STATE OF THE PHYSICIAN WORKFORCE IN CANADA

PRESENTATION TO THE STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY

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Leadership for Physicians... Health for Canadians
Leadership pour les médecins... Santé pour les Canadiens
The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, CMA’s mission is to provide leadership for physicians and to promote the highest standard of health and health care for Canadians.

On behalf of its members and the Canadian public, CMA performs a wide variety of functions, such as advocating health promotion and disease/accident prevention policies and strategies, advocating for access to quality health care, facilitating change within the medical profession, and providing leadership and guidance to physicians to help them influence, manage and adapt to changes in health care delivery.

The CMA is a voluntary professional organization representing the majority of Canada’s physicians and comprising 12 provincial and territorial divisions and 43 affiliated medical organizations.
Mr. Chairman and Honourable Senators:

As President of the Canadian Medical Association (CMA), I am here today representing our members, more than 50,000 physicians from across Canada. The Association has a two-fold mission, namely to provide leadership for physicians and to promote the highest standards of health and health care for Canadians.

The CMA has been following the work of this Committee’s inquiry into the State of Canadian Health Care with great interest. We are impressed by the Committee’s ambitious work plan and by the caliber of the representations that you have already received. The CMA also commends the Committee for scheduling today’s session on what we believe to be one of the most important issues affecting the health care system in Canada today and into the future, namely, the state of health human resources.

When it comes to issues of health human resource capacity, it is well known that health care is a labour-intensive service – whether it be physicians, nurses, technicians and/or other allied health care professionals who are providing the patient care. In terms of proportion, it is generally accepted that over 70% of institutionally-based expenditures are allocated for health human resource requirements.

In the context of recent policy decisions taken by governments related to the funding of the health care system, physicians, nurses, allied health care professionals and administrators have had to make a series of very difficult choices in order to meet specified budget targets. Health reform has had a significant, lasting and negative effect on all the health professions.

Our presentation looks at five elements of sustainability in connection with the physician workforce:

1. the increasing workload of physicians;
2. physicians practising in rural and remote areas of Canada;
3. the challenge of access to physicians;
4. quality of life concerns of physicians and their families; and
5. the issue of training and medical education.
1. Workload

We must ask ourselves if the workload of Canadian physicians today is sustainable. According to a recent CMA survey, physicians are working 53 hours per week and that does not include time spent being on call or in other words, on stand-by. Over time, the trend in workload has been upward. Three quarters of all physicians take call and, of those, over 70% are on a shared roster system with other physicians providing an average of 25 hours each week being either at the end of a pager or on-site at a health facility. For some physicians in Canada (approximately 2000), there is no "shared" call – they are on standby 24/7 often for years at a time.

One physician commented that he has been on the end of a beeper for over 25 years. Another points out that it is difficult to manage call and a family at the same time, especially when your partner is also a physician who takes call. A third says, "I have practised family medicine for 10-12 years. Under the current health care system, I cannot possibly deliver the health care I am satisfied with. Most of my friends have a 5-year plan to get out of medicine. It is a disgrace to see what is happening to the profession".

Over half of our survey respondents said their workload had increased over the past 12 months while only 7% reported a decrease. When asked why the increase occurred, physicians most often cited the following: more patients, fewer physicians in their region, more administrative paperwork, more elderly patients and more complex patients.

2. Physicians in Rural and Remote Practice

Turning to the issue of geographic distribution, a 1999 CMA survey of rural physicians showed a noticeable decrease in professional satisfaction levels compared to the early 1990s. For example, the percentage of physicians very satisfied with their hospital facilities and services fell dramatically from 40% in 1991 to 17% in 1999. Similarly, the proportion who were very satisfied with professional backup and specialty services dropped by at least 50%.

The CMA is concerned that the health care infrastructure and level of professional support in rural and remote areas are insufficient to provide quality care and retain and recruit physicians relative to community needs. The CMA has developed a policy to help retain and recruit physicians to rural and remote areas of Canada, and thereby improve the health status of people living there.

The CMA policy makes 28 recommendations covering three main topic areas: training, compensation, and work and lifestyle support issues. The CMA recommendations reflect the impact of practising in rural and remote areas by addressing the degree of isolation, level of responsibility, frequency of on-call, breadth of practice and additional skills.
Solutions should recognize the differences among communities; retain flexibility and physician choice; and reflect community needs. For example, the CMA recommends that, regardless of community size, there should always be at least 2 physicians available to serve the needs of the community. Ideally, the on-call requirements for weekends should never exceed 1 in 5 in any Canadian province. Commitment and action by all stakeholders, including governments, medical schools, professional associations and others, are urgently required.

3. Access to Physicians

The third challenge is ready access to physicians. Access is not uniform across Canada and the disparities are likely to grow worse as the population ages. For example, the number of physicians in Quebec per 100,000 population is 38% greater than in Saskatchewan.

A CMA survey shows that access to several medical services remains a problem for some areas of Canada. Alarmingly, over a third of physicians across the country rated access to both family physicians and specialists as fair to poor in their communities. Few physicians think their patients have adequate access to advanced diagnostic tools such as MRIs, and only 20% of respondents indicated that availability of these services is good to excellent where they practise.

Frustration over the lack of resources available to them has lead many physicians to practise outside of the country. A recent Statistics Canada study showed that the outflow of physicians to the United States was 19 times greater than the inflow from that country. For nurses the ratio was 15 to 1. Currently 24% of all physicians practising in Canada are international medical graduates and each year Canada issues more than 400 temporary licenses to foreign-trained physicians in order to meet our needs.

So how do we know what is the most appropriate or attainable physician to population ratio and how will we know when we achieve it? While we may not know the answer to the first part, we can assume that we do not want today’s level of service to worsen. We need also to look at indications that today’s ratio, even if we can maintain it, is no longer adequate. One in 5 people in Ontario cannot get a family physician. Physicians tell us their patients are older and sicker, requiring more time to treat. New chronic and other diseases require increasing resources including physicians’ time and expertise. New technologies and indications for treatment have expanded the type of services the physician can provide. And, of course, patient expectations, fueled to a large degree by information obtained from the Internet and elsewhere, are the highest they have ever been.

In the future, we will be faced with a situation where both the physician and the general populations will have a different demographic profile than they do today – they will both be older. Data from the Canadian Institute for Health Information indicate that per capita costs for those aged 65-74 are 60% more than for those aged 45 to 64.
While it is recognized that heavy health care costs are generally incurred during the last six months of life, regardless of age, we cannot ignore the fact that a greater number of people than ever before in Canada will experience these last six months when they are over 65. If the cost of medical services can serve as a proxy of intensity of effort by physicians, then as people turn 65, they can be viewed as 1.6 persons insofar as physicians are concerned.

This is an indirect measure of the effect of an aging general population on physicians’ practices that would not show up as a change in the overall physician to population ratio. This increasing need for physicians is going to be exacerbated by an older physician population who may want to decrease rather than increase their patient loads. The average age of a physician today is 48 years. By the year 2020, close to 40% of all active physicians will be over 55.

4. Quality of Life

The fourth issue relates to quality of life concerns of physicians and their families. Through the practice of medicine, physicians help people lead healthy and productive lives. But, at the same time, physicians are growing increasingly discouraged with a system they view as resource-poor, disorganized and overwhelmed. The frustration is evident in this individual’s remark from CMA's latest physician survey:

"Despite the increasing demands for my services and somewhat unrewarding experience of practising medicine in a climate rather hostile and suspicious of our role in the health care system, I still enjoy my practice. However, the pleasures of practice have eroded over the last three years, and considering the amount of energy and effort devoted to my practice, the rewards are diminishing."

Trying to balance a family life with the burgeoning demands of their patients and a stressed system have only added to the strain within the profession. Finding quality time for oneself and for the family while still meeting patient needs has become very difficult and is a growing source of anxiety for physicians.

“I can never make up the time I spent away from my family when my children were growing up. I would never have chosen another career, but I’m glad my children have not followed me in my profession.” In fact, in a recent survey conducted by the Alberta Medical Association 1 in 4 physicians responded that they would not recommend the medical profession as a career choice to their children.
In our policy on physician health and well-being, we recommend that educational, training and practice environments support and promote the health and well-being of medical students, residents and practising physicians by ensuring opportunities for adequate rest, sleep, exercise, healthy diet, leisure and family life. To maximize their ability to provide quality health care to their patients physicians must be able to maintain their own health and well-being.

5. Medical Education

Finally, we need to look at what can be done in terms of medical education to deal with these challenges. The federal government needs to demonstrate its leadership and commitment to the principle of reasonable self-sufficiency in the production of physicians to meet the medical needs of the Canadian population.

The federal government can and must act to alleviate some of the pressure driving tuition fee increases in postsecondary education. The federal government could, for example, fund a portion of the increased enrolment in undergraduate and postgraduate medical education as well as the expanded infrastructure in the medical schools (both human and physical resources) that is required to accommodate the increases. By the way, there is a precedent for the federal government getting involved at this level (Health Resources Fund Report of 1966). Ensuring that the opportunity to train as a physician remains available to all Canadian regardless of their financial background is also something the federal government could address.

Conclusion

In conclusion, health care has long been a competitive advantage for Canada in attracting business and investment. Our publicly funded health care system and those who work in it have provided Canada with this competitive advantage.

CMA acknowledges the good work of the federal government in funding sector studies through Human Resources Development Canada. The pending funding for the proposed study on physicians needs to be forthcoming; my colleague, Dr. Scully, will talk more about this in the next presentation. There is a need to go further: the government needs to provide for, and encourage, flexibility so that we can do cross-cutting, multidisciplinary needs assessments that apply to the entire health care workforce.

Government must also realize that health care is now a global commodity. Like in any other sector of the economy, you have to be competitive to succeed and Canada is not providing a competitive environment to attract and retain health care providers. Canada is not only in competition with the United States, but we are now in competition with the rest of the world when it comes to attracting and retaining health care providers.
If we are serious about having a world class health care system then we must have an environment that will attract world class health care providers.

The deterioration of working conditions, inability to provide the care they were trained to provide, lack of access to health care technology, the lack of other health care providers and yes, to a lesser extent, low fees and high taxation have all lead to the less competitive environment that is driving physicians and other health care providers out of Canada. Government must recognize that this issue is not just a workforce issue. This is an issue of competitiveness. We must look to others sectors of the economy and other countries to learn how they have successfully adjusted to meet the complexities of attracting and retaining their workforce in today’s global market place.

I want to thank the Committee for inviting us to appear today and we trust that we will have further opportunities to appear before this Committee and work with you during the course of this study.