

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) :

Salary	30%
Sessional	14%
Capitation	0.2%
Block Funding	4%
Contract & Blended	41%
Northern / Underserviced Areas	3.5%
Emergency on Call	6%

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