

# Residents' page

Helen Cuddihy, MD

A few weeks ago I had the pleasure of attending the annual Dalhousie Family Medicine Resident Retreat. It was an occasion for all of us to socialize, attend CME sessions, and of course, wander through the Atlantic job fair.

As in the rest of Canada, the shortage of physicians is an ongoing problem in the Maritimes. I do not believe finding employment will be difficult for graduating trainees; the difficulty will be in finding the right match. What does it take to recruit and retain physicians in underserved areas? How could we better distribute our resources?

All stakeholders have been working together to develop short- and long-term solutions to the physician supply crisis. We still are uncertain of the consequences of these measures, but we know that they will

affect the current system. It is important for residents to be aware of ongoing transformations of the health care system, because they will inevitably affect our practices.

This month Joshua Tepper, a second-year resident training in rural Ontario, will acquaint us with the McKendry report. This report is one of the many initiatives Ontario took to address the physician resource problem. I remind you that you are welcome to send your questions or comments relating to residents to my attention. It will always be a pleasure to read your messages. ❖

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## Physician shortages

Joshua Tepper

There is a growing recognition at both national and provincial levels of the problem of physician shortages and the resulting effect on physician recruitment and retention. All stakeholders, including the CFPC and its provincial Chapters, have made substantial efforts to help develop solutions. Governments have also undertaken a variety of policy initiatives to both review the problem and develop solutions.

In Ontario, recent government efforts to understand the problem have revolved around specific policy initiatives. Three of these are a fact-finding mission led by Dr Robert J. McKendry, acceptance of a policy paper on primary care reform from the Hospital Restructuring Committee, and an expert panel established to develop long-term solutions.

This article documents the history, results, and implementation of Dr McKendry's fact-finding mission and resulting paper, "Physicians for Ontario: Too many? Too few? For 2000 and beyond." The process and the ideas it yielded could serve as a model for organizations in other provinces and at the national level.

### History and process

On July 23, 1999, Dr McKendry was appointed by the Minister of Health as a fact-finder to examine and define the scope and cause of current physician supply and distribution issues. He was also asked to determine whether the problem was one of supply, distribution, or mix of physicians and whether the problem will get worse. The report was requested by September 30, 1999.

Dr McKendry is a Professor in rheumatology and internal medicine at the University of Ottawa. To complete his task, he personally interviewed more than 100 different groups across the province. Among these meetings were two sessions with the Professional Association of Internes and Residents of Ontario (PAIRO) and a review of PAIRO's reports. He met with a variety of stakeholders in the health care system from across the province. His report was also based on existing surveys, databases, and policy documents. Despite the enormity of the task, his final report was submitted, only 3 months after deadline, on December 22, 1999.



**Recommendations**

To the broad questions of whether the problem was supply, distribution, or physician mix, Dr McKendry answered yes to all. More importantly, he predicted that the problem would get worse in the next 5 to 10 years without immediate action. Driving these conclusions is the changing demographic profile of today's physicians and the resulting effect on provision of service. He also took the view that the total number of physicians needed reflects a societal decision about how to balance physician services against health care costs.

The remainder of his recommendations fall into seven broad areas. These recommendations are based on a set of principles that include non-coercive, evidence-based, needs-based, equitable, affordable, coordinated, interdependent, and responsive care.

- **Measure and understand societal health care needs:** Dr McKendry recommends using access modeling. Other regions in the country have used this approach to define need for a certain service and to determine the access patients have to that service.
- **Develop the capacity to plan for and manage a health work force:** Decision makers have failed to conduct ongoing data collection, analysis, and future modeling for health care needs. An independent body should be established to undertake this project.
- **Ensure an adequate supply of physicians for current and future needs:** Recommendations included encouraging Canadians who are working in the United States to return home and allowing training options for US-trained Canadians who need an additional year of residency to practise in Canada. Dr McKendry also advocated expanding the current training stream for international medical graduates (IMGs) and having the College of Physicians and Surgeons of Ontario look at alternative licensing streams for certain groups of IMGs.
- **Encourage more effective distribution of physicians:** This includes increasing the number of admissions to medical school but targeting them to rural training streams. One of the more controversial ideas, detailed in an appendix, is development of a new medical school in the north. Other suggestions in this area include changing and enhancing the existing Underserved Areas Program as well as current recruitment incentives.
- **Adjust the mix of physician services:** This adjustment would include changing the number and accessibility of residency positions for those in training and in

practice. This would be combined with appropriately targeted recruitment and retention strategies.

- **Encourage use of other health care professionals:** Develop training systems and models of care delivery that would encourage integration of nurse practitioners.
- **Increase use of technology:** Increase use of telemedicine and tele-triage services.

**Government action**

Upon receipt of the McKendry report, the government immediately allocated \$11 million toward implementing certain recommendations. Among the recommendations funded were:

- funding 15 training spots to allow accreditation of Canadian medical school graduates who received postgraduate training in the United States and need 1 or 2 years of further training to meet Canadian requirements,
- expanding the University of Toronto IMG program from 24 to 36 positions,
- expanding the reentry program from 25 to 40 positions,
- funding three more Community Development Officers to work with communities to help with recruitment and retention, and
- dividing six more residency positions between Ontario's two northern family medicine training programs and more than doubling the third-year post-graduate positions from four to 10.

**Next steps**

The Minister's Expert Panel began to meet in February 2000 and will develop longer-term solutions for the province. Other initiatives, such as primary care reform, might include some more of Dr McKendry's recommendations, such as tele-triage and use of nurse practitioners. The Ontario government and the Ontario Medical Association are also currently negotiating, and some recommendations could be on the table as part of the process.

Dr McKendry's recommendations are far-reaching, and the relatively small initiatives that followed his submissions are just the beginning of what is needed to solve the problem. Failure to move from data collection and recommendations to action and implementation will only lead to a greater crisis. ♦

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