

**Resident
Doctors
of Canada**



**Médecins
résidents
du Canada**

Perspectives for the New-in-Practice Physician

Vishal Varshney, MD
Board Chair & Secretary | Resident Doctors of Canada

Canadian Association of Staff Physician Recruiters Conference
April 24, 2017

What is Resident Doctors of Canada?

- ▶ Established in 1972
- ▶ Represents over 9,000 resident doctors
- ▶ At 13 universities across Canada
- ▶ Provides a unified national voice

Resident Doctors of Canada



Médecins résidents du Canada

Resident Doctors of Canada: A Primer



Resident Doctors of Canada represents over 9,000 resident doctors across Canada.
≈ 25% in CFPC programs
≈ 75% in Royal College programs

We work at the national level with a united voice for resident doctors to:


Drive excellence in medical education


Represent your interests at over 90 national committees


Improve resident resilience and wellness


Lead and inform national discussions and influence decision making

Focusing on areas such as:


Curriculum Development


Accreditation


Certification


Licensure


Examination Policy

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Framing Physician Employment

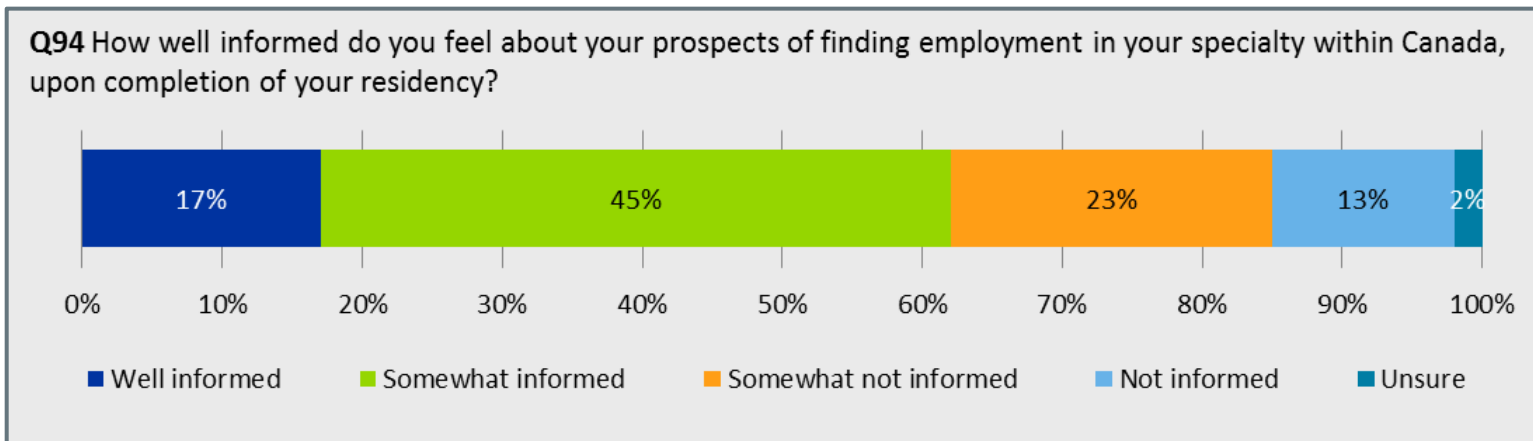
- ▶ Physician health human resources (HHR) is an essential component of quality health care.
- ▶ We need effective, evidence-based workforce planning for Canadian patients and physicians
- ▶ It is critically important to achieve value, effectiveness, and efficiency in the utilization and expenditure of health care resources, particularly in a publicly funded health care system.

Framing Physician Employment

- ▶ Canadian residency graduates, from many specialty groups, experience difficulty in finding full-time employment.
- ▶ Recruitment and retention of graduating physicians is a major concern to governments, hospitals, students contemplating a career in medicine, and residents close to or currently looking for independent practice opportunities.
- ▶ Distribution/allocation of residency training positions should be in accordance with population needs and job availability.
- ▶ Promotion of social accountability and succession planning is key.

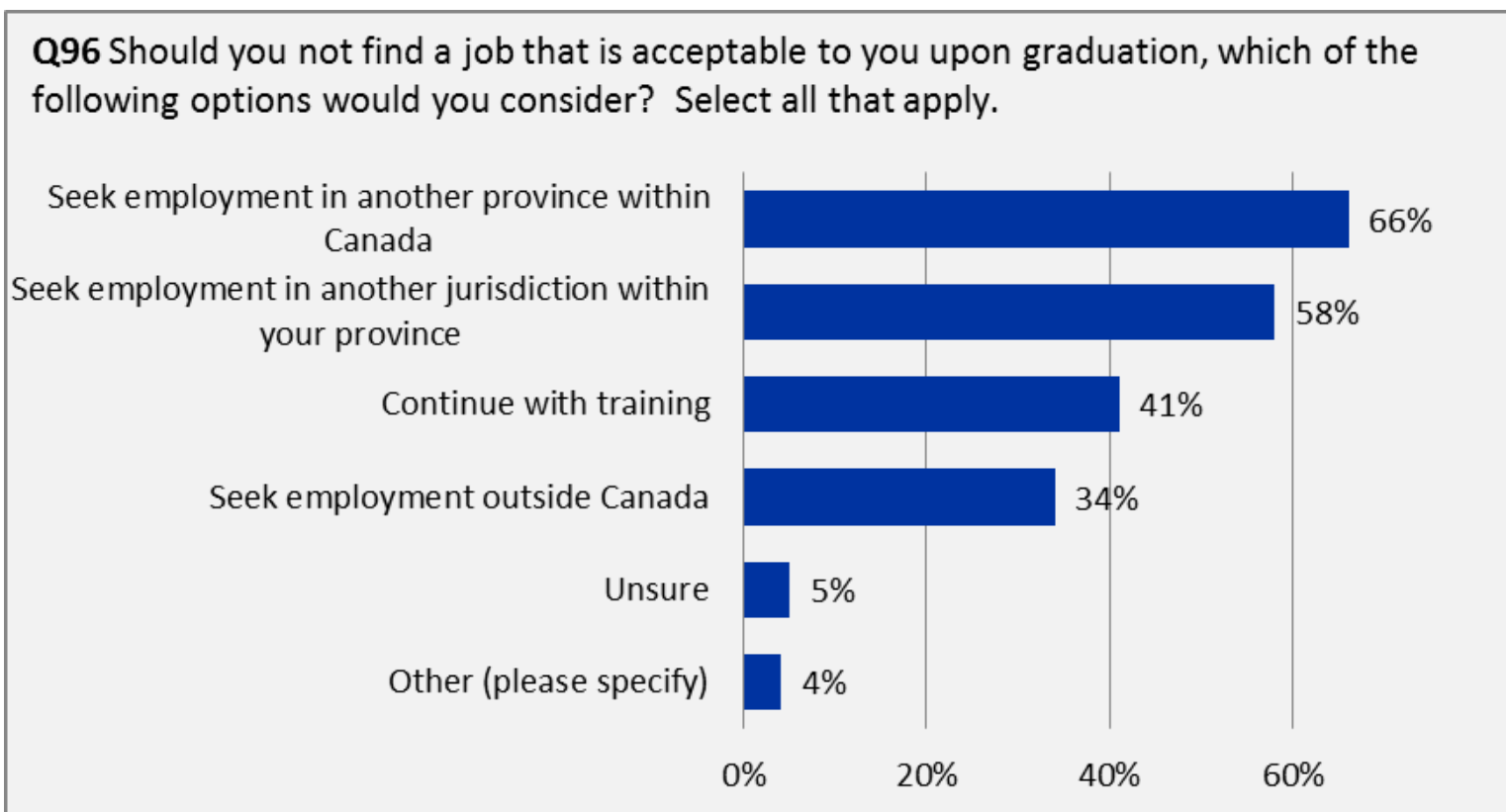
Highlights from 2015 National Resident Survey: Physician Employment from the learners' perspective

Physician Employment - How well-informed do you feel about your employment prospects?



Source: 2015 National Resident Survey, Resident Doctors of Canada.

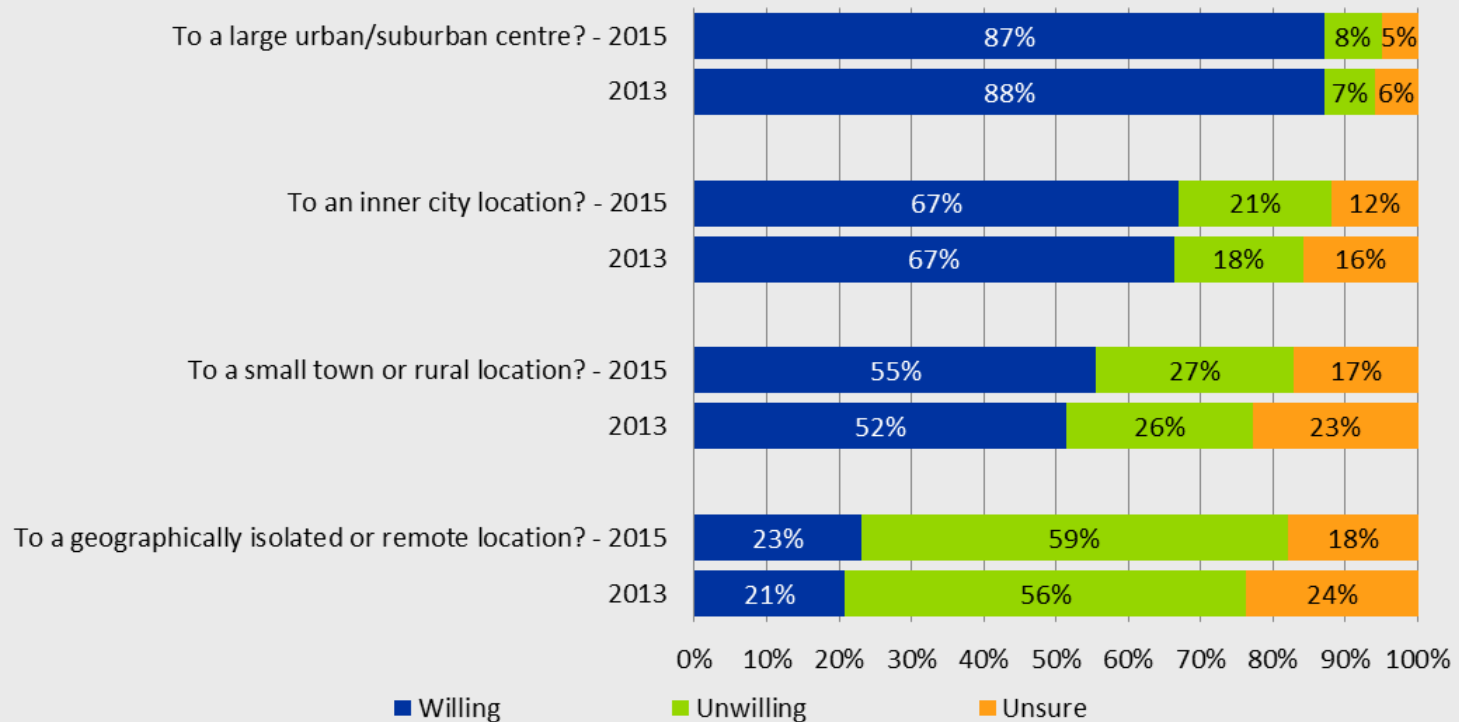
Physician Employment - What other options will you consider should you not find an acceptable job?



Source: 2015 National Resident Survey, Resident Doctors of Canada.

Physician Employment - Are you willing to move?

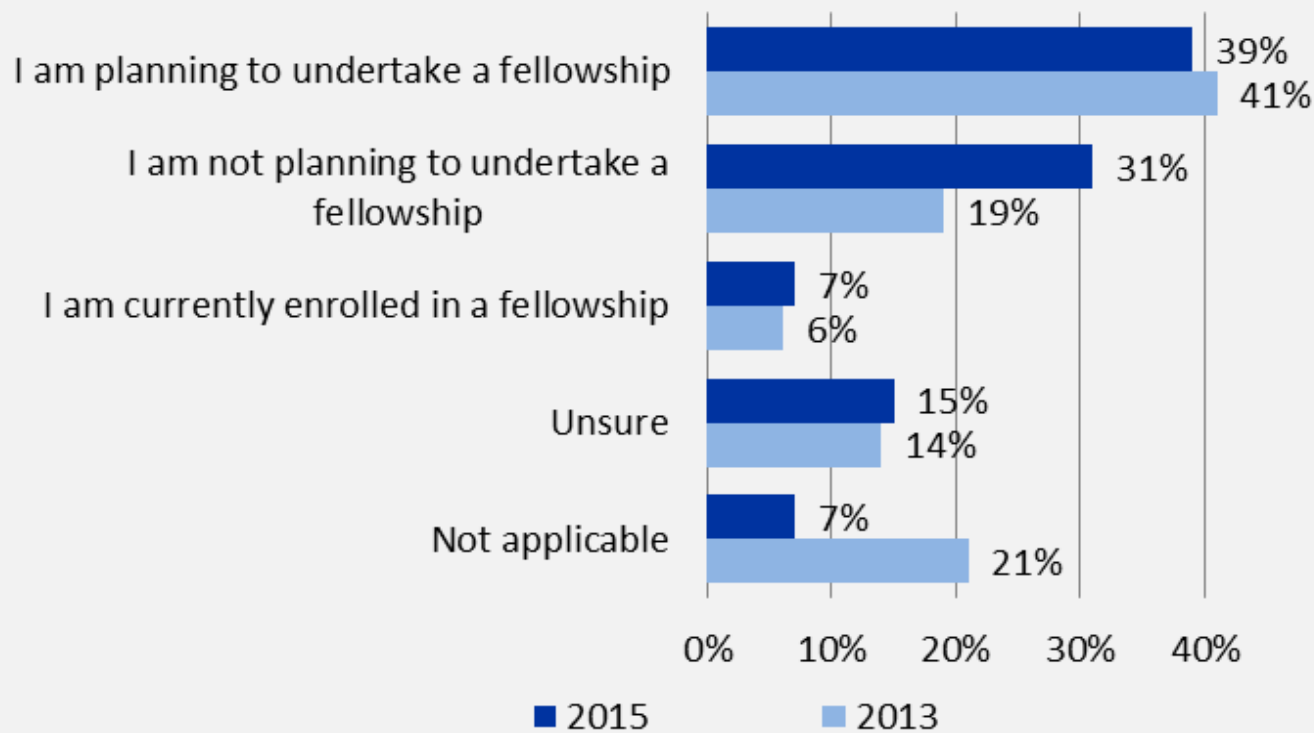
Q97 If you knew there were jobs available in each of the following locations within Canada, would you be willing to move...



Source: 2015 National Resident Survey, Resident Doctors of Canada.

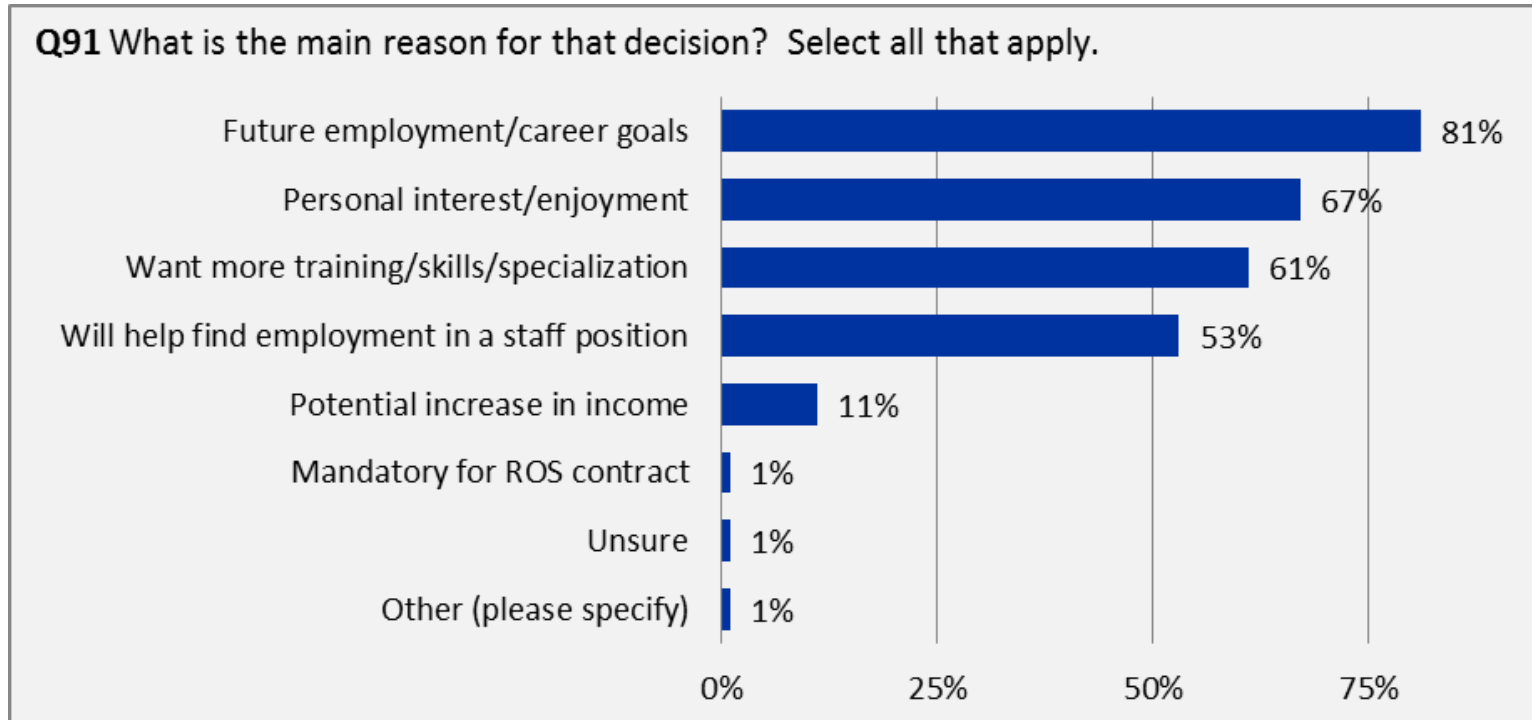
Physician Employment - Are you planning to undertake a Fellowship and why?

Q90 Which one of the following statements best describes you:



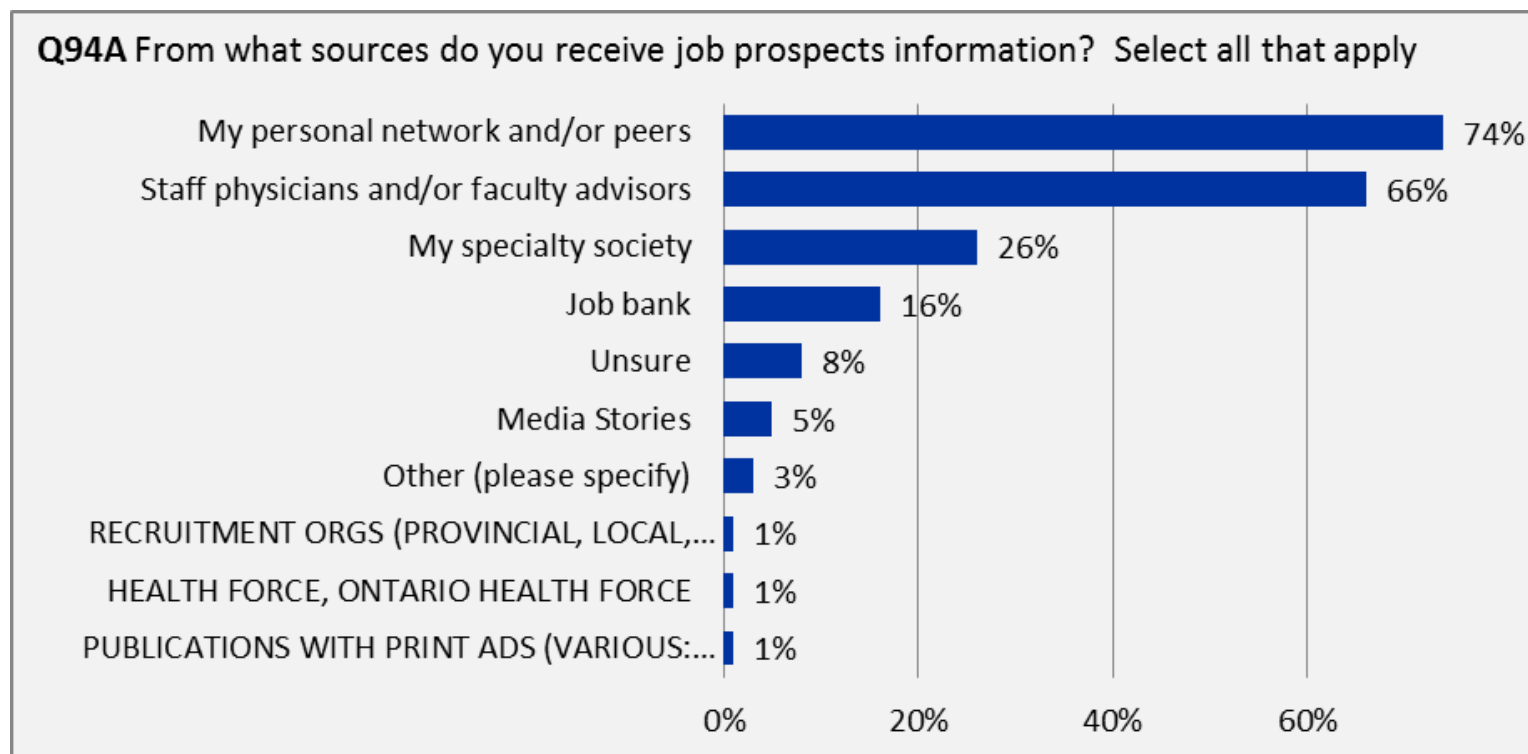
Source: 2015 National Resident Survey, Resident Doctors of Canada.

Physician Employment - Are you planning to undertake a Fellowship and why?



Source: 2015 National Resident Survey, Resident Doctors of Canada.

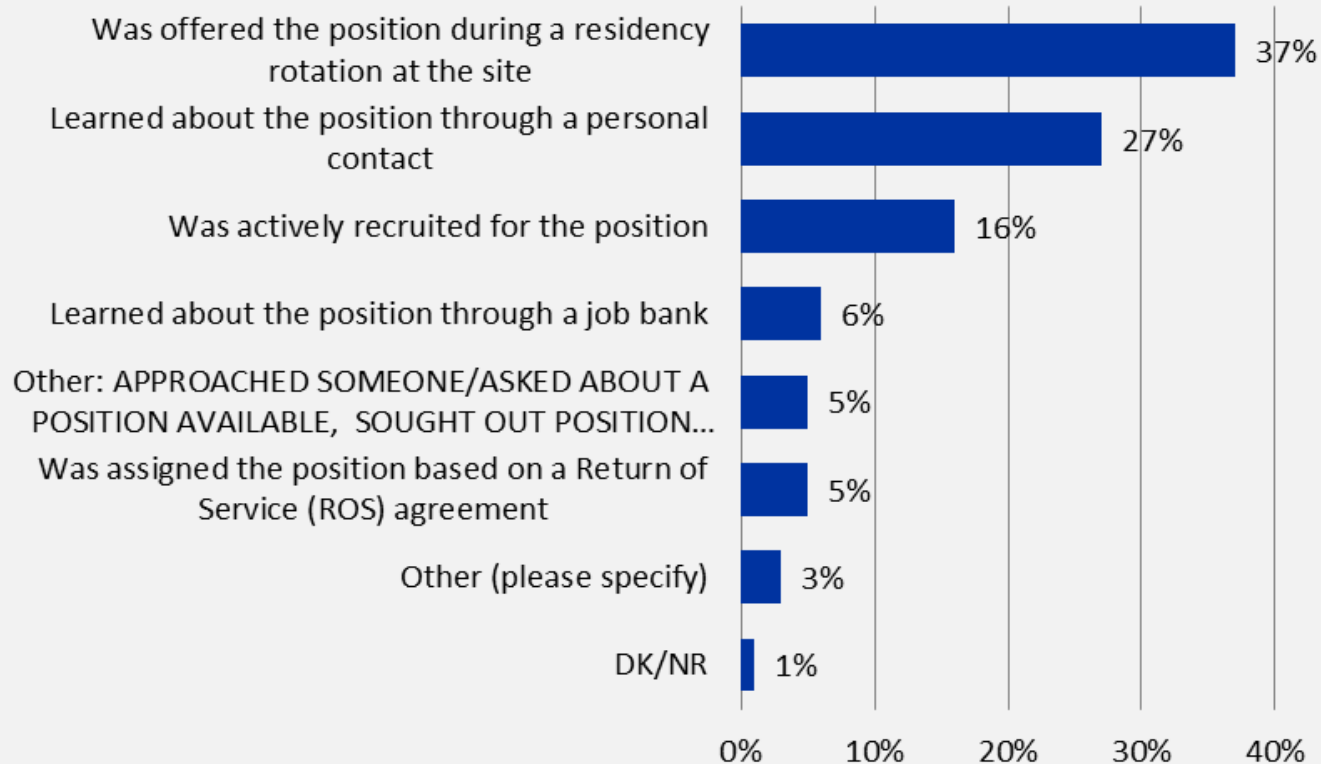
Physician Employment - From what sources do you receive job prospect information?



Source: 2015 National Resident Survey, Resident Doctors of Canada.

Physician Employment - How did you secure employment?

Q4 Which one of the following best describes how you secured that employment?



Source: 2015 National Resident Survey, Resident Doctors of Canada.

How is RDoC helping?

Advocacy and support tools on various HHR issues

- ▶ August 2013: RDoC's Principles on **HHR** released
- ▶ November 2015: Position Paper Principles on **Entry Disciplines** and Framework for Medical Education Reform Released
- ▶ March 2017: RDoC's Principles for **Practice Management Training** in PGME released
- ▶ March 2017: Statement on **Portable Locum Licensure**


Advocacy and support tools on various HHR issues


- ▶ On-going advocacy and participation in national HHR stakeholder initiatives such as the **Physician Resource Planning Advisory Committee**
- ▶ Information to support decision-making by those considering and currently pursuing medical education (**Resident Profiles and Career Resources**)
- ▶ Leading national collaborative efforts to **review entry points into PGME**

Practice Management Training in PGME

Practice management is an important and necessary part of a physician training yet current training is lacking.





Practice Management: the non-clinical aspects of running a practice



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More than 1/3 of residents report receiving no PM training

RDoC has developed a set of principles to help guide implementation and curriculum for PM in Canadian residency education.

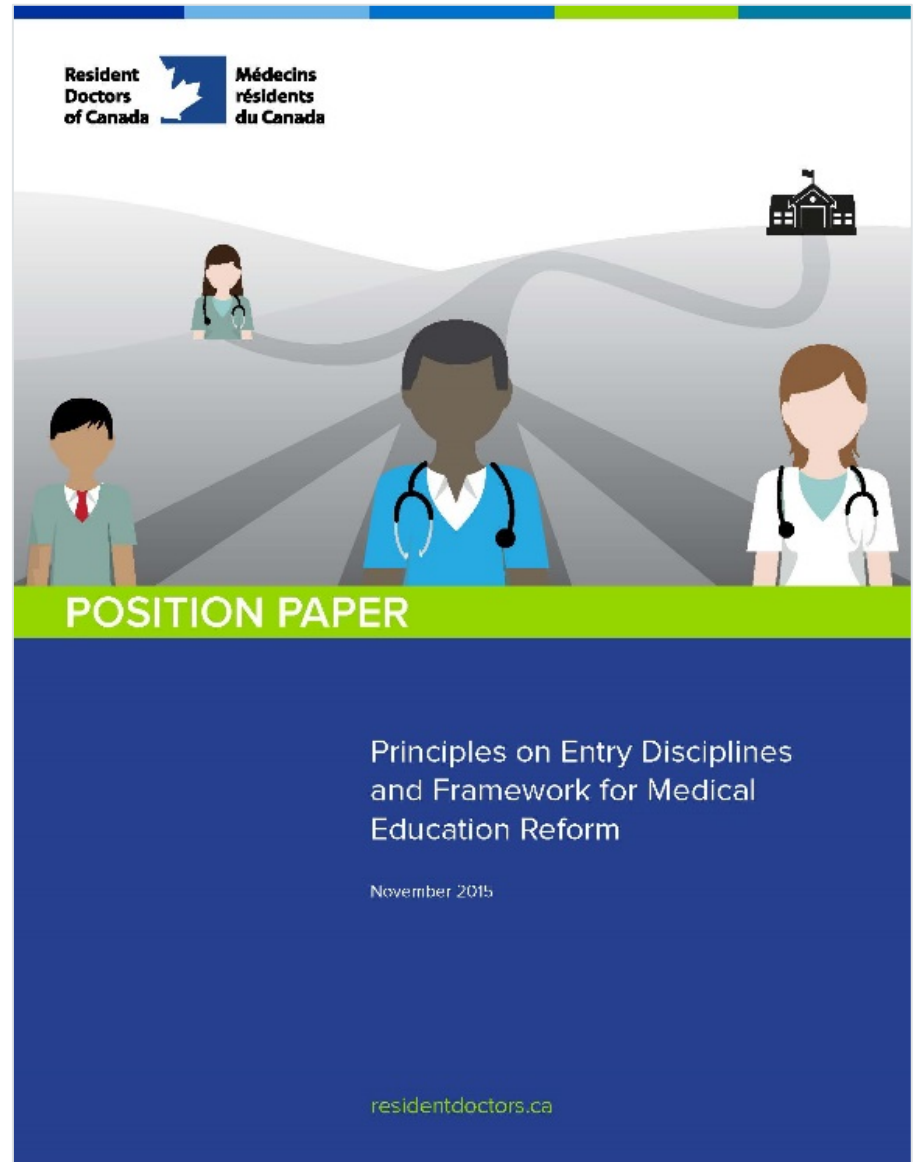
 <p>UNIVERSAL access to protected, targeted training.</p>	 <p>COMPREHENSIVE provides an understanding of all non-clinical aspects of practice</p>
 <p>EVIDENCE-BASED applicable to real practice</p>	 <p>COLLABORATIVE promotes collaboration with experts</p>

For more information on the transition to CBME, visit our website at: residentdoctors.ca.

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Entry Routes into PGME

The mix of PGME entry disciplines, and their ability to serve the needs of the Canadian health care system, must be continually re-evaluated and adapted.



RDoC Resident Specialty Profiles

RDoC has developed a repository of Resident Profiles to help medical school undergraduates make decisions about their career path.

These profiles present the personal experience of a resident, offering insight into residency that help show the real diversity of options and experiences, as well differences between earlier and later years of training, locations and practice settings.



Internal Medicine Resident Profile
Anthony Lott



January 2016

About me

My name is Anthony Lott and I am a PGY-2 in internal medicine at the University of Toronto.

I was born and raised in Edmonton, Alberta. I attended the University of Alberta for medical school as well as my bachelor of science in physiology. I moved to Toronto to complete a residency in internal medicine.

Why I chose internal medicine

I encountered several excellent and influential mentors during my clinical clerkship who swayed me towards a career in internal medicine. Working with many talented internists, I was always impressed by their depth of knowledge, their broad approach to any problem, their thoroughness, and most of all, their compassion and empathy. While internists manage a broad variety of clinical conditions, my most memorable interactions have been with cancer patients and their families. Drawing upon my interest in basic science oncology, as well as the impact that cancer has had on my own family, I am positioning myself toward a career in medical oncology via internal medicine.

Clinical Life

What does a typical day of clinical duties involve?

Internal medicine residents spend almost their entire residency completing "on-service" rotations. In Toronto, five months of PGY-1 are spent on the CTUs with the remaining eight blocks distributed among the various subspecialties.

Internal Medicine (CTU) – A Typical Day	
08:00–09:00	Morning report. Residents present interesting cases from the previous night/week along with discussion regarding diagnostic approach and management.
09:00–10:00	Handover. Admissions from the previous evening are reviewed and seen, and any clinical issues arising overnight are passed on to the day team.
10:00–10:20	Multidisciplinary bullet rounds. Rapid review of all CTU patients alongside allied health staff, with a focus on disposition and discharge planning.
10:20–12:00	Rounds. The patient list is divided up among team members and all residents and medical students examine and evaluate their patients independently. Each patient's issues are addressed in a problem list and outstanding investigations are followed up on.
12:00–13:00	Teaching rounds. Various educational topics are presented, often with case-based teaching around an approach to a presenting problem.
13:00–15:00	Rounds. Additional time to see remaining patients, follow up on investigations, and perform any needed procedures.
15:00–16:30	Paper rounds. Review of patients with attending staff and additional teaching.
16:30–17:00	Handover. Outstanding issues are passed on to the on call resident.

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Collaborative Statement on Portable Locum Licensure

There are thirteen provincial / territorial medical regulatory authorities that separately license physicians. This format poses challenges to various stakeholders.

This format poses challenges to various stakeholders.

A portable locum license would be portable across provinces and territories, enhancing flexibility in physicians' ability to practice between regions and timely access to care for patients.

Collaborative Statement on Canadian Portable Locum Licensure

BACKGROUND

There are currently thirteen provincial / territorial medical regulatory authorities that separately license physicians. The similarities in licensure application processes and required documentation between provinces provides an opportunity to institute a pathway to licensure that enables physicians to more easily and flexibly deliver care to patients in need.

The current process requires separate licensure applications to each provincial / territorial medical regulatory authority. This format poses challenges to various stakeholders:

Patients: Patients, especially those in rural and remote regions, may rely heavily on locum physicians for access to care. Barriers to timely and geographically flexible licensure may have a negative impact on these patients and communities. The ability to more readily identify clinicians with a history of practice limitations or regulatory college misconduct in other jurisdictions may also enhance patient safety.

Rural / Remote Communities: Exposure to rural medicine increases the likelihood physicians will practice in these environments. Rural and remote communities often struggle to recruit physicians to these regions; the opportunity for short-term exposure is limited by the time and financial resources inherent to the licensure process.

Rural / Remote Physicians: Physicians working in rural and remote regions often rely on locum colleagues for respite and coverage. At times, these physicians will require urgent or semi-urgent practice coverage (i.e. personal health issue, death or health issues within family members). An applicant for licensure is unlikely to gain certification to practice within that region within the short timeframe required to assist his or her colleague.

New in Practice Physicians: It is not unusual for newly graduated physicians to locum in various regions before deciding where to settle for long-term practice. The time and financial barriers to licensure in a variety of provinces may limit this exposure to a variety of practice models and dissuade physicians from practicing in underserved areas that differ from the region of their training (often urban or tertiary environments).

Applicant Physicians: Physicians at any stage in the career cycle and from any geographic region may apply for licensure in any province or territory. An application for licensure includes the gathering, submission, and review of various documents certifying the physician's credentials and suitability to practice within a particular region. This necessary process protects

patients and is crucial to responsible self-regulation of the profession. When physicians apply for licensure in multiple regions, the process is often duplicated, thereby risking inefficient use of time and financial resources.

A portable locum license would facilitate the ability to provide care for a specified, limited period of time and would be portable and applicable across provinces and territories. This may enhance flexibility in physicians' ability to practice between regions, thereby helping to deliver timely locum coverage in underserved regions. A portable license may involve a central repository to house physicians' documents and credentials, thereby reducing redundancies in the application process and helping various provincial / territorial medical regulatory authorities to identify professionalism concerns that may have occurred in another region. A portable locum license system in Canada would not be entirely unprecedented; Australia developed a system of fully portable national licensure from the previously independent state licensure processes. As a nation with similar disparities in access to care in rural compared to urban regions, it is encouraging to observe successful implementation of a national portable locum licensure.

PRINCIPLES

1. A robust and thorough licensure process is necessary for the protection of patients and ethical self-regulation of the profession.
2. Patients across all regions of Canada have a right to high-quality care.
3. The ability to access timely clinical coverage support for respite and assistance is crucial to the recruitment, retention, and well-being of physicians working in rural and remote regions.
4. Exposure to different models of care in a variety of regions fosters the development of well-rounded physicians comfortable functioning in diverse practice environments.

RECOMMENDATIONS

1. Canadian National Medical Organizations, Provincial / Territorial Medical Regulatory Authorities, and groups representing patients and communities collaborate to assess the feasibility of a portable locum license.
2. A portable locum license would allow for the provision of care for a specified, limited period of time and would be applicable across provinces and territories.

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Career Resources

RDoC believes that better data, planning and analysis is needed to ensure the provision of appropriate resources and supports to residents as they make career decisions and seek employment opportunities.

RDoC is expanding the career resources section of its website to provide a centralized location for information services for residents.

The screenshot shows the website for Resident Doctors of Canada (RDoC) and Médecins résidents du Canada. The header includes the organization's name, a logo, and contact information. A navigation bar at the top lists various sections: TRAINING, WELLNESS, PRACTICE, REPRESENTATION, PUBLICATIONS, NEWS & EVENTS, and ABOUT. Below this, a breadcrumb trail indicates the current location: HOME >> PRACTICE >> CAREER PLANNING >> CAREER RESOURCES.

The main content area is titled "CAREER RESOURCES" and includes a sub-header stating, "Our list of resources is updated on a regular basis, so be sure to check back often." Below this is a filter section with three checkboxes: "Job Postings", "Text Resources (PDFs, articles, blogs, FAQs)", and "Online Resources (eModules, videos, ebooks)". A "REFRESH" button is also present.

The content is organized into several sections:

- Family Medicine**
 - National & Provincial Medical Associations**
 - CMA – Resident Timeline Tool
 - Canadian Healthcare Network
 - CFPC – First Five Years Practice Management Site
 - Canadian Society of Addiction Medicine
 - Provincial Recruitment Sites**
 - Alberta – Calgary Family Medicine Practice Opportunities
 - Quebec – Family Medicine
 - Nunavut – General Practice Physician in Nunavut
 - Specialty Societies**
 - Canadian Academy of Sport and Exercise Medicine
- Royal College Specialties**
 - National & Provincial Medical Associations**
 - CMA New in Practice Guide
 - AFMC – FutureMD Canada
 - CMA – Practice Management Curriculum
 - CMA – Doctor Careers Job Posting Site
 - Fédération des médecins résidents du Québec – 2015-16 Guide to Practice
 - College of Physicians and Surgeons of Ontario (CPSO) Practice Guide
 - Royal College of Physicians and Surgeons – Entry into Practice
 - Canadian Society of Addiction Medicine
 - Provincial Recruitment Sites**
 - Alberta Practitioner Link (APLJobs)
 - BC – Health Match BC
 - BC – BC General Practice Services Committee Practice Support Program
 - Alberta – AMA Physician Locum Services Job Board
 - Saskatchewan – SaskDocs
 - Manitoba – Health Employment Manitoba
 - Manitoba – Government of Manitoba Job Board
 - Manitoba – Regional Health Authorities' job opportunities

Case #1

- ▶ Final year Cardiac Surgery resident
- ▶ Completing an unaccredited fellowship to gain additional training and experience in order to try and find a job
- ▶ Already aware that he will likely need to do a second fellowship in order to find a position



Case #2

- ▶ Final year Orthopedics resident
- ▶ Single, highly mobile
- ▶ Can't find a position at her institution or anywhere
- ▶ Moves to USA to do fellowship
- ▶ Is doing her second fellowship and is planning to be on staff at major cancer centre there
- ▶ Never coming back



Case #3

- ▶ Final year ICU Fellow
- ▶ Married to ER doctor with good job in an AHSC
- ▶ Graduates and can't find a job in that centre or one nearby - there are several commutable centres
- ▶ Decides to do a Masters to increase opportunity
- ▶ Will find work eventually?



In conclusion: What can we all do?

- ▶ Provide up-to-date career resources information. RDoC is centralizing links to online information in one location:
<http://residentdoctors.ca/practice/career-planning/career-resources/>

The screenshot displays the website of the Resident Doctors of Canada (RDoC) and Médecins résidents du Canada. The header includes the organization's name, a logo, and a tagline: "Representing over 9,000 resident doctors across Canada, providing a unified, national voice for our membership." Navigation links for CONTACT, SEARCH, and FRANÇAIS are in the top right. A horizontal menu bar contains links for TRAINING, WELLNESS, PRACTICE (highlighted), REPRESENTATION, PUBLICATIONS, NEWS & EVENTS, and ABOUT. Below this, a breadcrumb trail reads: HOME >> PRACTICE >> CAREER PLANNING >> CAREER RESOURCES. The main heading is "CAREER RESOURCES". A subtext states: "Our list of resources is updated on a regular basis, so be sure to check back often." A filter section includes checkboxes for "Job Postings", "Text Resources (PDFs, articles, blogs, FAQs)", and "Online Resources (eModules, videos, ebooks)", with a "REFRESH" button. A sidebar on the left lists: HEALTH HUMAN RESOURCES, CAREER PLANNING (highlighted), CAREER RESOURCES (highlighted), RESIDENT PROFILES, and SOCIAL ACCOUNTABILITY. The content area shows "Family Medicine" and a section titled "National & Provincial Medical Associations" with a link to "CMA – Resident Timeline Tool".

Questions?

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