Challenges in Post-Graduate Medical Education in Canada

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Scope of Presentation

• Overall HRH Planning Context & Trends
• Health System Needs
• Medical Education Training Trends
• P-G Medical Education Issues & Challenges
• Future Directions in Medical Education
Global Planning Context

- Global shortages & competition for HRH
- Slow economic growth & growing budget deficits
- Unsustainable rise in health care costs
- Increasing demand & declining supply
- Growing workforce instability
- Emigration / Immigration / Recruitment
- Global HRH re-tooling process
Health System Reform

- Decentralization / Regionalization
- De-institutionalization / Community-Based Care
- Primary Health Care
- Continuing Care / Long-Term Care
- Needs-Based Planning / Productivity / Simulation
- Self-Sufficiency / Capacity Development
- Recruitment & Retention
- Alternative Delivery and Funding Models
- Teams/ Role Shift / Competency-Based Deployment
- Outcomes-Based / Enhanced Accountability
HRH Trends in Canada

- RNs + Midwives + MDs = 100 per 10,000 population
- Four times MDGs minimum standard
- Ratio of RNs to MDs is 4 to 1
- MDs 9% of HRH total (FM - 5% / Spec - 4%)
- MDs 22% of direct health costs, 80% of total
- 1996-2005:
  - RNs 10%
  - MDs 12%
  - Physios 24%
  - Rx 29%
  - Midwives 217%
Determining Health Needs

Demand For Physician Services

- Population Age / Sex Projections
- Historical Utilization Patterns / Wait-Lists
- System Capacity (beds, mix, organization)
- Epidemiological Profiles / Disease Incidence / Mortality
- Injuries, Chronic Ailments & Reduced Mobility
- Service Substitution / Competency –Based Role Shift
- Workplace Stability / Productivity / Simulation Modelling
- Practitioner / Public Induced Demand / Unmet Needs
- New Technologies / Income Adequacy
- Self-Reported Health Status / Patient Satisfaction
- Blended Approaches
P/T PHYSICIAN RESOURCE PLANS

- Regional Clinical Rotations
- Supernumerary Positions
- Location Grant Programs
- Business Grants to MDs
- Minimum Guaranteed Income
- Student Loan Forgiveness
- Summer Rural Preceptorship Programs
- International Medical Graduates Restricted Licenses
- New Funded Positions
- Increased Salaries and Benefits
Physician Payments

• Over 25 percent of MDs on alternative payments, range from 2% (Alberta) to 60% (Manitoba):

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Salary</td>
<td>30%</td>
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<tr>
<td>Sessional</td>
<td>14%</td>
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<tr>
<td>Capitation</td>
<td>0.2%</td>
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<tr>
<td>Block Funding</td>
<td>4%</td>
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<tr>
<td>Contract &amp; Blended</td>
<td>41%</td>
</tr>
<tr>
<td>Northern / Underserviced Areas</td>
<td>3.5%</td>
</tr>
<tr>
<td>Emergency on Call</td>
<td>6%</td>
</tr>
</tbody>
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Ongoing HRH Development

CAPACITY DEVELOPMENT
• To improve health workforce capacity by better aligning the preparation of the workforce with identified health system needs.

WORKFORCE OPTIMIZATION
• To deploy the health workforce in ways to optimally support emerging new models of health care delivery and funding.

WORKPLACE OPTIMIZATION AND SUPPORT
• To create an supportive workplace environment that contributes to efficient service delivery and overall workforce stability.

OUTCOMES
• To produce balanced outcomes that address health system, staffing and patient care needs.
HHR Training & Management

- Right person
- Right aptitudes/skills
- Right motivation/culture
- Right training
- Right competencies
- Right role models
- Right technology
- Right support
- Right incentives
- Right cost
- Right tools
- Right accountabilities
CAPER: Post-MD Trainee Census

- IMG’s from 5% to 17% of first-year trainees
- 66% of FM graduates and 46% specialists are female
- Distribution of FM/Specialists entrants are 39% / 61%
- Govt funded Post-grad MDs up 42% last 7 yrs (8610)
- IMG numbers up five-fold over same period (1644)
- Non-Ministry funded Visa trainees up over 60%
- 84 Post-MD training programs; 51 Sub-specialities
- 16 in Internal Medicine, 17 Paediatrics, 7 in Surgery
- 10% FM enhanced skills (Emergency/Elderly, etc.)
- R-4/R-5 standard length / 60 R-6 Programs / 32 R-7’s
Medical Education Challenges

NCCPGMT / CAIRMS / P-T PAC / Task Force II / F-P-T-ACHDHR

• Enrolments & Applicants
• Recruitment, Retention & Returnees
• Specialty Mix & Distribution
• Funding, Sources, Continuity & Critical Mass
• Sub-Specialization, Generalist Specialist, Specialist Generalist
• Social Accountability
• Clinical Placements
• Output Alignment
• Research, Administration & Teaching
• International Medical Graduates, J-1 Visas
• Role of Medical Resident
• Continuing Education / Culture of Learning
AFMC: Future of Medical Education

RECOMMENDATIONS

• Address individual community needs
• Enhance admission processes
• Build on scientific basis for medicine
• Promote prevention and public health
• Address the hidden curriculum
• Diversity in learning contexts
• Value generalism
• Advance inter- and intra-professional practice
• Adopt a competency-based and flexible approach
• Foster medical leadership

ENABLERS

• Realign accreditation standards, build capacity for change, increase national collaboration, improve technology utilization and enhance faculty development