Perspectives for the New-in-Practice Physician

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Board Chair & Secretary | Resident Doctors of Canada

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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
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?

Q94 How well informed do you feel about your prospects of finding employment in your specialty within Canada, upon completion of your residency?

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

Q96 Should you not find a job that is acceptable to you upon graduation, which of the following options would you consider? Select all that apply.

- Seek employment in another province within Canada: 66%
- Seek employment in another jurisdiction within your province: 58%
- Continue with training: 41%
- Seek employment outside Canada: 34%
- Unsure: 5%
- Other (please specify): 4%

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...

- To a large urban/suburban centre? - 2015: 87% Willing, 8% Unwilling, 5% Unsure
  - 2013: 88% Willing, 7% Unwilling, 6% Unsure

- To an inner city location? - 2015: 67% Willing, 21% Unwilling, 12% Unsure
  - 2013: 67% Willing, 18% Unwilling, 16% Unsure

- To a small town or rural location? - 2015: 55% Willing, 27% Unwilling, 17% Unsure
  - 2013: 52% Willing, 26% Unwilling, 23% Unsure

- To a geographically isolated or remote location? - 2015: 23% Willing, 59% Unwilling, 18% Unsure
  - 2013: 21% Willing, 56% Unwilling, 24% Unsure

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

**Q90** Which one of the following statements best describes you:

- I am planning to undertake a fellowship: 39% (2015), 41% (2013)
- I am not planning to undertake a fellowship: 31% (2015), 19% (2013)
- I am currently enrolled in a fellowship: 7% (2015), 6% (2013)
- Unsure: 15% (2015), 14% (2013)
- Not applicable: 21% (2015), 7% (2013)

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Future employment/career goals</td>
<td>81%</td>
</tr>
<tr>
<td>Personal interest/enjoyment</td>
<td>67%</td>
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<tr>
<td>Want more training/skills/specialization</td>
<td>61%</td>
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<tr>
<td>Will help find employment in a staff position</td>
<td>53%</td>
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<tr>
<td>Potential increase in income</td>
<td>11%</td>
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<tr>
<td>Mandatory for ROS contract</td>
<td>1%</td>
</tr>
<tr>
<td>Unsure</td>
<td>1%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>1%</td>
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Q91 What is the main reason for that decision? Select all that apply.

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

Q94A From what sources do you receive job prospects information? Select all that apply

- My personal network and/or peers: 74%
- Staff physicians and/or faculty advisors: 66%
- My specialty society: 26%
- Job bank: 16%
- Unsure: 8%
- Media Stories: 5%
- Other (please specify): 3%
- RECRUITMENT ORGS (PROVINCIAL, LOCAL,...): 1%
- HEALTH FORCE, ONTARIO HEALTH FORCE: 1%
- PUBLICATIONS WITH PRINT ADS (VARIOUS:...): 1%

Physician Employment - How did you secure employment?

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

- Was offered the position during a residency rotation at the site: 37%
- Learned about the position through a personal contact: 27%
- Was actively recruited for the position: 16%
- Learned about the position through a job bank: 6%
- Other: APPROACHED SOMEONE/ASKED ABOUT A POSITION AVAILABLE, SOUGHT OUT POSITION...: 5%
- Was assigned the position based on a Return of Service (ROS) agreement: 5%
- Other (please specify): 3%
- DK/NR: 1%

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

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.

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

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

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Resident Doctors of Canada
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.
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.

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.

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 (e.g., 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 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 raising 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.
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.
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/