Presentation to the Senate Special Committee on Aging

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ASSOCIATION MÉDICALE CANADIENNE
CANADIAN MEDICAL ASSOCIATION

A healthy population...a vibrant medical profession
Une population en santé...une profession médicale dynamique

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The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, CMA's mission is to serve and unite the physicians of Canada and be the national advocate, in partnership with the people of Canada, for the highest standards of health and health care.

On behalf of its more than 67,000 members and the Canadian public, CMA performs a wide variety of functions, such as advocating health promotion and disease/injury 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 45 national medical organizations.

Thank you Madam Chair and Committee members for the opportunity to speak to you today. I am Briane Scharfstein, Associate Secretary General at the Canadian Medical Association (CMA) and a family physician by training. I am speaking on behalf of the CMA and our 67,000 physician members across the country.

We commend the Senate for striking this Committee. We are concerned that the aging population has not received sufficient national policy attention. With regard to today's discussion I would note that the CMA has advocated for the elimination of mandatory retirement and we are pleased to see that in general, provincial jurisdictions have eliminated mandatory retirement based on what has become an arbitrary age cutoff. With some obvious exceptions, such as athletics, competence is not related to age *per se* for most areas of human endeavour. Where human activity may pose risk to the safety of others we believe that the best approach is to develop evidence-based tools and procedures that can be used to assess competence on an ongoing basis.

While physicians play a significant role on a variety of fronts related to aging, I am going to focus my remarks on two specific areas:

- Ensuring the competence of physicians; and
- Fitness to operate motor vehicles and the role of physicians.

Turning first to the competence of the medical workforce, physicians are making diagnoses and performing procedures on a daily basis, both of which may entail a significant amount of risk for our patients. I would add that this is being done in an era where medical knowledge is rapidly increasing.

As a profession that continues to enjoy a high degree of delegated self-regulation, we recognize the importance of ensuring that physicians are and remain competent across the medical career lifecycle. This entails both an individual and collective obligation to:

- engage in lifelong learning;
- recognize and report issues of competence in one's self and one's peers; and
- participate in peer review processes to assure ongoing competence.

First and foremost, physicians have an individual ethical and professional obligation to maintain their competence throughout their career lifecycle. The CMA Code of Ethics calls on physicians to:

- practise the art and science of medicine competently, with integrity and without impairment;
- engage in lifelong learning to maintain and improve professional knowledge skills and attitudes;
- report to the appropriate authority any unprofessional conduct by colleagues; and
- be willing to participate in peer review of other physicians and to undergo review by your peers[1]

I would stress the importance of peer review in medicine, which is one of the defining characteristics of a self-regulating profession. Simply put, physicians are expected to hold themselves and their colleagues accountable for their behaviour and for the outcomes they achieve on behalf of their patients.[2]

The individual accountability that physicians have to themselves and to each other is reinforced by a collective accountability for lifelong learning and peer review that is mandated by the national credentialing bodies and by the province/territorial licensing bodies.

With regard to lifelong learning, both national credentialing bodies require evidence of ongoing continuing professional development as a condition of maintaining credentials. The College of Family Physicians of Canada operates a Maintenance of Proficiency program that requires its certificants to earn 250 credits over five years.[3] The Royal College of Physicians and Surgeons of Canada operates a Maintenance of Certification Program that requires its Fellows to achieve 400 credits over a five year period with a minimum 40 in any single year.[4]

The Canadian Medical Protective Association, the mutual defence organization that provides liability coverage for the vast majority of physicians in Canada also plays a role in identifying high risk areas of medical practice and providing a range of educational materials and programs designed to mitigate such risk.[5]

Each province and territory has a licensing body – usually known as a College of Physicians and Surgeons that is established to protect the public interest. These colleges operate mandatory peer review programs that ensure that physician's practices are reviewed at regular intervals. These programs typically involve a review of the physician's practice profile based on administrative data, a visit to the physician's office by a medical colleague in a similar type of practice and an audit of a sample of patient charts, followed by a report with recommendations.

In addition, most jurisdictions now have or will soon have in place a program pioneered in Alberta that provides a 360° assessment by administering questionnaires to a sample of a physician's patients, colleagues, and co-worker health professionals. These probe several aspects of competence and reports are provided back to the physician.[6]

Peer review is even more rigorous in the health care institutions where physicians carry out practices and procedures that involve the greatest potential risk to patients. Physicians are initially required to apply for hospital privileges that are reviewed annually by a credentials committee. These committees have the authority to renew, modify or cancel a physician's privileges. In between annual reviews a physician's day-to-day performance is subject to review by a variety of quality assurance processes and audit/review committees such as morbidity and mortality. Health care institutions in turn are subject to regular scrutiny by the Canadian Council on Health Services Accreditation which would include the oversight of physician practice among its review parameters.

In summary, the medical profession subscribes to the notion that competence is something that must regularly be reviewed and enhanced across the medical career life cycle, and that such reviews and assessments must be grounded in evidence that is gathered from peers and other validated tools.

Turning to our patients, one area that our members are regularly called on to assess competence is the determination of medical fitness to operate motor vehicles. To assist physicians in carrying out this societal responsibility, the CMA recently released our 7th edition of the Driver's Guide.[7] What you will note about this 134 page guide is that the section on aging is only 3 pages long. The focus of the guide is on how substances such as alcohol and medications and a range of disease conditions such as cardiovascular and cerebrovascular disease may impose risks on fitness to operate a range of motor vehicles including automobiles, off-road vehicles, planes and trains. It provides graduated guidelines that relate to the severity and stage of the condition. As is noted in the section on aging, while the guide acknowledges the greater prevalence of health conditions in older age groups and hence the higher crash rates among the 65 and over age group, it states that the high crash rates in older people cannot be explained by age-related changes alone. In fact, by avoiding unnecessary risk and possessing the most experience, healthy senior drivers are among the safest drivers on the road. Rather, it is the presence and accumulation of health-related impairments that affect driving that is the major cause of crashes for older people. Because older age per se does not lead to higher crash rates, age-based restrictions on driving are not supportable.

Rather than focusing on arbitrary age cutoffs what are required are evidence-based tools such as the Driver's Guide that can be used to detect and assess conditions that may present at any point in the life cycle.

I would like to return to the physician workforce and the practical implications of arbitrary age cutoffs. As you may know Canada is experiencing a growing shortage of physicians – the effects of which are about to be compounded as the first of the baby boomers turn 65 in 2011. Currently we rank 24th out of the 30 OECD countries in terms of physician supply per 1,000 population – our level of 2.2 physicians per 1,000 is one third below the OECD average of 3.0.

As of January 2008, according to the CMA physician Master File there are just over 8,200 licensed physicians in Canada who are aged 65 or older. They represent more than 1 in 10 (13%) of all licensed physicians. Moreover, they are very active; they work on average more than 40 hours per week and in addition more than 40% of them still have on-call responsibilities each month. These doctors make vital contributions to our health care system.

In conclusion, the CMA believes that the public interest is best served by ensuring that all competent physicians, regardless of age, are able to practice medicine. Artificial barriers to practice based on age are simply discriminatory and counter productive in an era of health human resource shortages.

Finally Madam Chair, we hope that the CMA will be invited back to appear before your committee. We have long been concerned with the access of the senior population to health care services and I will leave you with a copy of our policy on principles of medical care of older persons.[8] We also hope you will examine the issue of long-term care which has had little if any national policy attention. I will also leave you with a copy of our recent technical background report on pre-funding of long-term care that we tabled at the Federal Minister of Finance's Roundtable in November 2007.[9]

Thank you again for this opportunity and I would be pleased to answer any questions.

REFERENCES

[1] Canadian Medical Association. CMA Code of ethics.(Update 2004). http://policybase.cma.ca/PolicyPDF/PD04-06.pdf. Accessed 01/23/08.

[2] Canadian Medical Association. Medical professionalism (Update 2005). http://policybase.cma.ca/dbtw-wpd/Policypdf/PD06-02.pdf. Accessed 01/23/08.

[3] College of Family Physicians of Canada. Mainpro®Maintenance of Proficiency. http://www.cfpc.ca/English/cfpc/cme/mainpro/maintenance%20of%20proficiency/default.asp?s=1. Accessed 01/23/08.

[4] Royal College of Physicians and Surgeons of Canada. Maintenance of Certification Program. http://rcpsc.medical.org/opd/moc-program/index.php. accessed 01/23/08.

[5] Canadian Medical Protective Association. Risk management @ a glance. http://www.cmpa-acpm.ca/cmpapd03/pub_index.cfm?FILE=MLRISK_MAIN&LANG=E. Accessed 01/23/08.

[6] College of Physicians and Surgeons of Alberta. Physician Achievement Review Program. http://www.cpsa.ab.ca/collegeprograms/par_program.asp. Accessed 01/23/08.

[7] Canadian Medical Association. Determining medical fitness to operate motor vehicles. CMA Driver's Guide 7th edition.Ottawa, 2006.

[8] Canadian Medical Association. Principles for medical care of older persons. http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD00-03.pdf. Accessed 01/23/08.

[9] Canadian Medical Association. Pre-funding long-term care in Canada: technical backgrounder. Presentation to the Federal Minister of Finance's roundtable, Oshawa, ON, November 23, 2007.