Responding to Health Needs of the Population: Striking a Balance Between Generalists & Specialists

Prince Mahidol Award Conference
Bangkok, Thailand
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Future of Medical Education (FMEC)
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• Setting the context

• The Medical Education System: Canada’s Analysis

• Promoting the Generalist
Canada and Thailand

**Canada**
- Population: 34,785,000
- Density: 3.41/km²
- Area: 9,984,670 km²
- 2nd only to Russia

**Thailand**
- Population: 69,519
- Density: 130/km²
- Area: 513,120 km²
- About the same size as Yukon Territory
Number of licensed physicians, FP/GP vs All Other Physicians
2002/03 - 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>FP/GP</th>
<th>All Other Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>31,503</td>
<td>29,356</td>
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<tr>
<td>2004</td>
<td>32,029</td>
<td>29,774</td>
</tr>
<tr>
<td>2005</td>
<td>31,672</td>
<td>29,910</td>
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<tr>
<td>2006</td>
<td>32,241</td>
<td>30,694</td>
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<tr>
<td>2007</td>
<td>32,784</td>
<td>31,035</td>
</tr>
<tr>
<td>2008</td>
<td>33,922</td>
<td>31,872</td>
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<tr>
<td>2009</td>
<td>34,403</td>
<td>32,589</td>
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<tr>
<td>2010</td>
<td>36,024</td>
<td>33,243</td>
</tr>
<tr>
<td>2011</td>
<td>36,199</td>
<td>33,889</td>
</tr>
<tr>
<td>2012</td>
<td>37,551</td>
<td>34,817</td>
</tr>
<tr>
<td>2013</td>
<td>38,259</td>
<td>36,267</td>
</tr>
</tbody>
</table>
First Year MD Program Enrolment, Canada, 1990-01 to 2010-11

Source: AFMC ORIS, 2011.
Number of Exiting trainees by broad specialty
2002/03 - 2012/13

- 85% increase in PGY1 Family Medicine
- 69% increase in PGY1 for all other specialties
Canada’s doctor shortage report

The number of doctors per capita in Canada is not enough to meet the needs of the population, the Canadian Medical Association Institute concludes in a report titled Canada’s Physician Shortage: A Time to Act.

Provincial governments have not developed enough post-graduate training programs for doctors.

To solve the physician shortage, Canada needs to be able to get the education and training needed to meet the report’s findings.

4.1 million Canadians without family doctor: StatsCan

A new report from Statistics Canada says an estimated 4.1 million Canadians aged 12 or older are without a family doctor, either because they can’t find one or haven’t looked.

The 2007 Canadian Community Health Survey found that among those who have no primary-care physician, about 78 per cent seek medical care elsewhere.

The federal agency says 64 per cent reported going to walk-in or appointment clinics, 12 per cent went to a hospital emergency room, while about 10 per cent went to a community health centre.

Your Voice

How do we fix the Canadian system? I don’t know. But we should be looking at the social issues.
“Canada doctor shortage” today

FULL COMMENT

Barer & Evans: What doctor shortage?

The number of government years - and Canada had 4 per cent of services, at...
Future of Medical Education in Canada
A project funded by Health Canada

The Future of Medical Education in Canada (FMEC):
A Collective Vision for MD Education

L’avenir de l’éducation médicale au Canada (AEMC):
Une vision collective pour les études médicales prédoctorales

An AFMC project

Un projet de l’AFMC
The Future of Medical Education in Canada
MD Project

• AFMC led
• Health Canada funded: 2007-2010
• Research & Analysis
• Consultation & Engagement
• Development of a Collective Vision
• Knowledge Translation, Dissemination & Implementation Planning
“The Future of Medical Education in Canada- MD” Recommendations

1. Address Individual and Community Needs
2. Enhance Admissions Processes
3. Build on the Scientific Basis of Medicine
4. Promote Prevention and Public Health
5. Address the Hidden Curriculum
6. Diversify Learning Contexts
7. Value Generalism
8. Advance Inter- and Intra-Professional Practice
9. Adopt a Competency-Based and Flexible Approach
10. Foster Medical Leadership
“The Future of Medical Education in Canada - Postgraduate Project

- Consortium: AFMC, RCPSC, CFPC, CMQ
- Health Canada funded: 2010-2015,
- Research & Analysis
- Consultation & Engagement
- Development of the Collective Vision
- Knowledge Translation, dissemination & Implementation Planning
“The Future of Medical Education in Canada-PG” Recommendations

1. Ensure the Right Mix, Distribution and Numbers of Physicians to meet Societal Needs
2. Cultivate Social Accountability through experience in Diverse Learning and Work Environments
3. Create Positive and Supportive Learning and Work Environment
4. Integrate Competency-Based Curricula in Postgraduate Programs
5. Ensure Effective Integration and Transitions along the Medical Educational Continuum
6. Implement Effective Assessments Systems
7. Develop, Support, and Recognize Clinical Teachers
8. Foster Leadership Development
9. Establish Effective Collaborative Governance in PGME
10. Align Accreditation Standards
Social responsibility and accountability are core values underpinning the roles of Canadian physicians and Faculties of Medicine. This commitment means that, both individually and collectively, physicians and faculties must respond to the diverse needs of individuals and communities throughout Canada, as well as meet international responsibilities to the global community.

Recommendation I: Address Individual and Community Needs
Recommendation 1

Ensure the Right Mix, Distribution, and Number of Physicians to Meet Societal Needs

In the context of an evolving healthcare system, the PGME system must continuously adjust its training programs to produce the right mix, distribution, and number of generalist and specialist physicians—including clinician scientists, educators, and leaders—to serve and be accountable to the Canadian population. Working in partnership with all healthcare providers and stakeholders, physicians must address the diverse health and wellness needs of individuals and communities throughout Canada.

Key Transformative Actions: 1. Create a national approach, founded on robust data, to establish and adjust the number and type of specialty positions needed in Canadian residency programs in order to meet societal needs; and 2. Establish a national plan to address the training and sustainability of clinician scientists.
# Total number of Doctors in Canada

<table>
<thead>
<tr>
<th>Supply</th>
<th>Canada</th>
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<tbody>
<tr>
<td></td>
<td>2008‡‡</td>
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<tr>
<td>Total Number of Physicians</td>
<td>65,440</td>
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<tr>
<td>Family Medicine</td>
<td>—</td>
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<tr>
<td>Specialists</td>
<td>—</td>
</tr>
<tr>
<td>Place of MD Graduation§</td>
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</tr>
<tr>
<td>Canadian</td>
<td>49,907</td>
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<tr>
<td>Family Medicine</td>
<td>—</td>
</tr>
<tr>
<td>Specialists</td>
<td>—</td>
</tr>
<tr>
<td>Foreign</td>
<td>15,358</td>
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<tr>
<td>Family Medicine</td>
<td>—</td>
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<tr>
<td>Specialists</td>
<td>—</td>
</tr>
<tr>
<td>Location**</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>5,790</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>—</td>
</tr>
<tr>
<td>Specialists</td>
<td>—</td>
</tr>
<tr>
<td>Urban</td>
<td>59,597</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>—</td>
</tr>
<tr>
<td>Specialists</td>
<td>—</td>
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</tbody>
</table>

Source: Scott’s Medical Database, 2012, Canadian Institute for Health Information.
Given the broad range of attitudes, values, and skills required of physicians, Faculties of Medicine must enhance admissions processes to include the assessment of key values and personal characteristics of future physicians—such as communication, interpersonal and collaborative skills, and a range of professional interests—as well as cognitive abilities. In addition, in order to achieve the desired diversity in our physician workforce, Faculties of Medicine must recruit, select, and support a representative mix of medical students.
World Health Organization: Increasing Access to Health Workers in remote and rural areas through improved retention

- Education Recommendations A-1

Use targeted admission policies to enrol students with a rural background in education programmes for various health disciplines, in order to increase the likelihood of graduates choosing to practise in rural areas.

Recommendation V: Address the Hidden Curriculum

The hidden curriculum is a “set of influences that function at the level of organizational structure and culture,” affecting the nature of learning, professional interactions, and clinical practice. Faculties of Medicine must therefore ensure that the hidden curriculum is regularly identified and addressed by students, educators, and faculty throughout all stages of learning.
Canadian physicians practise in a wide range of institutional and community settings while providing the continuum of medical care. In order to prepare physicians for these realities, Faculties of Medicine must provide learning experiences throughout MD education for all students in a variety of settings, ranging from small rural communities to complex tertiary health care centres.
Recommendation 2

Cultivate Social Accountability through Experience in Diverse Learning and Work Environments

Responding to the diverse and developing healthcare needs of Canadians requires both individual and collective commitment to social accountability. PGME programs should provide learning and work experience in diverse environments to cultivate social accountability in residents and guide their choice of future practice.

Key Transformative Action: Provide all residents with diverse learning environments that include varied practice settings and expose them to a range of service delivery models.
10 “satellite” campuses (not including St John, Mississauga & Kelowna)
Over 873 clinical teaching facilities
(conservative estimate)
[...] a long list of such supplementary opportunities scattered through the town is no substitute for the fundamental teaching and working hospital, on the existence of which even a fairly satisfactory use of additional and imperfectly controlled clinical material depends. Indeed, without such a teaching hospital, the school cannot even organize a clinical faculty in any proper sense of the term.

Recognizing that generalism is foundational for all physicians, MD education must focus on broadly based generalist content, including comprehensive family medicine. Moreover, family physicians and other generalists must be integral participants in all stages of MD education.

Recommendation VII: Value Generalism
Recommendation 3

Create Positive and Supportive Learning and Work Environments

Learning must occur in collaborative and supportive environments centred on the patient and based on the principle of providing the highest quality of care in the context of teaching and learning the necessary competencies.

Key Transformative Action: Provide residents with adequate opportunities to learn and work in environments that foster respect among professions and are reflective of an interprofessional and intraprofessional, collaborative, patient-centred approach to care.
What are the “The Future of Medical Education in Canada” MD & PG Recommendations and Conclusions

1. Train the right mix and number of doctors and distribute them to meet societal need
2. Ensure more broadly based admission criteria
3. Train more in the community
4. Emphasize generalism
5. Break down barriers that can be reinforced by the hidden curriculum
6. Promote inter and intra-professional practices
How to Create & Ensure the Balance?

- Education reforms - Our FMEC Approach
- System reforms - Support for Family Doctors
- Payment reforms - Improving Family Doctors Income
Thank you

Questions? Comments?