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Getting the number and mix of doctors right

At the Canadian Conference on Medical Education in Montreal last month, Dr. Andrew Warren, postgraduate dean at Dalhousie University, outlined how they try to make sure the medical school is producing the right number and mix of doctors for the Maritimes.

In 2011, the Nova Scotia government commissioned a private company to develop a mathematical model of the province's physician needs for the next 10 years, he said. The company looked at numbers of practitioners in each specialty, disease prevalence, physician demographics, relative doctor migration in and out of the province and other variables.

The results were published as the physician resource plan for Nova Scotia in January 2012. Then, through various steps, including a population modifier to cover P.E.I. and New Brunswick, Dalhousie began tweaking the number of residency spots so that, ideally, the Maritimes will have the right number and kinds of doctors in the future. (Dalhousie provides English-speaking doctors for Nova Scotia, P.E.I. and New Brunswick; the medical school in Sherbrooke, Que., provides French-speaking doctors for parts of New Brunswick.)

"So how did it work in practice?" Dr. Warren said. "Let us look at radiology. . . . The plan (and modifier) predicted over 10 years we'd need 59 for the Maritimes, and you divide that by 10, so you need about six (per year). So that is the desired quota for radiologists at Dalhousie."

That is basically how Canada has been ensuring we have the right number and mix of doctors: if every jurisdiction trains the number of physicians it needs, we will have the right number and mix



COLIN LESLIE
Editor-in-Chief

of physicians across Canada.

Of course, residents are free to move to other provinces when they graduate, and bigger data pictures are better data pictures, so having stronger models for pan-Canadian needs would be an improvement.

Progress looks to be coming on that front. The Physician Resource Planning Task Force, which was commissioned by the provincial deputy ministers of health, and the Committee on Health Workforce (CHW) which supports the task force, are trying to create a model to help jurisdictions with decision-making. The Conference Board of Canada has been engaged as the service provider, and the goal is to create demand- and needs-based models that look 20 years into the future.

It is, of course, up to each provincial health minister to decide how many residency places there are, but the hope is if everyone agrees on the tool and uses it to generate recommendations at the national level, an individual minister will find it hard to oppose the will of the group.

It's more complicated than that, though, because the CHW looks at all health-care

workers. "We are looking to scale up interprofessional care," said Denise Cole, assistant deputy minister in the health human resources strategy division of Ontario's health ministry, at the conference. More interprofessional care, of course, will impact how many doctors are needed.

We have a medical education system in Canada that works—but is tight. (The ratio of graduates to residency places seen in the match tells us that.)

Dr. Tom McLaughlin, president of Resident Doctors of Canada, seemed to speak for many learners at the conference when he said young doctors want to serve patients where they are needed, but "the system is so competitive" it isn't always easy to do so—and better needs-based modelling is necessary. "We can make peace as learners that we don't always get into the specialty location of our choice but there has to be some reasonable ability for learners to work in a career that reflects their location, their language, their family and their interests," said Dr. McLaughlin.

We risk having unhappy doctors when we force learners to make specialty choices very early in their training and give them little chance to change streams if they realize they've made a wrong choice. **MP**

IN THE NEXT ISSUE:
arriving the week of June 21



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→ **Practice**
Is professional courtesy really courteous?

Don't miss the **JUNE 21** issue of

The Medical Post

MEET AN ADVISORY BOARD MEMBER: DR. BENJAMIN BARANKIN



DR. BARANKIN is a Toronto dermatologist specializing in medical, surgical, laser and cosmetic skin care. He attended medical school at the University of Western Ontario and did his dermatology residency at the University of Alberta. He has served on the board of directors of the Canadian Dermatology Association (CDA) and was honoured in 2014 by the CDA with the Young Dermatologists' Volunteer award. Dr. Barankin launched the Toronto Dermatology Centre in 2010, one of the largest and busiest dermatology practices in Canada. He and his physician wife have two daughters.

Fun Fact: Dr. Barankin published four books on dermatology during his residency. He has published more than 600 articles related to dermatology and seven books on dermatology.