

Health Crisis – Canada Needs Thousands of Physicians and Surgeons Now

The ability to attract business and their workers to a community is directly affected by the presence of medical services, as well as physicians and surgeons in the community. There are not enough physicians and surgeons 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 physicians and surgeons. 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 physicians and surgeons, 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 physicians and surgeons 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 physicians and surgeons for its 34.2 million people.

According to the Organization for Economic Co-operation and Development (OECD) Canada has about 2 physicians and surgeons for every 1,000 people. That falls well below the OECD average of about 2.7 physicians and surgeons per thousand people. In fact, Canada ranks 25th 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 physicians and surgeons at the pre 1997 levels, we would have 1600 more physicians and surgeons than we have now.

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

percent of our physicians and surgeons 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 physicians and surgeons often means that provinces/territories compete with each other and with other countries for the limited supply of physicians and surgeons 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 physicians and surgeons in our country. Approximately 1 out of every 4 physicians and surgeons is an IMG. In Saskatchewan, 50 percent of the physicians and surgeons 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 physicians and surgeons 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 physicians and surgeons to other countries and increase the number of physicians and surgeons available for our communities. A requirement that newly graduated physicians and surgeons 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 physicians and surgeons 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 physicians and surgeons is 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. Develop solutions to the doctor shortage that would increase the number of physicians in Canada by a minimum of 10%.
2. Implement incentives to:
 - Keep Canadian trained physicians and surgeons in Canada after their residencies
 - Attract Canadians who are being trained in medical schools outside the country to return to Canada to practice medicine
 - Repatriate Canadian trained physicians and surgeons working outside the country
 - Encourage physicians and surgeons to locate to areas with a need for physicians and surgeons
3. Physicians and surgeons Clear the backlog of IMGs waiting to be licensed to practice as well as reducing the general costs and administrative red tape currently required for provincial licensing.
4. Work towards establishing international licensing standards.

5. Increase the level of funding available for residency positions in Canadian hospitals to accommodate the increased number of graduate physicians and surgeons.