Recruit & Retain: The Canadian Recruit & Retain Conference

Thunder Bay, Ontario
January 16-17, 2014

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Future of Medical Education (FMEC)
Postgraduate Lead Consultant
Canada

**Population**
34,785,000

**Density**
3.41/km²

Area: 9,984,670 km²
2nd only to Russia
Canada and Scotland

SCOTLAND'S POPULATION
5,313,600
DENSITY 67.5/km²

Scotland’s Area: 78,387 km²
About the same size as New Brunswick
IRELAND’S POPULATION
6,399,115
DENSITY
73.4/km²

Ireland’s Area: 82,421 km²
About the same size as New Brunswick
Greenland’s Population: 56,370
Density: 0.03/km²
Greenland’s Area: 2,166,000 km²
About the same size as Nunavut
ICELAND’S POPULATION
410,315
DENSITY
3.15/km²

Iceland’s Area: 102,890 km²
Twice the size of Nova Scotia
Canada and Sweden

SWEDEN'S POPULATION
9,633,490
DENSITY
21.5/km²

Sweden's Area: 410,315 km²
About the same size as Newfoundland
Norway’s Population
5,063,700
Density
15.6/km²

Norway’s Area: 323,782 km²
Smaller than Newfoundland
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
“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-PG” Recommendations

1. Right Mix, Distribution and Numbers of Physicians
2. Diverse Learning and Work Environments
3. A Positive and Supportive Environment
4. Competency Based Curricula
5. Transitions along the Medical Educational Continuum
6. Effective Assessments Systems
7. Support Clinical Teachers
8. Foster Leadership Development
9. Collaborative Governance in PGME
10. Align Accreditation Standards
### “The Future of Medical Education in Canada” Recommendations

<table>
<thead>
<tr>
<th>FMEC MD Recommendation 1: Address Individual and Community Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FMEC PG Recommendation 1: Ensure the Right Mix, Distribution, and Number of Physicians to Meet Societal Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
# Total number of Doctors in Canada

## Figure 1 Number of Physicians, by Physician Type and Jurisdiction, Canada, 2012

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Family Medicine</th>
<th>Specialist</th>
<th>Total Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>NL</td>
<td>648</td>
<td>585</td>
<td>1,233</td>
</tr>
<tr>
<td>PE</td>
<td>143</td>
<td>123</td>
<td>266</td>
</tr>
<tr>
<td>NS</td>
<td>1,206</td>
<td>1,161</td>
<td>2,367</td>
</tr>
<tr>
<td>NB</td>
<td>886</td>
<td>782</td>
<td>1,668</td>
</tr>
<tr>
<td>QC</td>
<td>9,294</td>
<td>9,696</td>
<td>18,990</td>
</tr>
<tr>
<td>ON</td>
<td>13,513</td>
<td>13,787</td>
<td>27,300</td>
</tr>
<tr>
<td>MB</td>
<td>1,305</td>
<td>1,157</td>
<td>2,462</td>
</tr>
<tr>
<td>SK</td>
<td>1,089</td>
<td>876</td>
<td>1,965</td>
</tr>
<tr>
<td>AB</td>
<td>4,326</td>
<td>4,204</td>
<td>8,530</td>
</tr>
<tr>
<td>BC</td>
<td>5,655</td>
<td>4,591</td>
<td>10,246</td>
</tr>
<tr>
<td>YT</td>
<td>56</td>
<td>11</td>
<td>67</td>
</tr>
<tr>
<td>NT</td>
<td>26</td>
<td>10</td>
<td>36</td>
</tr>
<tr>
<td>NU</td>
<td>9</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Canada</td>
<td>38,156</td>
<td>36,986</td>
<td>75,142</td>
</tr>
</tbody>
</table>

**Source:** Scott’s Medical Database, 2012, Canadian Institute for Health Information.
## Total number of Doctors in Canada

<table>
<thead>
<tr>
<th>Supply</th>
<th>2008‡‡</th>
<th>2009‡‡</th>
<th>2010‡‡</th>
<th>2011‡‡</th>
<th>2012‡‡</th>
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<tbody>
<tr>
<td>Total Number of Physicians</td>
<td>65,440</td>
<td>68,101</td>
<td>69,699</td>
<td>72,529</td>
<td>75,142</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>—</td>
<td>—</td>
<td>35,366</td>
<td>36,769</td>
<td>38,156</td>
</tr>
<tr>
<td>Specialists</td>
<td>—</td>
<td>—</td>
<td>34,333</td>
<td>37,760</td>
<td>36,986</td>
</tr>
<tr>
<td>Place of MD Graduation§</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canadian</td>
<td>49,907</td>
<td>51,644</td>
<td>52,622</td>
<td>54,370</td>
<td>56,050</td>
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<tr>
<td>Family Medicine</td>
<td>—</td>
<td>—</td>
<td>26,090</td>
<td>26,843</td>
<td>27,580</td>
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<tr>
<td>Specialists</td>
<td>—</td>
<td>—</td>
<td>26,532</td>
<td>27,527</td>
<td>28,470</td>
</tr>
<tr>
<td>Foreign</td>
<td>15,358</td>
<td>16,248</td>
<td>16,809</td>
<td>17,800</td>
<td>18,592</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>—</td>
<td>—</td>
<td>9,064</td>
<td>9,644</td>
<td>10,230</td>
</tr>
<tr>
<td>Specialists</td>
<td>—</td>
<td>—</td>
<td>7,745</td>
<td>8,156</td>
<td>8,362</td>
</tr>
<tr>
<td>Location**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>5,790</td>
<td>5,927</td>
<td>6,060</td>
<td>6,247</td>
<td>6,389</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>—</td>
<td>—</td>
<td>5,231</td>
<td>5,370</td>
<td>5,476</td>
</tr>
<tr>
<td>Specialists</td>
<td>—</td>
<td>—</td>
<td>829</td>
<td>877</td>
<td>913</td>
</tr>
<tr>
<td>Urban</td>
<td>59,597</td>
<td>62,128</td>
<td>63,616</td>
<td>66,253</td>
<td>68,602</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>—</td>
<td>—</td>
<td>30,126</td>
<td>31,384</td>
<td>32,581</td>
</tr>
<tr>
<td>Specialists</td>
<td>—</td>
<td>—</td>
<td>33,490</td>
<td>34,869</td>
<td>36,021</td>
</tr>
</tbody>
</table>

**Source:** Scott’s Medical Database, 2012, Canadian Institute for Health Information.
Source: Scott’s Medical Database, 2012, Canadian Institute for Health Information.
As with the rest of the country, rural area experienced a rise in physician numbers that outpaced population growth. Between 2007 and 2011, the number of physicians in rural areas increased by almost 10%. In comparison, the rural population grew by only 2% between 2007 and 2011.

• FMEC MD Recommendation 2: Enhance Admissions Processes

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.

# “The Future of Medical Education in Canada” Recommendations

<table>
<thead>
<tr>
<th>FMEC MD Recommendation 6: Diversify Learning Contexts</th>
<th>FMEC PG Recommendation 2: Cultivate Social Accountability through Experience in Diverse Learning and Work Environments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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.</td>
<td>• 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.</td>
</tr>
</tbody>
</table>
Medical Education Map

18 “main” campuses

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.

Source: FLEXNER, Abraham, Medical Education in the United States and Canada: A report to the Carnegie Foundation for the advancement of teaching, New York City, Merrymount Press, 1910, p.101
World Health Organization: Increasing Access to Health Workers in remote and rural areas through improved retention

<table>
<thead>
<tr>
<th>Education Recommendation A-2</th>
<th>Education Recommendations A-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locate health professional schools, campuses and family medicine residency programmes outside of capitals and other major cities as graduates of these schools and programmes are more likely to work in rural areas.</td>
<td>Expose undergraduate students of various health disciplines to rural community experiences and clinical rotations as these can have a positive influence on attracting and recruiting health workers to rural areas.</td>
</tr>
</tbody>
</table>

“The Future of Medical Education in Canada”
Recommendations

• FMEC MD Recommendation 7: Value Generalism

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.
- 85% increase in PGY1 Family Medicine
- 69% increase in PGY1 for all other specialties
FMEC PG 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.
FMEC MD Recommendation 5: 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.
The Society of Rural Physicians of Canada (SRPC) developed a National rural health strategy, observing:

- Medical schools teach skills for urban practices
- Medical schools promote specialist care
- Urban hospitals do not support rural physicians
**The Future of Medical Education in Canada**

**Recommendations**

<table>
<thead>
<tr>
<th>FMEC MD Recommendation 8: Advance Inter- and Intra-professional Practice</th>
<th>FMEC PG Recommendation 7: Develop, Support and Recognize Clinical Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve collaborative, patient-centred care, MD education must reflect ongoing changes in scopes of practice and health care delivery. Faculties of Medicine must equip MD education learners with the competencies that will enable them to function effectively as part of inter- and intra-professional teams.</td>
<td>Support clinical teachers through faculty development and continuing professional development (CPD), and recognize the value of their work.</td>
</tr>
</tbody>
</table>
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
Thank you

Questions? Comments?