



The Future of Medicine is Here

The Resident Perspective

Health Human Resources Planning

Dr. Ashley Miller
Co-Chair, CAIR Committee on Health Human Resources
Canadian Association of Internes and Residents
Canadian Conference on Medical Education
Learner Forum • April 27, 2014

The Learner Context

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

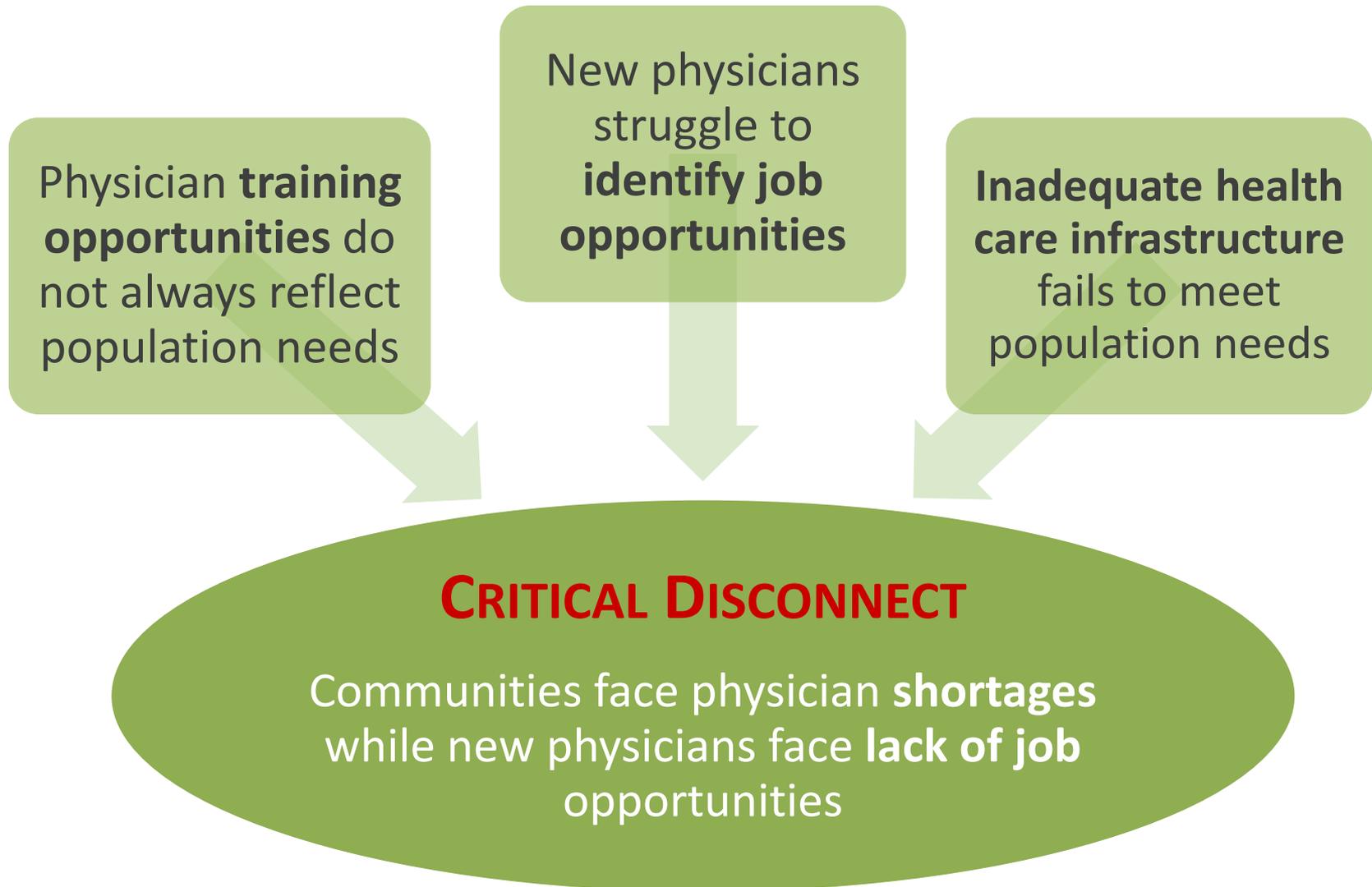
There is a **critical lack of data** reflecting current patient needs and anticipating future gaps in physician supply

Medical students and residents make career choices with **limited information** about current and future job prospects

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

Why does this matter?



Residents Want to Know

What specialties are **most needed** by patients and in which locations?

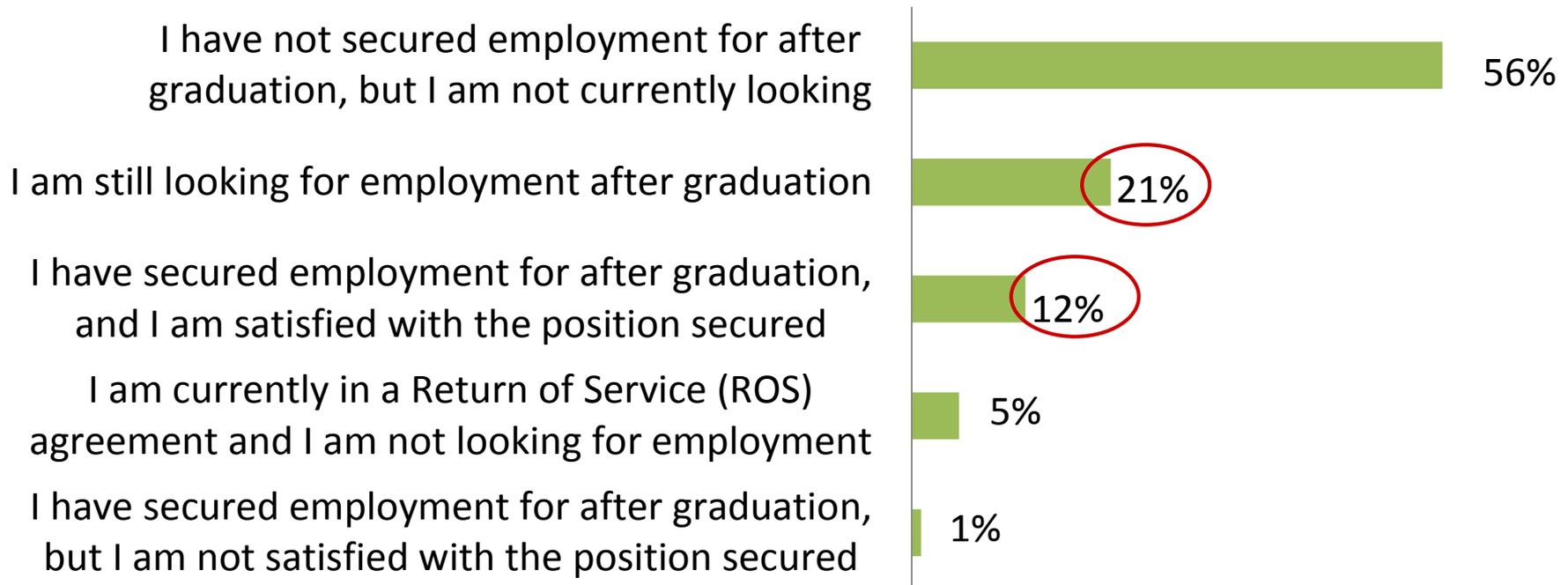
Should I consider **another specialty**?

Will I **find a job** in my specialty?

Where will I practice?

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**.



The Problem

Residents' confidence levels for finding employment after completing residency varied significantly **by specialty**.

National (aggregate)	43% confident	12% <u>not</u> confident
Family medicine	85% confident	1% <u>not</u> confident
Medical specialty	37% confident	10% <u>not</u> confident
Surgical specialty	16% confident	25% <u>not</u> confident

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.

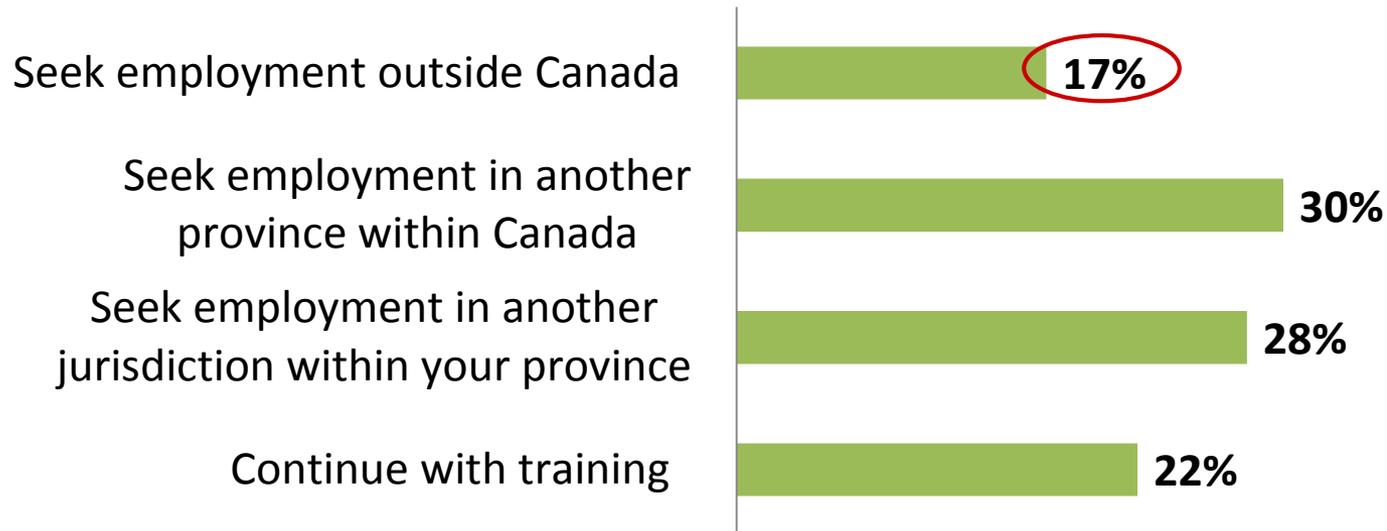
	Planning to	Not planning to
National (aggregate)	41%	19%
Family medicine	4%	14%
Medical specialty	46%	21%
Surgical specialty	61%	15%

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%).

The Problem

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:



Potential Solution: Data

There is a strong need for **collection and communication of reliable data** on the health care needs of the Canadian population and physician resource requirements.

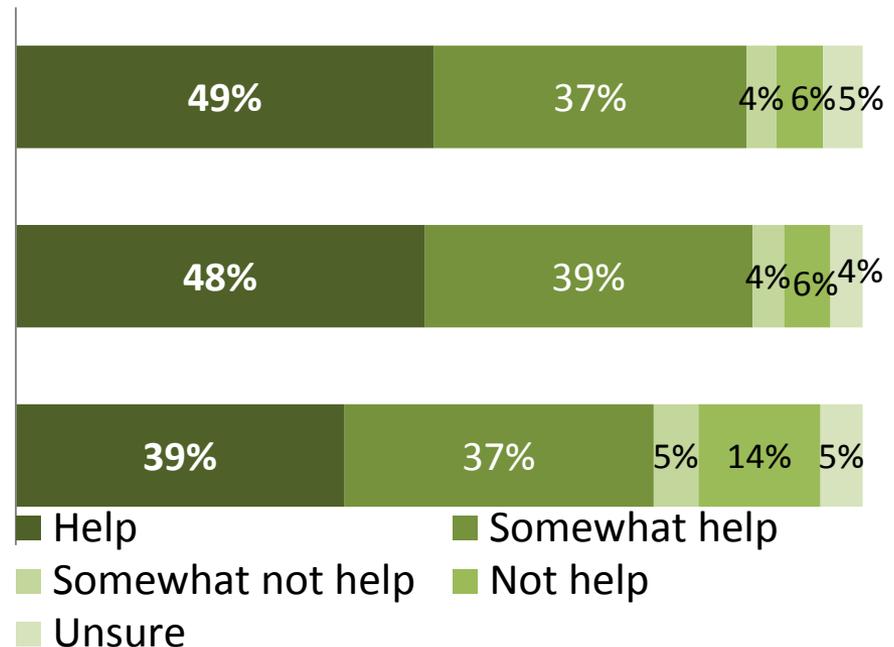
Data Implications

Residents' decision making regarding future career planning would be significantly influenced by **availability of data on needs and job trends.**

Choice of practice setting/type (e.g. private practice, hospital/university practice, solo/group, locum, full-time/part-time, etc.)

Location of future practice

Choice of specialty/subspecialty



Data Implications

If residents knew there were jobs available in each of the following locations in Canada...

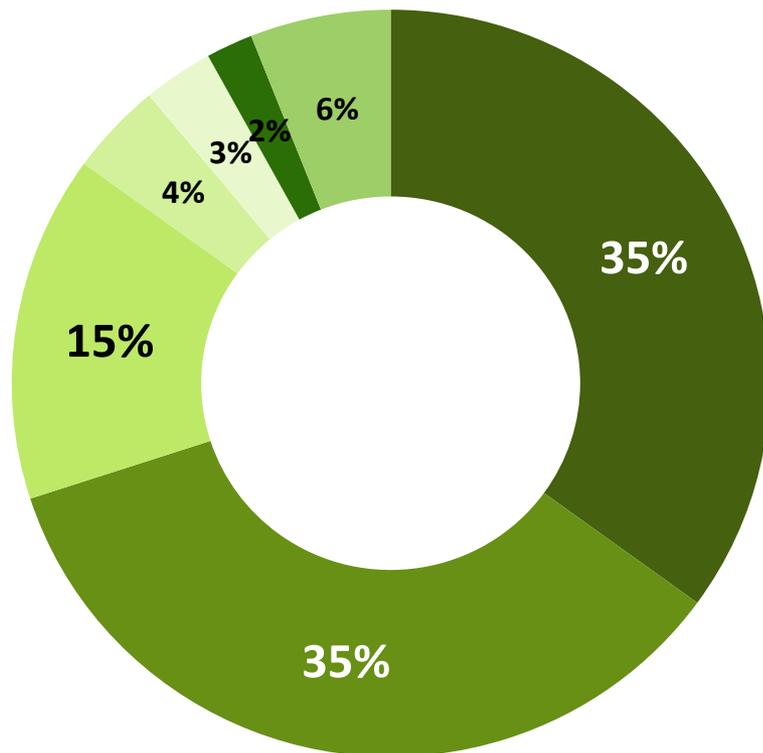
- **88%** of residents would be willing to practice in a **large urban/suburban** centre
- **67%** of residents would be willing to practice in an **inner city** location
- **52%** of residents would be willing to practice in a small town or **rural** location (**72%** of family medicine residents)
-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

Potential Solution: Information Inventory

There is a strong need for an **accessible national source of employment information**, including an inventory of job listings.

Current Situation

There is **no consistent method for identifying physician employment opportunities**, in contrast to the regimented system of medical school and residency selection. There is great variability in how residents find jobs.



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

Potential Solution: Career Counselling

There is a strong need for longitudinal **career counselling that reflects best available evidence.**

Current Situation

Residents report limited access to formal **career counselling**.

Primary method of career counselling received during residency (n=1967)

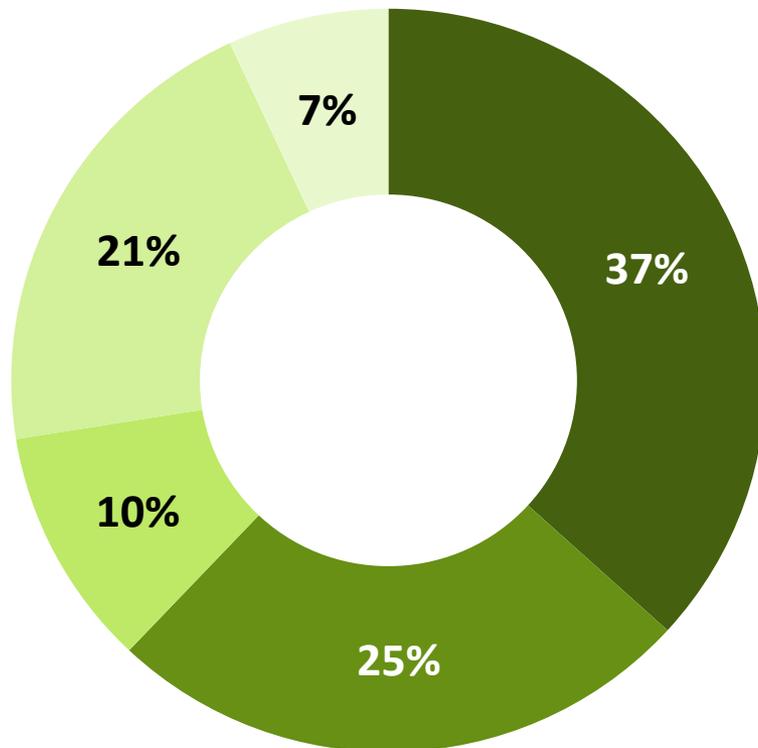
Informal career counselling	53%
I have not received any career counselling	28%
Formal specialty-specific career counselling	10%
Formal generalized career counselling	6%

- Nearly **1 in 3** residents have not received any career counselling during residency
- Only **16%** residents receive **formal** career counselling.

Potential Solution: Career Counselling

Residents have a strong desire for **formal career counselling based on high quality needs based data** to help assist them in making career decisions that reflect societal needs.

Preferred Method of Career Counselling



- Formal one-on-one setting with a career specialist
- Formal career counselling integrated into medical school and/or residency curricula
- Informal group setting with peers
- Informal group setting with residents in my training program and level
- Unsure

Potential Solution: Facilitated Transitions

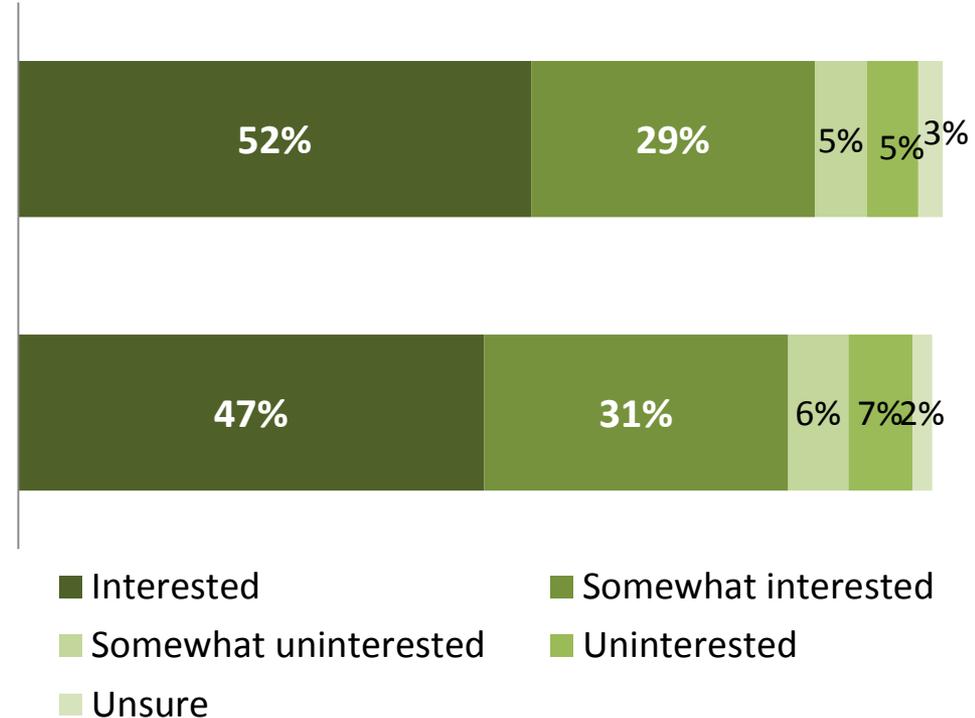
There is potential to pair new and retiring physicians to **facilitate transition into and out of practice**, while improving system capacity to project physician supply.

Potential Solution: Facilitated Transitions

Residents express interest in being paired with retiring physicians to **facilitate transition** into practice.

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

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



Potential Solutions: Looking Forward

“Ensuring the right mix and distribution” will require **innovation in medical education** in terms of recruitment and admissions, diversity of clinical exposure, and goal directed postgraduate program design.

Rural origin and exposure to rural practice in undergraduate and postgraduate medical education strongly influence likelihood of rural practice

Emphasis on social accountability empowers learners to serve as stewards of our public system and consider needs of underserved patients

Unclear how trend towards increasing subspecialization in postgraduate medical education has effected practice versatility and patient care

Educational Environment Significantly Influences Practice

CAIR's Resident Principles on Physician Health Human Resources 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 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

Thank you!

Resident Physicians are integral stakeholders in this process

Any Questions?

Dr. Ashley Miller

CAIR Board, Newfoundland and Labrador Representative

Co-Chair CAIR Standing Committee on HHR

amill083@uottawa.ca

cair@cair.ca

