MOTION FORM

Canadian Medical Association - General Council 2013

Please indicate motion category:

☒ **Delegates' Motion**

☒ **Strategic Session # 2: Physician Resources: Realigning the Post-Graduate System to Support the Future of Health Care Delivery in Canada**

☐ **Strategic Session #3: Clinical Decision-Making: Appropriateness and Accountability**

☐ Please check box to indicate if motion should be placed on the **Consent Agenda** for the above noted session.

* ***Note:*** *Strategic Sessions #1 entitled "End of Life Care in Canada" will be held in committee of the whole format*

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MOTION (maximum approx.150 words – please refer to **2013 Guidelines** for Motions in the attached procedures)

The Canadian Medical Association supports the six guiding principles put forward in the Canadian Association of Internes and Residents' "Resident Principles on Physician Health Human Resources to Better Serve Canadians" (June 2013) to help inform and guide the realignment of the postgraduate medical-education system and develop policy and a national strategy to meet future societal health care needs.

Please indicate motion type:

☒ **Policy Motion** (describes the position the CMA is taking on an issue or a standard or a belief that the CMA will support on behalf of the medical profession - e.g., *The CMA supports the development of a national strategy for improving the health literacy of Canadians.*)

☐ **Directive Motion** (describes a specific strategic direction/action that the CMA will explore/initiate on major items – e.g., *The CMA will develop guidelines for physician involvement in the governance of health information systems*.)

EXISTING POLICY CHECK

☒ Please check box to confirm that the CMA policybase on cma.ca has been checked and the submitted motion does not duplicate existing CMA policy. The link for the CMA policy base is **http://www.cma.ca/policybase**

ADDITIONAL CONTACT PERSON/INFORMATION (phone/fax/email etc.)

Ms. Cheryl Pellerin, tel: 613-234-6448, email: cpellerin@cair.ca

Note: Items listed under the motion rationale are not binding to the motion and serve to inform only.

1. **SUBSTANTIVE RATIONALE** – Include: **a)** why this motion should be considered **b)** supporting scientific evidence (if a scientific/clinical motion); and **c)** previous motions from GC (if applicable) (approx 250 words)

Resident physicians make up a large and important portion of the healthcare workforce in Canada. As current healthcare providers and future independent practicing physicians, the resident perspective should be considered in the development of national strategies with respect to physician health human resource planning.

The "Resident Principles on Physician Health Human Resources to Better Serve Canadians" (the Resident Principles, Appendix 1) were developed through an iterative and consultative process by resident members on the CAIR Standing Committee on Health Human Resources (HHR) and serves as the resident perspective on physician health human resources. These principles are as follows:

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 counselling 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.

Developing a national strategy for physician health human resource planning has been a topic of debate and

discussion for many years now. Achieving the proper and most effective mix, distribution and number of physicians will require a concerted effort from local, provincial and national stakeholders.

`The Resident Principles outlined above are aligned with and support the policy direction of the Canadian Medical Association, and provide multiple potential Calls for Action (Appendix 2).

2. KEY STAKEHOLDERS - Include: suggested key stakeholders involved/engaged with implementation e.g., federal government, provincial/territorial medical associations, affiliates, associates, national medical organizations, etc. (approx 50 words)

CMA/PTMAs, CAIR, FMRQ, CFPC, Royal College, CMQ, AFMC, ACHDHR, federal government

3. SUGGESTED IMPLEMENTATION – Include: any particular direction to the CMA Board on how the motion should be implemented (approx 200 words) Note: all items in the motion rationale may assist to inform the motion

Consideration and inclusion of the CAIR Resident Principles in any future policies of the Canadian Medical Association related to post-graduate medical education system realignment and physician health human resource planning, as well as collaboration/involvement of the CAIR Steering Committee on HHR in any future implementation strategies.

4. RELEVANCE TO CMA MISSION, VISION, VALUES AND STRATEGIC OBJECTIVES. See CMA strategic plan at http://www.cma.ca/aboutcma/history-mission-vision-values (approx 250 words)

Achieving the right mix, distribution and number of Canadian physicians is in line with the CMA's mission of the highest standards of health, vision of a vibrant medical profession and professionalism values of highest quality standards and responsiveness. In terms of strategic objectives, proper physician HHR planning will help anticipate national priorities and emerging health care issues affecting the population and CMA members.

5. ESTIMATED RESOURCES REQUIRED (money, time, human) please check the relevant boxes.

HR less than one person week	HR more than one person week – less than one person month	HR over one person month	Under $5,000	$5,000-$25,000	Above $25,000
X			X		

6. ADDITIONAL COMMENTS (approx 200 words)

Responses from 2013 CAIR National Resident Survey:

Confidence in job prospects – Among surigical specialist residents, only one in six (16%) felt confident about finding employment in their chosen specialty upon completion of residency (similar to 2012 results of 14%).

Jobs and choice of specialty – When asked if they would have chosen their current specialty if they had known at the start of their residency that there were limited jobs available, less than half (44.7%) said they would have chosen it. Nearly three in ten (28.7%) would have chosen a different specialty, and one in four (26.6%) were unsure. These responses are comparable to those given in 2012 to a similar question, when nearly half of respondents (48.9%) said they would apply for the same specialty again, three in ten (29.8%) said they would not, and one in five (21.3%) were unsure.

Information on job trends – A majority of respondents said that being given information on areas of needs and job trends within Canada would be helpful or somewhat helpful in guiding their career planning in terms of the location of their future practice (87.0%), their choice of practice setting type (86.3%) and their choice of specialty/subspecialty (75.3%).