

## **Health crisis – Canada needs thousands of doctors now**

The ability to attract business and their workers to a community is directly affected by the presence of medical services and doctors in the community. There are not enough doctors in Canada to service our existing populace let alone to service an increase in population that would occur with a relocation of workers to a community.

From Tofino, British Columbia to Fogo Island, Newfoundland and Labrador, there are simply not enough doctors. According to the College of Family Physicians of Canada, an estimated 4 to 5 million Canadians have no family physician or are “orphan patients”. Even 70 percent of Canada’s doctors, have no doctor, according to the Canadian Medical Association.

Although the urban areas are somewhat better served, the situation in rural and small town Canada is often described by health care experts as “desperate”. This has led to internal competition among provinces/territories in an attempt to attract the limited number of doctors available. If this continues, it is only a matter of time until businesses feel the effect of their employees making decision about continued employment based not on the job or the salary, but on the quality of healthcare that they and their families will be able to receive in the community where the business is located.

We are losing some of our brightest medical graduates of Canadian medical schools to other countries when they take the training we have provided them and leave Canada to practice medicine in another country.

In addition, Canada’s best and brightest, with excellent academic credentials, often leave the country to train elsewhere because our university medical programs are full. Once such students have been trained in another jurisdiction there is a greater likelihood of those students choosing to remain there.

Currently, Canada has 69,267 doctors for its 34.2 million people.

According to the Organization for Economic Co-operation and Development (OECD) Canada has about 2 doctors for every 1,000 people. That falls well below the OECD average of about 2.7 doctors per thousand people. In fact, Canada ranks 25<sup>th</sup> out of 30 in the number of physicians to population ratio. Just to meet the OECD average, Canada would need 20,000 new physicians.

Canada’s doctor shortage began in the mid 1990s. When the country should have been increasing the number of medical school graduates, provincial health ministers reduced medical school enrollment (by 10 percent in 1997 alone).

Although there have been significant increases in enrollment since then, Canada has still not recovered from the cuts. In fact, according to the Canadian Medical Association (CMA), had we continued to graduate doctors at the pre 1997 levels, we would have 1600 more doctors than we have now.

We currently have 2742 first year medical students, but the country continues to lag when it comes to training new doctors. In 2005, Canada graduated 5.8 doctors per 100,000 people; again well below the OECD average of 9.8 doctors per 100,000.

The low numbers of medical students in Canada has nothing to do with a lack of interest by Canadian students in becoming doctors. Quite the contrary. There are hundreds of young Canadians in medical schools outside Canada – not because they do not meet the standards of admission in Canada, but because there are not enough spaces available in Canadian medical schools.

The doctor shortage has been further compounded by an aging population and changes to physician practice styles where doctors demand a better work/life balance and are no longer willing to devote the 70 hours a week to their practice that led to burnout and other health issues for their predecessors. The aging population is also affecting our existing doctors. Sixteen percent of our doctors are over the age of 65 and 38 percent are over the age of 55. Many will retire soon or substantially cut back their workloads. Many are not accepting new patients.

Furthermore, improved treatments for diseases have resulted in long term chronic conditions placing more demands on the system and its physicians.

The shortage of doctors often means that provinces/territories compete with each other and with other countries for the limited supply of doctors and medical school graduates. They may offer financial or other incentives to secure physicians for their own needs.

Currently, Canada tries to attract International Medical Graduates (IMGs) to cover the short fall of doctors in our country. Approximately 1 out of every 4 doctors is an IMG. In Saskatchewan, 50 percent of the doctors are IMGs. However, there are an estimated 1200 IMGs in Canada who have not been able to secure a license to practice. At the core of the problem for IMGs is a shortage of residency and post graduate positions. Completion of those educational requirements is necessary in order to meet the requirements of the medical colleges who regulate medical practice licensing.

Many Canadian trained doctors and medical students leaving Canada are doing so with education and expertise that has usually been financed by large student loans. These loans are sometimes in the hundreds of thousands of dollars with loan guarantees given by the federal and provincial/territorial governments. If medical students who choose to practice outside of Canada were enticed to instead practice in Canada by way of loan forgiveness or other forms of subsidization, then it would limit the drain of Canadian trained doctors to other countries and increase the number of doctors available for our communities. A requirement that newly graduated doctors work in Canada for a period of 3 - 7 years before the loan was forgiven or the subsidization would vest, would allow for the establishment of many more doctors within our country. The time required to work would be a sliding scale to take into account the region of Canada in which the doctor chose to work. Rural areas and areas where the need for doctors was greater would require a shorter work period.

Further delays in grappling with the doctor shortage and failing to address the issues indicated above will compound the crisis in the years ahead and could severely impact the ability of our country and provinces/territories to attract new business and new workers to our communities.

### **Recommendations**

That the federal government work with the provinces/ territories to:

1. Actively work towards increasing the number of physicians in Canada and finding solutions to the doctor shortage.
2. Implement incentives to keep Canadian trained doctors in Canada after their residencies and encourage those doctors to locate to areas with a need for doctors. Such incentives may include, but are not limited to, forgiveness of loans, grant programs and payment of living expenses. (The 2011 federal budget proposes to forgive a portion of Canada Student Loans for new family physicians, nurse practitioners and nurses that practice in under-served rural or remote communities, including communities that provide health services to First Nations and Inuit populations. Starting in 2012-13, practicing family physicians will be eligible for federal Canada Student Loan forgiveness of up to \$8,000 per year to a maximum of \$40,000. Nurse practitioners and nurses will be eligible for federal Canada Student Loan forgiveness of up to \$4,000 per year to a maximum of \$20,000. This will complement initiatives that are underway in provinces and territories to expand the provision of primary health services to Canadians in under-served rural and remote communities.)
3. Clear the backlog of IMGs waiting to be licensed to practice and that Canada work towards establishing international licensing standards as well as reducing the general costs and administrative red tape currently required for provincial licensing.
4. Work to repatriate Canadian trained doctors working outside the country and Canadians who are being trained in medical schools outside the country.

**Submitted by the Kamloops Chamber of Commerce**

**The Special Issues Committee supports this resolution.**