CMA Presentation to the House of Commons
Committee on Human Resources, Skills and
Development and the Status of Persons with Disability

Addressing Existing Labour Shortages in High-Demand Occupations

Presented by:

Dr. John Haggie, MB ChB, MD, FRCS
President

May 9, 2012

A healthy population and a vibrant medical profession
Une population en santé et une profession médicale dynamique
The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, CMA’s mission is to serve and unite the physicians of Canada and be the national advocate, in partnership with the people of Canada, for the highest standards of health and health care.

On behalf of its more than 74,000 members and the Canadian public, CMA performs a wide variety of functions. Key functions include advocating for health promotion and disease/injury prevention policies and strategies, advocating for access to quality health care, facilitating change within the medical profession, and providing leadership and guidance to physicians to help them influence, manage and adapt to changes in health care delivery.

The CMA is a voluntary professional organization representing the majority of Canada’s physicians and comprising 12 provincial and territorial divisions and 51 national medical organizations.
Good afternoon. Thank you for the opportunity to appear before this Committee to discuss ways to ensure an adequate supply of physicians in the Canadian health care system.

The reality today is that nearly five million Canadians do not have a family physician, including more than 900,000 Ontarians. Over one-third of all Canadian physicians are over the age of 55. Many will either retire soon or reduce their practice workload. Many physician practices are at capacity and unable to take on new patients.

Canada’s supply of physicians relative to our population is well below the Organization for Economic Co-operation and Development average. With the seventh-lowest supply of physicians per capita among OECD nations, Canada ranks below the European Union nations and the United States.

Ensuring Canada has the appropriate number of physicians with the appropriate mix of specialities to meet patients’ needs requires planning and leadership at the federal level. Canada must address specific shortages and ensure self-sufficiency in health human resources for our country. Better planning would also help address the issue of wait times and their negative impact on patient care.

The Canadian Medical Association recommends:

First, ensuring a needs-based specialty mix;

Second, targeting health infrastructure investment to optimize the supply of health human resources; and

Third, addressing foreign credential recognition.

With regard to our first area of focus, ensuring a needs-based specialty mix:

A CMA survey this year of provincial-territorial medical associations with respect to physician resources underscores the pressing need for a pan-Canadian approach to health human resources planning. All jurisdictions in Canada are experiencing challenges, although shortages by type of practice vary from province to province.

Ensuring an appropriate specialty mix requires planning. At present, there is no pan-Canadian system to monitor or manage the specialty mix.
Our survey found that only three jurisdictions have a long-term physician resource plan in place, while only one jurisdiction employs a supply and needs-based projection model.

The consequences of this lack of planning are evident: from 1988 to 2010, the number of post-graduate trainee positions in geriatric medicine was essentially constant at only 18 positions, while the number of trainees in pediatric medicine increased by 58 per cent – in clear contradiction of demographic trends.

The last time the federal government prepared a needs-based projection of physician requirements in Canada was in 1975.

The second issue I wish to discuss is health infrastructure. Recruitment of specialists and sub-specialists is affected by the limitations of existing hospital infrastructure, such as operating rooms. Ensuring the infrastructure is in place to allow the doctors we do have to carry out their work would no doubt help address Canada’s persistent problems with wait times.

Now, turning to foreign credential recognition: The CMA recognizes the federal government’s commitment to address foreign credential recognition and that physicians are among the target group for 2012. The medical profession is well positioned to support the federal government’s objective.

Under the auspices of the National Assessment Collaboration, a group of federal, provincial and other stakeholders, the medical profession is working to streamline the evaluation process for international medical graduates (IMGs) licensure in Canada.

The pan-Canadian portable eligibility for licensure is another important issue for physicians. In 2009, the Federation of Medical Regulatory Authorities adopted an agreement on national standards for medical registration in Canada that reflects the revised labour mobility chapter of the Agreement on Internal Trade. The Federation and the Medical Council of Canada are working on a one-stop process for international medical graduates, or IMGS, to apply for licensure in Canada.
Close to one-quarter of all physicians in Canada are IMGs including me. While the CMA fully supports bringing into practice qualified IMGs already in Canada, actively recruiting doctors from abroad cannot be the only solution to our physician shortage. Canada must strive for greater self-sufficiency in the education and training of physicians.

To conclude: For several years now, the CMA’s has advocated health care transformation and it has developed, with the Canadian Nurses Association, six principles to guide transformation. These principles have been endorsed by over 100 medical, health and patient organizations.

One of these principles is sustainability. Addressing health human resource shortages is critical to ensuring a sustainable, accessible and patient-centred health care system.

Despite progress, our country continues to experience a persistent shortage of physicians. This is hardly surprising, given that few jurisdictions engage in health human resources planning and the federal government has not examined physician supply in almost 40 years. Canada requires a pan-Canadian approach to ensure adequate health human resources in support of a sustainable health care system.

Thank you to the Committee for your attention to this matter. I would be pleased to answer any questions.