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Building Momentum for Change in the Postgraduate Medical Training System: Matching Output with Practice Opportunities

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Resident Principles on Physician HHR to Better Serve Canadians:

1. Effective, evidence-based workforce planning for Canadian patients and physicians
2. Distribution/allocation of residency training positions that accords with population needs and job availability.
3. Recruitment and retention of graduating physicians.
4. Career counseling throughout medical training.
5. Promotion of social accountability via changes to the formal curriculum and culture building.
6. Succession planning and transition of retiring physicians' practices.

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Challenges to System Evolution

- Hidden curriculum
- Lack of social accountability
- Service dependency
- Centralized educational delivery
- Complex planning
- Competing interests

Hidden Curriculum

- Lack of data, *“no one really knows”*
- Culture of subspecialization, increasing numbers of training programs
- Trainees making decisions based on less-than-reliable or oversimplified mentor advice, *“do what you love”*
- Trainee expectations regarding opportunities

Lack of Social Accountability

- Cornerstone of FMEC-PG Collective Vision:

  #1 Ensure the right mix, distribution, and number of physicians to meet societal needs

- Admission/recruitment processes do not necessarily value *right* person over most accomplished one
- No ongoing surveillance informing what is *right mix*

Service Dependency

- Academic hospital staffing often relies heavily on learners, sometimes at expense of education
- Service demands limit training flexibility, exacerbate short-sighted approach to planning
- Early career physicians as on-*call*-ogists
- Variable utilization of physician extenders

Centralized Educational Delivery

- Bulk of education occurs in academic centres
- Push for extended community experience hindered by service demands, call coverage
- Trainees not always prepared for demands of community practice
- Communities most in need of physicians often have limited access to trainees

Complex Planning

- Physician recruitment largely reactive
- Long training life cycle requires proactive planning
- Trainees struggle to secure employment opportunities that align with existing training, or training tailored to future practice
- Portability mandates national approach

Competing Interests

- Strong political will for increased capacity for IMGs, especially Canadian-born
- Pressure on decision-makers from programs seeking trainees to cover service
- Jurisdictional competition without national coordination
- Infrastructure constraints limiting needs-based care (e.g.. OR time, obstetrical support)

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A Way Forward

- National coordination, eliminate redundancy of efforts:
  - » **Physician Resource Planning Task Force**
- Creative re-imagination of service delivery, including team-based approach and physician extenders
- Significant investment in data generation to inform planning
- Evidence-based evaluation of current entry disciplines and residency position allocation

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A Way Forward

- Enhanced community-based training experiences
- Focused effort to facilitate proactive transition planning
- Minimize barriers to training and employment mobility
- Alignment of training opportunities and resource allocation with social accountability mandate

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Thank you!

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