The Resident Perspective
Evidence Informed Career Planning
Data and strategies to help medical students and residents chart their career paths

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Canadian Association of Internes and Residents
International Conference on Residency Education
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Framing Physician HHR

Canadian associations representing doctors, residents and medical students agree

• Canada needs a better way to anticipate future supply of physicians

• National HHR plan is critical to ensure health care system can meet future needs of Canadians

• Contradictory trends underscore the need for better planning for the right number, mix and distribution of health professionals
  – Number of physicians has increased faster than population size, yet many communities face shortages of family doctors and specialists, particularly rural and remote areas, and many new specialists face a lack of job opportunities

Patient Care Not a Numbers Game – National Health Resources Plan Badly Needed
The Learner Context

The current educational environment fails to empower learners to make career decisions that meet societal needs

- Medical students and residents make career choices with limited information about current and future physician jobs in Canada.
- Decisions are often made based on personal anecdotes or limited experience rather than evidence based mentorship and counseling.
- This lack of information exacerbates the already significant disconnect between community needs and training opportunities.
- Result is that large numbers of residents experience difficulty finding employment following completion of their residency training.
- Disconnect between hospital resources and public needs leads to residents who are trained to serve Canadians but who are unable to meet those needs due to inadequate health care infrastructure.
The Problem

Despite a positive trend of improved access to health care through rising physician numbers and more equitable distribution, there are also emerging reports of unemployed or underutilized physicians.

- I have not secured employment for after graduation, but I am not currently looking: 56%
- I am still looking for employment after graduation: 21%
- I have secured employment for after graduation, and I am satisfied with the position secured: 12%
- I am currently in a Return of Service (ROS) agreement and I am not looking for employment: 5%
- I have secured employment for after graduation, but I am not satisfied with the position secured: 1%

2013 National Resident Survey – CAIR – March 2013
Residents’ confidence levels for finding employment after completing residency varied significantly by specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Confident</th>
<th>Not Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (aggregate)</td>
<td>43%</td>
<td>12%</td>
</tr>
<tr>
<td>Family medicine</td>
<td>85%</td>
<td>1%</td>
</tr>
<tr>
<td>Medical specialty</td>
<td>37%</td>
<td>10%</td>
</tr>
<tr>
<td>Surgical specialty</td>
<td>16%</td>
<td>25%</td>
</tr>
</tbody>
</table>

In 2013, residents in surgical specialties were least likely to say they were confident (16%), compared to family medicine residents (85% confident). This is similar to 2012 (14% and 80% respectively).
The Problem

Many residents delay entry into the work force to pursue fellowships after residency

<table>
<thead>
<tr>
<th>Fellowship...</th>
<th>Planning to</th>
<th>Not planning to</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (aggregate)</td>
<td>41%</td>
<td>19%</td>
</tr>
<tr>
<td>Family medicine</td>
<td>4%</td>
<td>14%</td>
</tr>
<tr>
<td>Medical specialty</td>
<td>46%</td>
<td>21%</td>
</tr>
<tr>
<td>Surgical specialty</td>
<td>61%</td>
<td>15%</td>
</tr>
</tbody>
</table>

What prompted your decision to undertake a fellowship?

- Future employment/career goals (84%)
- Personal interests (67%)
- More training/skills/specialization (63%)
- To help find a staff position (55%)

2013 National Resident Survey – CAIR – March 2013
Availability of jobs following completion of residency has significant implications for retention of physicians. If unable to find a position following graduation, the following alternative options would be acceptable:

- Seek employment outside Canada: 17%
- Seek employment in another province within Canada: 30%
- Seek employment in another jurisdiction within your province: 28%
- Continue with training: 22%
Residents Want to Know

Will I have a job in my specialty?
Where will I practice?
What specialties are most needed by patients and in which locations?
Should I consider another specialty?
Access to job availability data *prior* to residency (during medical school) would have significantly influenced residents’ choice of specialty.

<table>
<thead>
<tr>
<th></th>
<th>Would have chosen a different specialty</th>
<th>Still would have chosen my current specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (aggregate)</td>
<td>29%</td>
<td>45%</td>
</tr>
<tr>
<td>Other specialty</td>
<td>32%</td>
<td>43%</td>
</tr>
<tr>
<td>Medical specialty</td>
<td>25%</td>
<td>46%</td>
</tr>
<tr>
<td>Surgical specialty</td>
<td>17%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Residents’ decision making regarding future career planning would be significantly influenced by **availability of data on needs and job trends**.

### Data Implications

<table>
<thead>
<tr>
<th>Decision Category</th>
<th>Help</th>
<th>Somewhat help</th>
<th>Somewhat not help</th>
<th>Not help</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice of practice setting/type (e.g. private practice, hospital/university practice, solo/group, locum, full-time/part-time, etc.)</td>
<td>49%</td>
<td>37%</td>
<td>4% 6% 5%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Location of future practice</td>
<td>48%</td>
<td>39%</td>
<td>4% 6% 4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Choice of specialty/subspecialty</td>
<td>39%</td>
<td>37%</td>
<td>5% 14% 5%</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Data Implications

There is a strong need for reliable employment data and an accessible national inventory of listings. If residents knew there were jobs available in each of the following locations in Canada...

- **88%** of residents would be willing to practice in a large urban/suburban centre
- **67%** of residents would be willing to practice in an inner city location
- **52%** of residents would be willing to practice in a small town or rural location (**72%** of family medicine residents)
- **21%** of residents would be willing to practice in a geographically isolated or remote location (**36%** of family medicine residents)

2013 National Resident Survey – CAIR – March 2013
Current Situation

There is no consistent method for identifying physician employment opportunities, in contrast to the regimented system of medical school and residency selection. Of the 12% of residents who have secured employment, there is great variability in their means of finding that job.

Means of Securing Employment

- 35% Learned about the position through a personal contact
- 35% Was actively recruited for the position
- 15% Was assigned the position based on a ROS agreement
- 4% Learned about the position through training/residency
- 2% Learned about the position through a job bank
- 6% Military commitment
- 2% Other

2013 National Resident Survey – CAIR – March 2013
Given the implications of needs and employment data, it is critical that residents be offered access to career counselling that reflects best available evidence.

<table>
<thead>
<tr>
<th>Primary method of career counselling received during residency (n=1967)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal career counselling</td>
<td>53%</td>
</tr>
<tr>
<td>I have not received any career counselling</td>
<td>28%</td>
</tr>
<tr>
<td>Formal specialty-specific career counselling</td>
<td>10%</td>
</tr>
<tr>
<td>Formal generalized career counselling</td>
<td>6%</td>
</tr>
</tbody>
</table>

- Nearly 1 in 3 residents have not received any career counselling during residency
- Only 16% residents receive formal career counselling
Residents have a strong desire for **formal career counselling** to help assist them in making career decisions that reflect societal needs.

**Preferred Method of Career Counselling**
- 37% Formal career counselling integrated into medical school and/or residency curricula
- 25% Informal group setting with residents in my training program and level
- 21% Informal group setting with peers
- 10% Formal one-on-one setting with a career specialist
- 7% Unsure

2013 National Resident Survey – CAIR – March 2013
Potential Solutions

Residents express interest in being paired with retiring physicians to facilitate transition in to and out of practice.

A job-sharing program for a limited time period that would help you to gradually take over the practice of a retiring physician?

- Interested: 52%
- Somewhat interested: 29%
- Somewhat uninterested: 5%
- Uninterested: 5%
- Unsure: 3%

A service to connect new graduates with retiring physicians looking to pass on their practice?

- Interested: 47%
- Somewhat interested: 31%
- Somewhat uninterested: 6%
- Uninterested: 7%
- Unsure: 2%

2013 National Resident Survey – CAIR – March 2013
CAIR Activities on Physician HHR

August 2012
Standing Committee on HHR created

March 2013
National Resident Survey focused on HHR

April - May 2013
Expert consultations with 20 healthcare stakeholders

May 2013
Resident Dialogue on HHR

June - August 2013
Resident Principles on Physician HHR to Better Serve Canadians
CAIR’s Resident Principles on Physician Health
Human Resources to Better Serve Canadians
(June 2013):

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
Resident Principles – *Calls to Action*

**Principle 1 Effective, evidence-based workforce planning for Canadian patients and physicians**

① Develop a national strategy for the collection, synthesis, analysis and communication of reliable data on the health care needs of the Canadian population and physician resource requirements

② Establish a pan-Canadian health human resource observatory and regional units at each of the Canadian medical schools and PGME institutions

③ Accelerate development of a pan-Canadian strategy for health human resources that emphasizes federal/provincial/territorial collaboration
Resident Principles – *Calls to Action*

**Principle 2 Distribution/allocation of residency training positions that accords with population needs and job availability**

① Allocate residency positions based on population need and employment capacity per specialty, as well as with regard to personal and professional interests

② Re-evaluate residency position allocation on a regular basis

③ Use the right criteria to determine residency capacity, not institutional self-interest.

④ Facilitate the transition into the health care system for IMGs selected for Canadian training positions.
Resident Principles – *Calls to Action*

**Principle 3  Recruitment and retention of graduating physicians**

1. Establish a national recruitment/job match program
2. Improve the work environment in rural areas to attract and retain new physicians in local communities
3. Develop innovative strategies to meet patient care needs in rural areas
4. Invest in healthcare infrastructure, such as operating rooms and staff support, to better meet patient demands and make maximum use of new physicians’ skills

**Principle 4  Career counselling throughout medical training**

1. Establish formal or informal mentorship structures within residency programs and as part of residency curricula at all PGME offices
2. Include career counselling as a component of mentorship within residency programs
3. Promote informed career counselling throughout the lifecycle of a trainee
Principle 5  Promotion of social accountability via changes to the formal curriculum and culture building

① Incorporate regular rotations in community and rural and remote locations, with opportunities for exposure to population and public health role models in these environments

② Expand the social accountability mandate to emphasize the responsibility of learners to make career choices based on societal needs, thereby initiating a shift in the cultural environment of medicine

Principle 6  Succession planning and transition of retiring physicians’ practices

① Partner physicians who are close to retirement with new physician graduates who can eventually assume the practice

② Develop robust longitudinal data on physician retirement
Thank you!

Resident Physicians are integral stakeholders in this process

Any Questions?

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