

A Doctor for Every Canadian – Better Planning
for Canada’s Health Human Resources

The Canadian Medical Association’s brief to the
House of Commons Standing Committee on Human Resources,
Skills and Social Development and the Status of Persons with
Disabilities – Addressing Existing Labour Shortages in High-
Demand Occupations

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Check against delivery

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

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 76,000 members and the Canadian public, CMA performs a wide variety of functions. Key functions include advocating for 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 51 national medical organizations.



Introduction

The Canadian Medical Association (CMA) is pleased to present this brief for consideration by the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities as part of its current study, *Fixing the Skills Gap: Addressing Existing Labour Shortages in High Demand Occupations*.

The health sector provides essential services and high value jobs supporting communities across Canada. Statistics Canada reports that employment in the health sector accounts for 10 per cent of the Canadian labour force.¹ Beyond the renewed commitment for the long-term fiscal arrangement for health care, Canada requires a pan-Canadian approach to health human resources planning to achieve self-sufficiency in health human resources. This submission focuses on physicians and proposes action at the federal level to begin to address specific shortages and ensure a needs-based specialty mix distribution and self-sufficiency for our country.

Health Care Transformation

In 2010, the CMA initiated a cross-country consultation with Canadians on the future of the health care system. Based on that input, the CMA, together with the Canadian Nurses Association, developed six principles to guide health care transformation. These principles have since been endorsed by over 100 medical, health and patient organizations.

One of the principles is sustainability. Sustainable health care requires universal access to quality health services that are adequately resourced and delivered along the full continuum in a timely and cost-effective manner. Addressing health human resource shortages is critical to ensuring a sustainable, accessible and patient-centred health care system.

The principles outline a vision to ensure adequate health human resources: health care will be delivered within collaborative practice models; pan-Canadian eligibility for licensure will support inter-provincial portability of all health care providers; and health human resource planning will align with communities in the short, medium and long term. In fulfillment of this vision, this submission will focus on:

- Ensuring a needs-based specialty mix;
- Targeting health infrastructure investment to optimize the supply of health human resources; and
- Foreign credential recognition.

Physician Shortages

Canada's experience with physician shortages dates back to the mid-1990s following significant cuts to first-year medical school enrolment. While there have been substantial increases since then, it took a decade to rebound. In 2010, first-year enrolment stood at 2,830 – 80 per cent higher than the mid-1990s.ⁱⁱ

Despite these significant gains, Canada's supply of physicians relative to our population is well below the Organization for Economic Co-operation and Development (OECD) average.ⁱⁱⁱ Indeed, with the seventh-lowest supply of physicians per capita among OECD nations, Canada ranks below the European Union nations and the United States.

Currently, between four million and five million Canadians do not have a family physician. Over one-third of all Canadian physicians are over the age of 55. Many will either retire soon or reduce their practice workload. Many physician practices are at capacity and unable to take on new patients.

Findings from the CMA's 2012 survey of provincial-territorial medical associations (PTMAs) with respect to physician resources underscore the pressing need for a pan-Canadian approach to health human resources planning.^{iv} While all jurisdictions in Canada are experiencing challenges, shortages by type of practice vary by jurisdiction.

Issue 1: Needs-based Specialty Mix

A sustainable health care system requires health human resource planning to ensure an appropriate specialty mix. At present, there is no pan-Canadian system to monitor or manage the specialty mix. The findings from the 2012 CMA survey of PTMAs revealed that only three jurisdictions have a long-term physician resource plan in place, while only one jurisdiction employs a supply and needs-based projection model.

To illustrate the consequences of the lack of monitoring and management of the physician specialty mix, from 1988 to 2010, the numbers of post-graduate trainee positions in geriatric medicine were essentially constant at only 18 positions, while the number of trainees in pediatric medicine increased by 58 per cent.^v

It has been almost four decades since the federal government has completed a needs-based projection of physician requirements in Canada. The last federally commissioned study, the *Report of the Requirements Committee on Physician Manpower to the National Committee on Physician Manpower*, was published by the Minister of National Health and Welfare in 1975.

Recommendation 1

The CMA recommends that the federal government, in collaboration with medical organizations, lead a benchmark study on the current specialty mix in Canada, as well as a supply and needs-based projection to support health human resources planning.

Issue 2: Targeted Health Infrastructure

Adequate health infrastructure is an important element in optimizing the capacity of health human resources. Health infrastructure shortages have been reported as a limiting factor on physician resources.

For example, the recruitment of specialists and sub-specialists is being affected not by a lack of demand for their services, but, rather, by the limitations of existing hospital infrastructure, such as operating rooms. This too has been revealed by the CMA's 2012 survey of PTMAs.

Ensuring there is sufficient health infrastructure to optimize the current capacity of health human resources would no doubt help address Canada's persistent problems with wait times.

Recommendation 2

The CMA recommends that a targeted health infrastructure fund be established to address infrastructure shortages that prevent the optimization of health human resources and exacerbate wait times.

Issue 3: Foreign Credential Recognition

The CMA recognizes the federal government's commitment to address foreign credential recognition and that physicians are among the target group for 2012. The medical profession is well positioned to support the federal government's objective. Under the auspices of the National Assessment Collaboration, a group of federal, provincial and other stakeholders, the medical profession is currently working to streamline the evaluation process for international medical graduates (IMGs) licensure in Canada.

Related to this effort, the pan-Canadian portable eligibility for licensure is an important issue in health human resources, especially for physicians. The CMA and the medical professional have been active in this important issue for many years.

In 1992, the Federation of Medical Licensing Authorities of Canada^{vi} adopted a national standard for portable eligibility for licensure. In 2009, the Federation of Medical Regulatory Authorities adopted an agreement on national standards for medical registration in Canada that reflects the revised labour mobility chapter of the Agreement on Internal Trade. FMRAC and the Medical Council of Canada are working on a one-stop process for IMGs to apply for licensure in Canada (with support from Human Resources and Skills Development Canada).

The CMA fully supports bringing into practice qualified IMGs already in Canada. Canada has historically benefited from a steady flow of IMGs to our country. In fact, close to one-quarter of all physicians in Canada are IMGs.

While IMGs may be seen as a key strategy to addressing shortages in Canada, actively recruiting from developing countries is not an acceptable solution to our physician shortage. Canada must strive for greater self-sufficiency in the education and training of physicians. In fact, self-sufficiency is a key principle of the Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources' Framework for Collaborative Pan-Canadian Health Human Resources Planning.^{vii}

Recommendation 3

The CMA recommends that the federal government continue to support the efforts of medical organizations to promote the pan-Canadian portable eligibility of licensure.

Recommendation 4

The CMA recommends that the federal government continue to support efforts of medical organizations to streamline the process of credential verification and assessment of eligibility of licensure for IMGs.

Conclusion

Despite progress in addressing the shortage of physicians in Canada, serious challenges in health human resources persist. At present, few jurisdictions engage in health human resources planning. Further, despite changing shifting demographics, it has been almost four decades since the federal government has completed a study of physician requirements. Canada requires a pan-Canadian approach to ensure adequate health human resources in support of a sustainable health care system.

Summary of Recommendations

Recommendation 1

CMA recommends that the federal government, in collaboration with medical organizations, lead a benchmark study on the current specialty mix in Canada, as well as a supply and needs-based projection to support health human resources planning.

Recommendation 2

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ⁱ 2006 Census data

ⁱⁱ Association of Faculties of Medicine of Canada. 2010. *First Time Enrolment in Canadian Faculties of Medicine by Faculty of Medicine, 1994/95-2010/11*.

ⁱⁱⁱ OECD. *OECD Health Data 2011*. Available at:

http://www.oecd.org/document/60/0,3746,en_2649_33929_2085200_1_1_1_1,00.html

^{iv} CMA. Results of PTMA Physician Resource Interviews.

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^{vi} Since renamed the Federation of Medical Regulatory Authorities of Canada.

^{vii} Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources. 2009. *How Many Are Enough? Redefining Self-Sufficiency for the Health Workforce A Discussion Paper*.