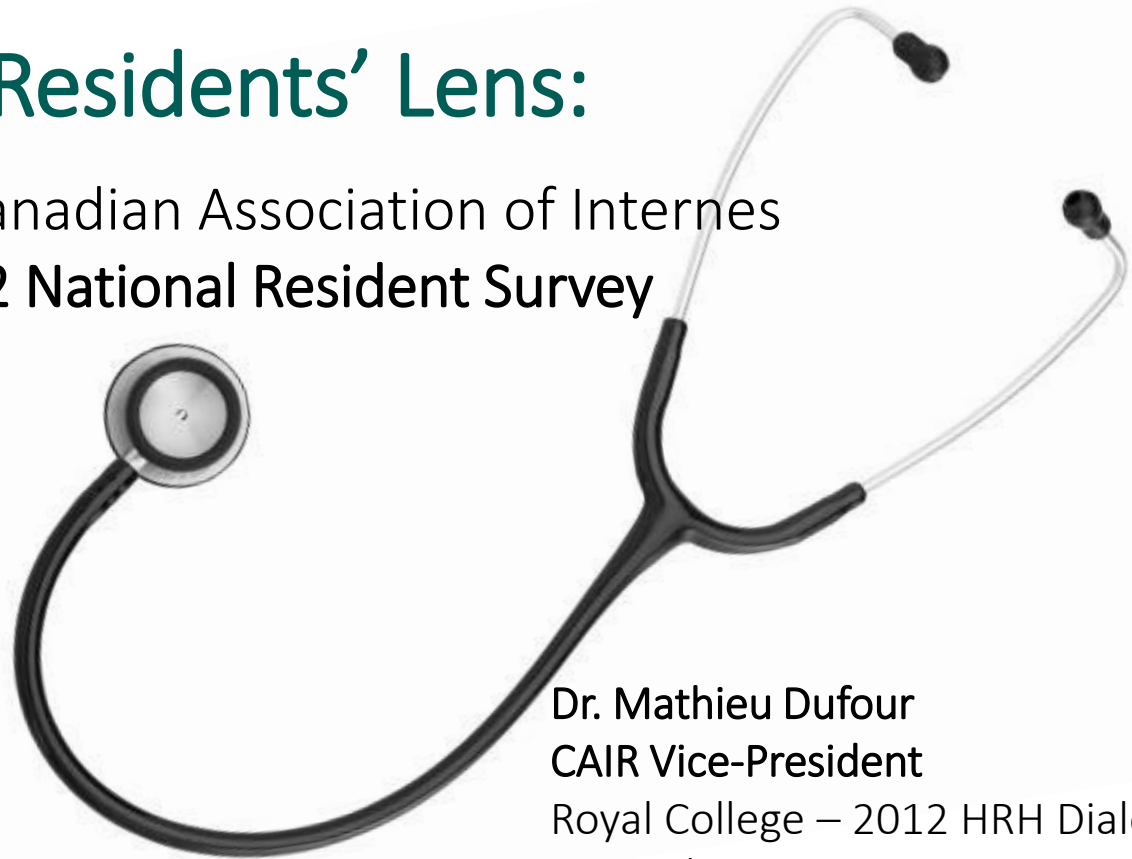


CAIR—The Future of Medicine is Here


Through the Residents' Lens:

Results from the Canadian Association of Internes
and Residents **2012 National Resident Survey**



Dr. Mathieu Dufour
CAIR Vice-President
Royal College – 2012 HRH Dialogue
December 3, 2012


Who is CAIR?

- The Canadian Association of Internes and Residents is the representative body of over 8,000 resident physicians in Canada
 - CAIR works with many national stakeholders – the Royal College, CFPC, CMA, MCC, CaRMS, AFMC, FMRAC, SRPC, CMPA, CAPER, CAME, CAIMPD, etc
 - The 2012-13 CAIR Board of Directors has 19 skilled and knowledgeable elected resident members. **CAIR works by consensus.**
- 

CAIR history on HHR

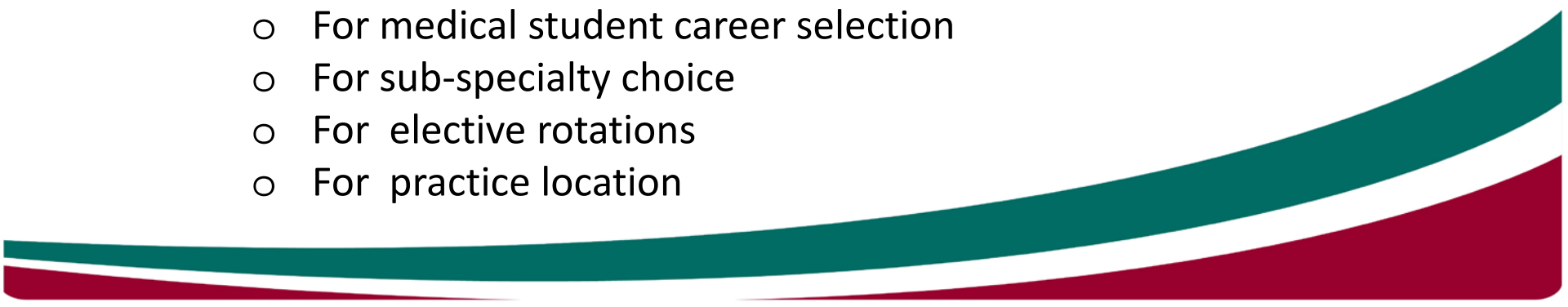
- **1992** — CAIR Discussion Paper on Recruitment and Retention of Physicians to Non-Urban Practice Areas
- **1994** — CAIR Position Paper on Physician Resources
- **2004** — CAIR Physician Resources Discussion Paper
- **2012** — CAIR National Resident Member Survey

1992 and 2012 — Has anything changed in 20 years?




Same issues, changing context

Issues

- Physician resource distribution
 - Not just a numbers game
 - Where are the health care needs?
 - What are the physician requirements to meet these needs?
 - What are the practice patterns?
 - Coordination of PG training positions with service needs
 - Transparency
 - For admissions policies
 - For medical student career selection
 - For sub-specialty choice
 - For elective rotations
 - For practice location
- 

Same issues, changing context

Context

- Medical school **enrollment** has increased
 - **Capacity** to employ new physicians has not
 - Physicians are working beyond **retirement** age
 - Greater emphasis on **work-life** balance
 - Traditional models of physician **work hours** are being challenged
 - Increased use of **non-physician providers** and **multi-disciplinary team-based** approach to deliver health care
- 

Same issues, changing context

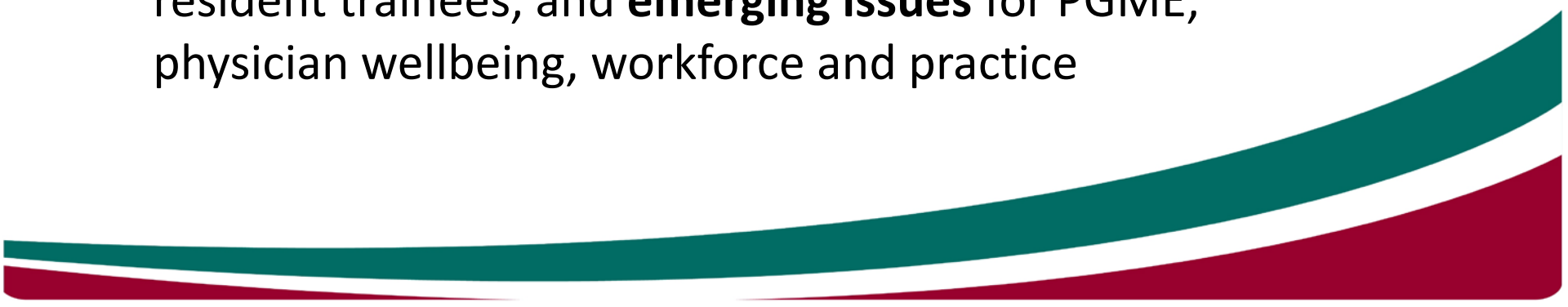
Context

- No **job** guarantee
- **Fiscal** constraints
- **Uncoordinated approach** with many organizations recommending solutions for one part of the problem



CAIR 2012 National Resident Survey

Objectives

- Part of broader **CAIR mandate** to support policy development and advocacy
 - Focused on **different aspects of residency experience**, workload, future plans, employment opportunities and other issues of concern and interest to residents
 - Results offer useful **insights into current situation** of resident trainees, and **emerging issues** for PGME, physician wellbeing, workforce and practice
- 

CAIR 2012 National Resident Survey

Methodology

- CAIR retained **Nanos Research** to conduct an **online** survey of all residents training in Canada (excluding QC)
 - **Research Ethics** Board approval (Dalhousie University)
 - In the field **April 29 to May 31, 2012**
 - Total of **2,305 CAIR resident members** participated resulting in a **29%** participation rate
- 

CAIR 2012 National Resident Survey

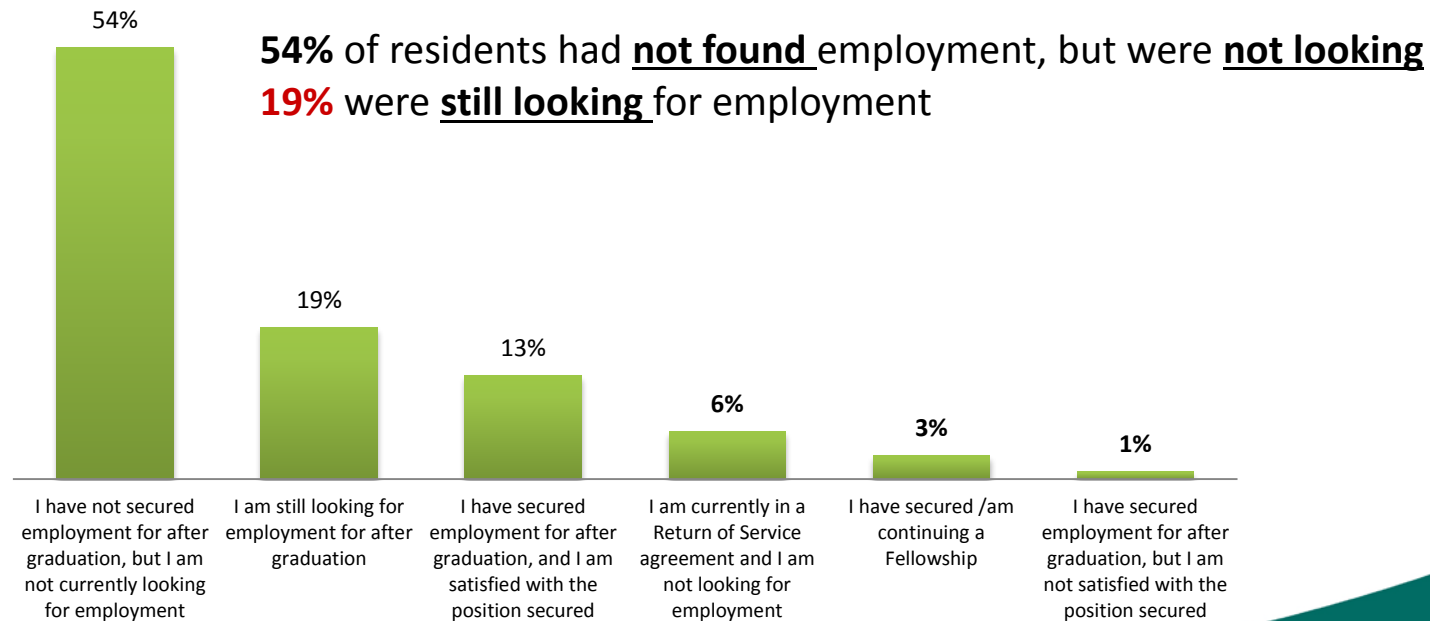
Demographics

Year of Residency (2011-12 academic year)	54% respondents in PGY1 and 2
	19% in PGY3 and 14% in PGY4
	11% in PGY5 and only 3% in PGY6+
Ready to graduate	22% in final year of residency
Medical school background	88% CMGs
	12% IMGs
Gender	54% female
	46% male
Specialty distribution	20% in 2yr Family Medicine programs
	remaining 80% spread across 65+ other specialties

CAIR 2012 National Resident Survey

Career planning and jobs

- At the time the survey was fielded (2011-12 academic year), when asked about their **current situation** finding jobs



CAIR 2012 National Resident Survey

Career planning and jobs

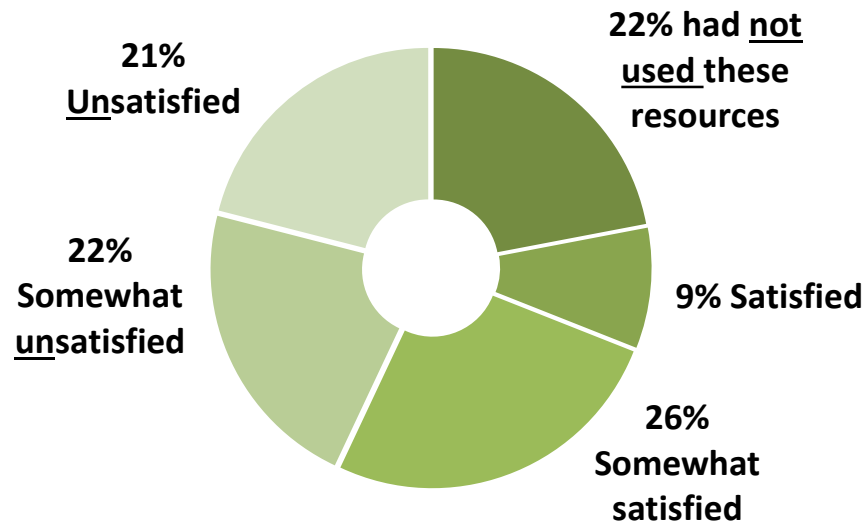
- Majority of **1 in 5** or **19.4%** of residents **still looking** for employment for after graduation were:

Training in a <u>specialty</u> program	Medical specialty	39%
	Surgical specialty	30%
	Other specialty	18%
	Family medicine	14%
Closer to <u>finishing</u> their residency	PGY 3	24%
	PGY 4	27%

CAIR 2012 National Resident Survey

Career planning and jobs

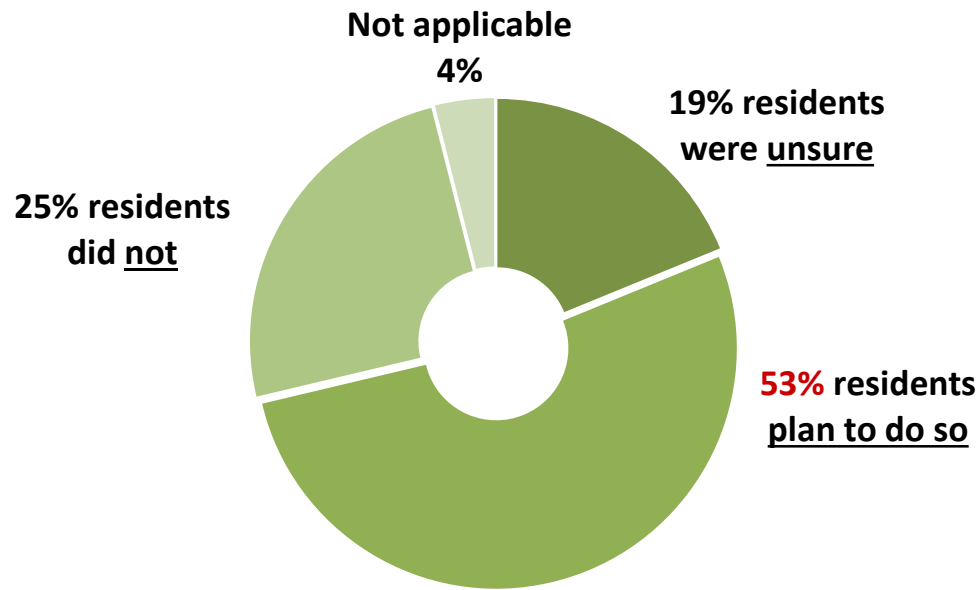
- Resident **satisfaction** with employment or **career** counselling **resources** within their residency program:



CAIR 2012 National Resident Survey

Career planning and jobs

- Residents **planning** to undertake **further training** beyond their primary specialty



CAIR 2012 National Resident Survey

Career planning and jobs

- Most commonly cited reasons **for** further training:

Employment and career goals	34%
Personal interest and enjoyment	31%
Desire for more training, skills and specialization	12%

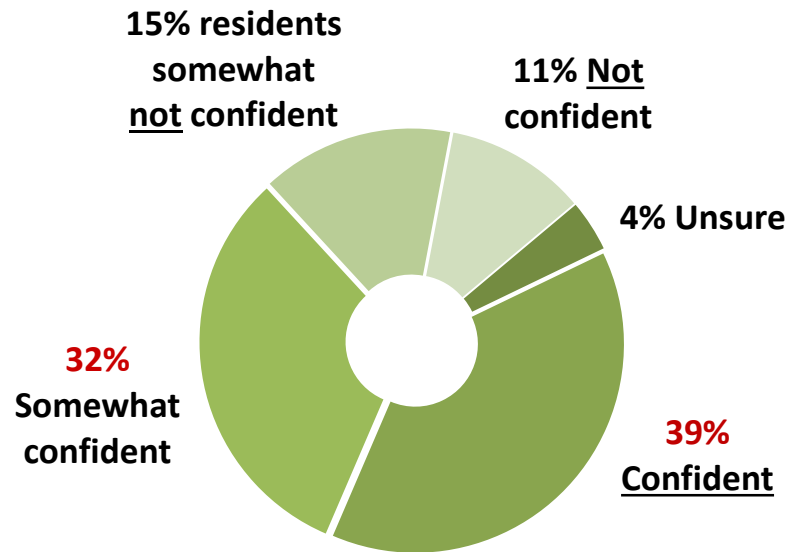
- Most commonly cited reasons **not to** do further training:

Lack of interest / ready to begin practice	28%
Further training not necessary / sufficiently qualified	20%
Personal circumstances or health at end of residency	11%

CAIR 2012 National Resident Survey

Career planning and jobs

- Confidence about prospects of **finding employment** in **Canada** after completing residency



CAIR 2012 National Resident Survey

Career planning and jobs

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

National (aggregate)	39% confident	11% <u>not</u> confident
Family medicine	80% confident	1% <u>not</u> confident
Medical specialty	30% confident	9% <u>not</u> confident
Surgical specialty	14% confident	25% <u>not</u> confident


CAIR 2012 National Resident Survey

Career planning and jobs


- Confidence levels for finding employment after completing residency also **varied somewhat** by **region**

National (aggregate)	71% confident or somewhat confident
PAR-BC	76% confident or somewhat confident
PAIRS (SK)	75% confident or somewhat confident
PARI-MP (NB, NS, PEI)	76% confident or somewhat confident
PAIRN (NL)	74% confident or somewhat confident
PARA – UC	73% confident or somewhat confident
PARA – UA	71% confident or somewhat confident
PAIRO (ON)	68% confident or somewhat confident
PARIM (MB)	63% confident or somewhat confident

Call to action

- CAIR recommends **better alignment between resident positions and societal needs**. Why train a physician in a specialty if there are no jobs or need for them? This information must be easily available to resident physicians to inform sub-specialty choice and practice locations.
 - CAIR supports the call of national stakeholders for a **pan-Canadian workforce observatory** on health human resources to promote data collection, research on best practices, knowledge translation and future research priorities.
- 

Call to action

- CAIR supports calls for a coordinated **needs-based projection** approach to more effectively inform local workforce decision-making.
 - CAIR supports the recommendations of the **Future of Medical Education Postgraduate Project** on ensuring the Right Mix, Distribution and Number of Physicians to meet Societal Needs.
- 

Next steps

What is CAIR doing to advance this issue?

- The CAIR Board has recently created a **Standing Committee on Health Human Resources**

Next steps

What is CAIR doing to advance this issue?

- CAIR provides residents with a **Transition into Practice Service (TiPS)**



Website: <http://www.cair.ca/en/tips/>

A decorative graphic at the bottom of the slide consists of two overlapping, curved shapes. The top shape is a dark teal color, and the bottom shape is a maroon color. Both shapes curve upwards from left to right, creating a sense of movement and flow.

Thank you!

Resident Physicians are integral stakeholders in this process

Any Questions?

Dr. Mathieu Dufour
CAIR Vice-President
mdufour@cair.ca
cair@cair.ca

