than it needs. This suggests that the two provinces need to work together to recruit the particular doctors they require. Both provinces anticipate they will have too many orthopedic surgeons by 2021, according to the CMA background documents.

Delegates to the general council supported the call for a national human resources strategy and for a specific review of the human resource needs of psychiatry in Canada. — Laura Eggertson, *CMAJ*

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