

# THE last word ► ► ►

## A new paradigm

### *Sustainable self-sufficiency of the physician workforce in Canada*

Dr. Hugh Scully

Canada is a country in which health care is considered a human right. A sustainable health care system should be patient focused, reasonably accessible, of high quality and based on good research. An adequate physician workforce is essential to a sustainable health care system.

The physician workforce is a complex issue with many factors affecting overall supply:

- External factors, including changing population demographics and a more knowledgeable public with greater expectations, greater demand for certainty and accountability and quality of life
- Internal factors, including the changing lifestyles and preferences of physicians
- National and international standards of education and qualification, with regional, national and international standards of licensure
- Professional liability insurance

Physician-to-population ratios clearly do not reveal the increasingly complex and diverse workloads of physicians today with evolving scopes of practice and increasing specialization in many areas.

The rising cost of medical education and training has created a situation of burdensome debt for many medical students and residents. There has tended to be a lack of coordination between medical education planning and physician human resource planning, and there continues to be mal-distribution of physicians in favour of urban centres.

There also continues to be a lack of data and understanding about physician productivity, the impact of various remuneration models on access to care and maintenance of health, the scope and magnitude of services offered by physicians and physician mobility — not only between countries but also within countries. During the past decade in particular, I believe that significant progress has been made in Canada as we work together to strive for responsible self-sufficiency and sustainability of our physician workforce.

In 1999, Task Force I, a self-funded working group comprising all national medical organizations, together with active participation from nursing and external advisors, recommended an immediate increase in enrolment in Canadian medical schools that would be appropriately funded and free of coercion.

Notwithstanding a significant increase in enrolment in Canadian medical schools during the early part of this decade, the

opportunity for Canadians to go to medical school in Canada remains lowest among countries of the developed world. A recent Decima poll found an estimated 5 million Canadians do not have access to a family physician. Access to some types of specialists is equally compromised.

Task Force II was a cooperative effort of the partners in Task Force I together with federal government, provincial governments, the Canadian Institute for Health Information and invited leaders from other health professions. Five key areas were identified as central to the future allocation of physician human resources in Canada:

- Preparing for the future — education and training
- Making teamwork work — interprofessional practice and education
- Attracting physicians and keeping them here — recruitment and retention
- Legal hurdles — improving licensure, regulatory issues and liability
- Making the most of the physicians we have — infrastructure and technology

I believe there is great opportunity in the challenges facing us in Canada with regard to physician and health human resources. There is a greater degree of collaboration than ever before within the medical profession, between the medical profession and other health professions and with governments (national, provincial and territorial), health care institutions, communities and educators. Increasingly, physicians and other health professionals are being recognized as important principal partners in the discussions leading to strategies for and implementation of further improvements in health, health care and related education and technology. Health and health care continue to be among the most important priorities for Canadians.

Now is the time to create a structure or organization with representation from principal partners to coordinate a pan-Canadian needs-based approach to health human resources planning. Canada deserves no less.

I am very optimistic that, working together, we can realize these objectives. Results from the National Physician Survey dealing with physician resources and changing trends in the delivery of health care in Canada provide an invaluable database to help us get there.

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