

# On the Move

## A retrospective, longitudinal view of physician migration patterns in Canada

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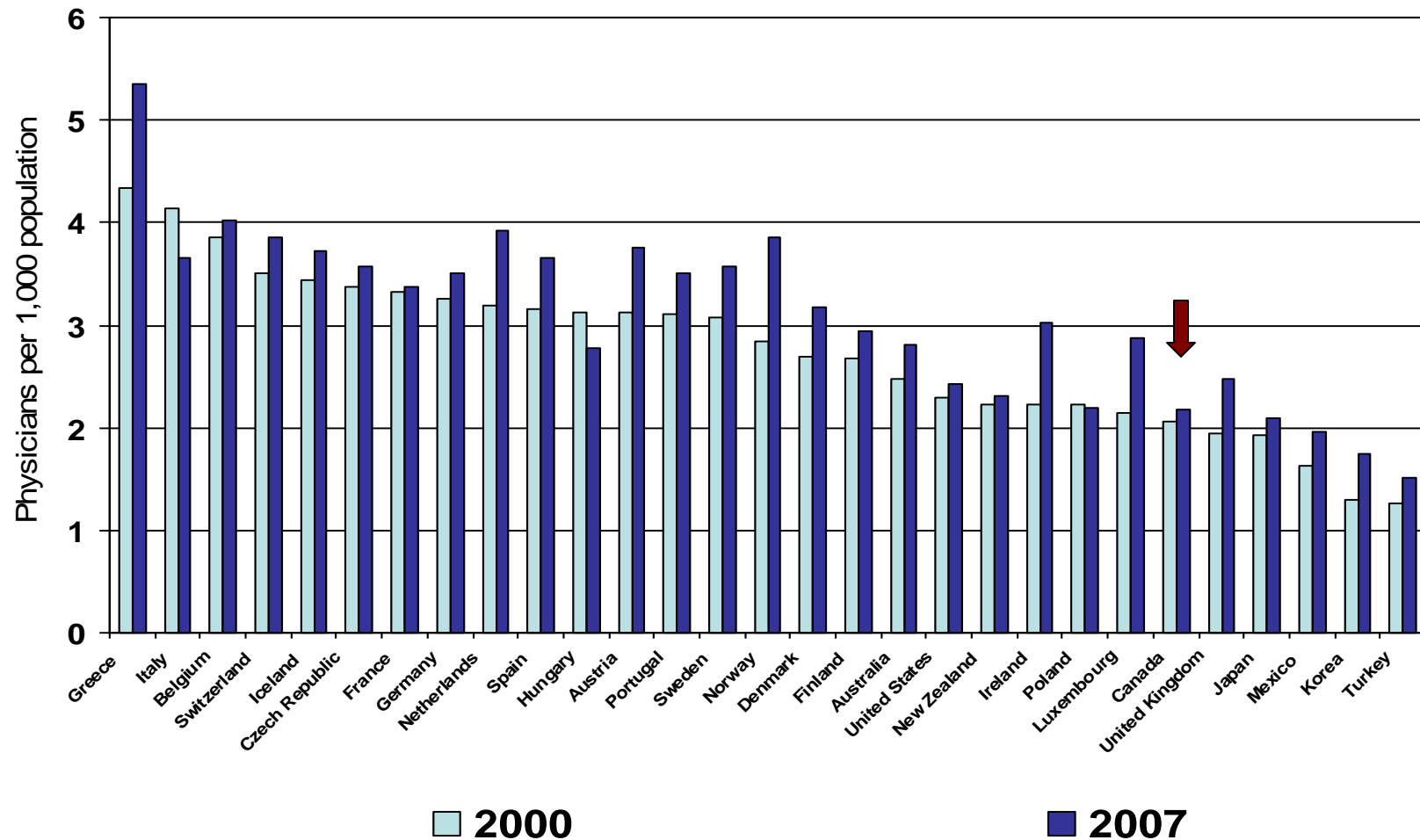
Alexandria, Va., USA





# Context

*Canada is still arguably in need of more physicians.*



Source: Organization for Economic Cooperation and Development (OECD), 2009.

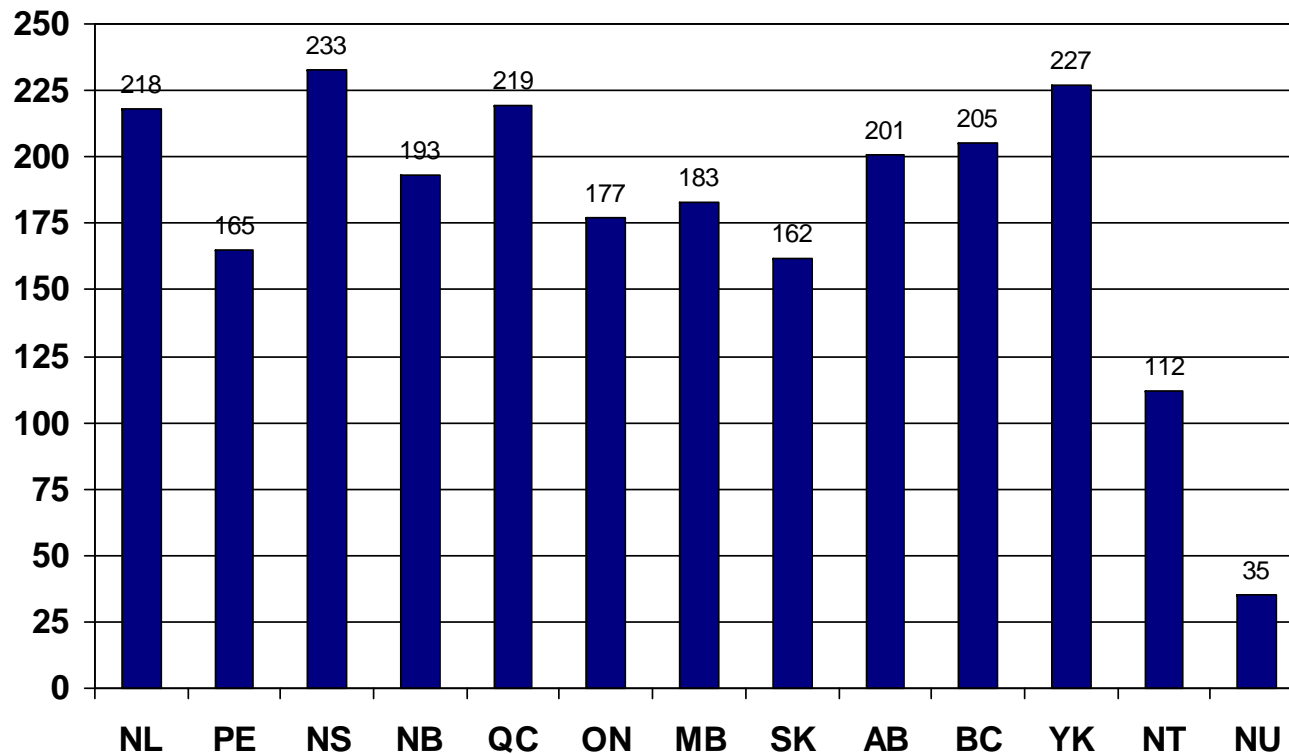


# Context



*Relative physician supply is variable across jurisdictions.*

Physicians Per 100,000 Population by Province/Territory, Canada, 2008



Source: Scott's Medical Database (SMDB), Canadian Institute for Health Information (CIHI), 2009.



# Context

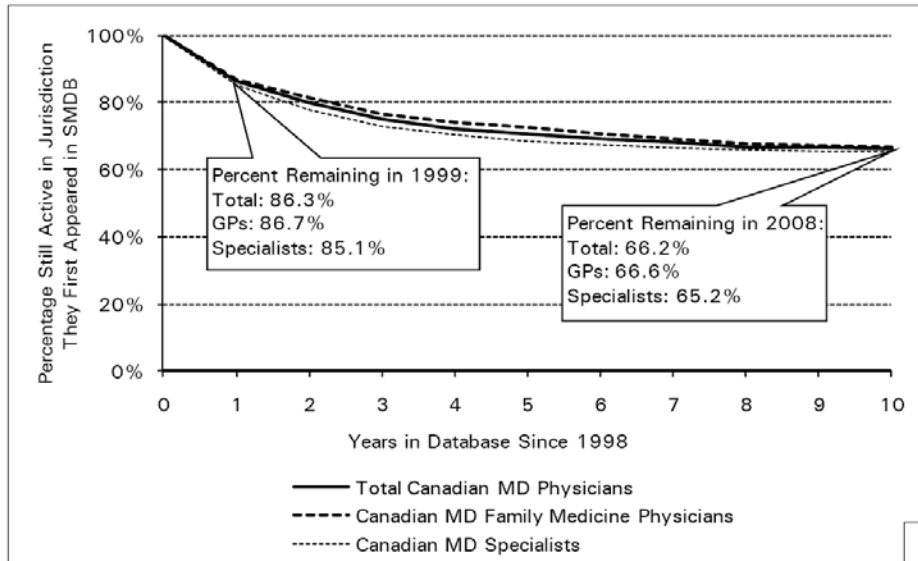


- In Canada, governments invest significantly in educating and remunerating physicians
- A variety of recent developments will ease physician mobility within Canada. For example:
  - Agreement on Internal Trade (AIT) Chapter 7: “Any qualified worker...must be granted access to similar employment opportunities in any other Canadian jurisdiction.”
  - Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications: “Collaboration among governments and between governments and regulatory authorities...with the goal of ensuring a coherent system for determining recognition of qualifications”
  - National Assessment Collaboration, National Registration, Physician Credentials Registry of Canada



# Context

Canadian-Trained Physicians

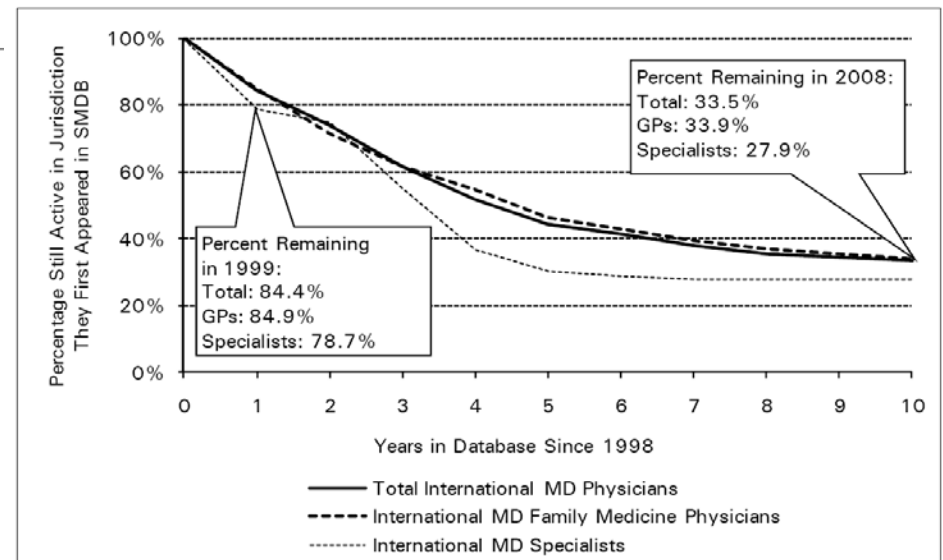


**Percent of Physicians Newly-Registered in 1998 Who Are Still Active in Their 1998 Province/Territory in 2008**

Source: SMDB, CIHI, 2009.

***Physicians have been mobile in the past. How much more mobile will they become?***

Internationally Trained Physicians





# Context



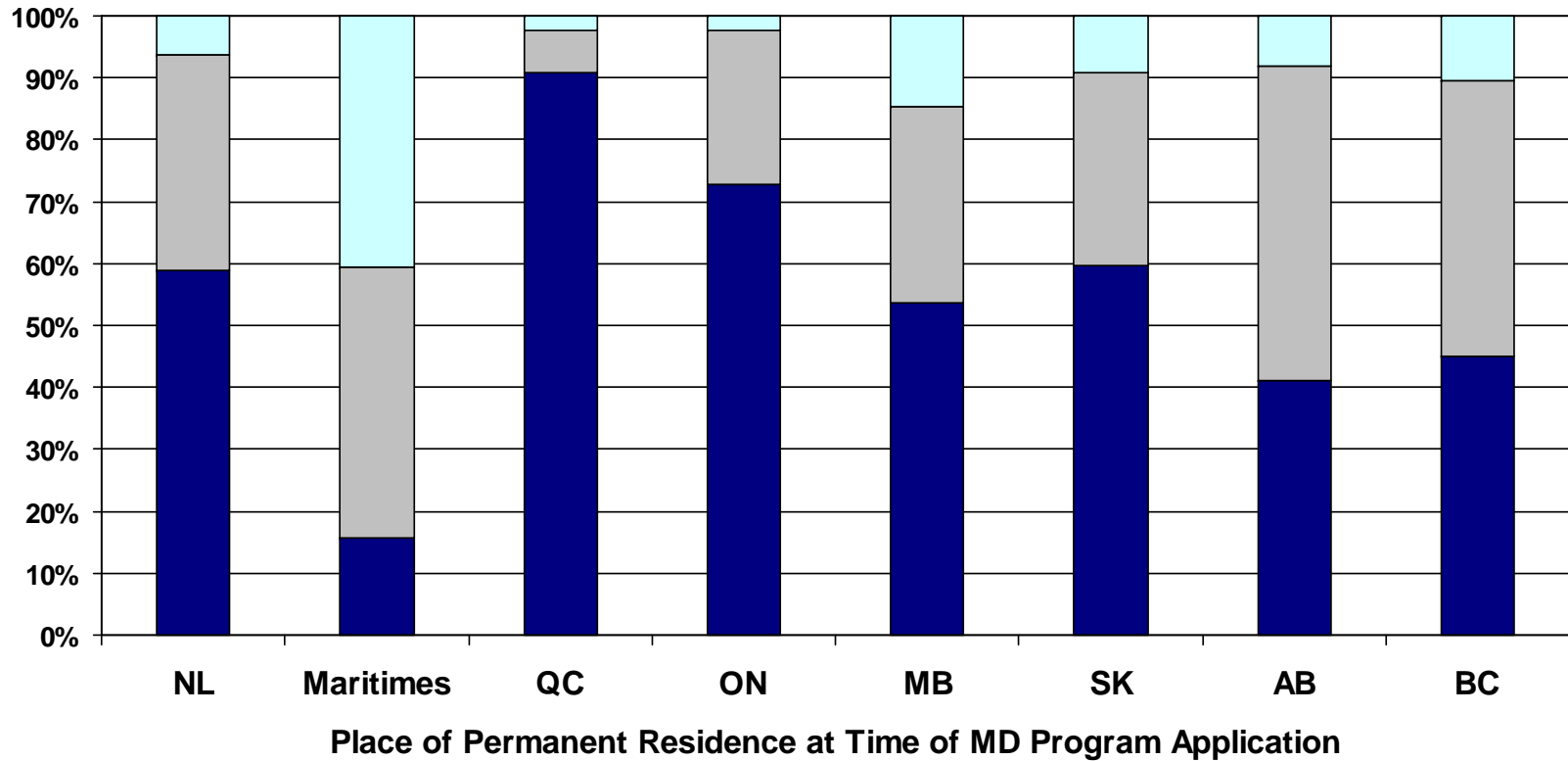
*Attention on physician mobility has focused on later-stage measures.*

*In fact, the story begins much earlier...*



## Provinces to Which MD Program Applicants Submitted Applications in 2008, by Province/Region of Applicants Permanent Residence

*Many applicants to medical faculties apply outside their home province/territory.*

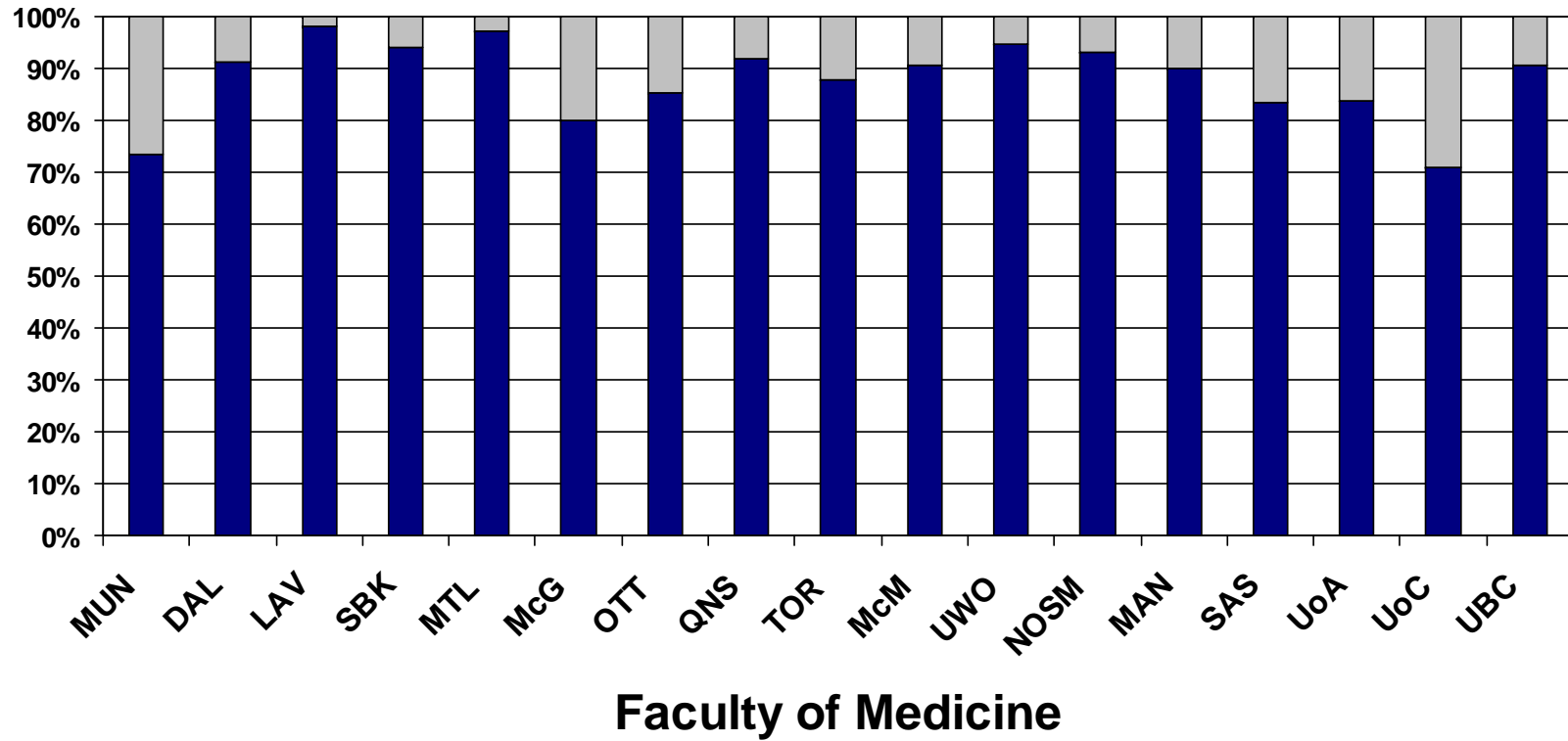


■ Applied only within province    ■ Applied within and outside province    ■ Applied only outside province



## Province/Region of Permanent Residence of 1<sup>st</sup> Year Medical Students, by Faculty of Medicine, 2008-09

*Newly enrolled medical students cross borders to study medicine.*



■ Permanent residence within province/region

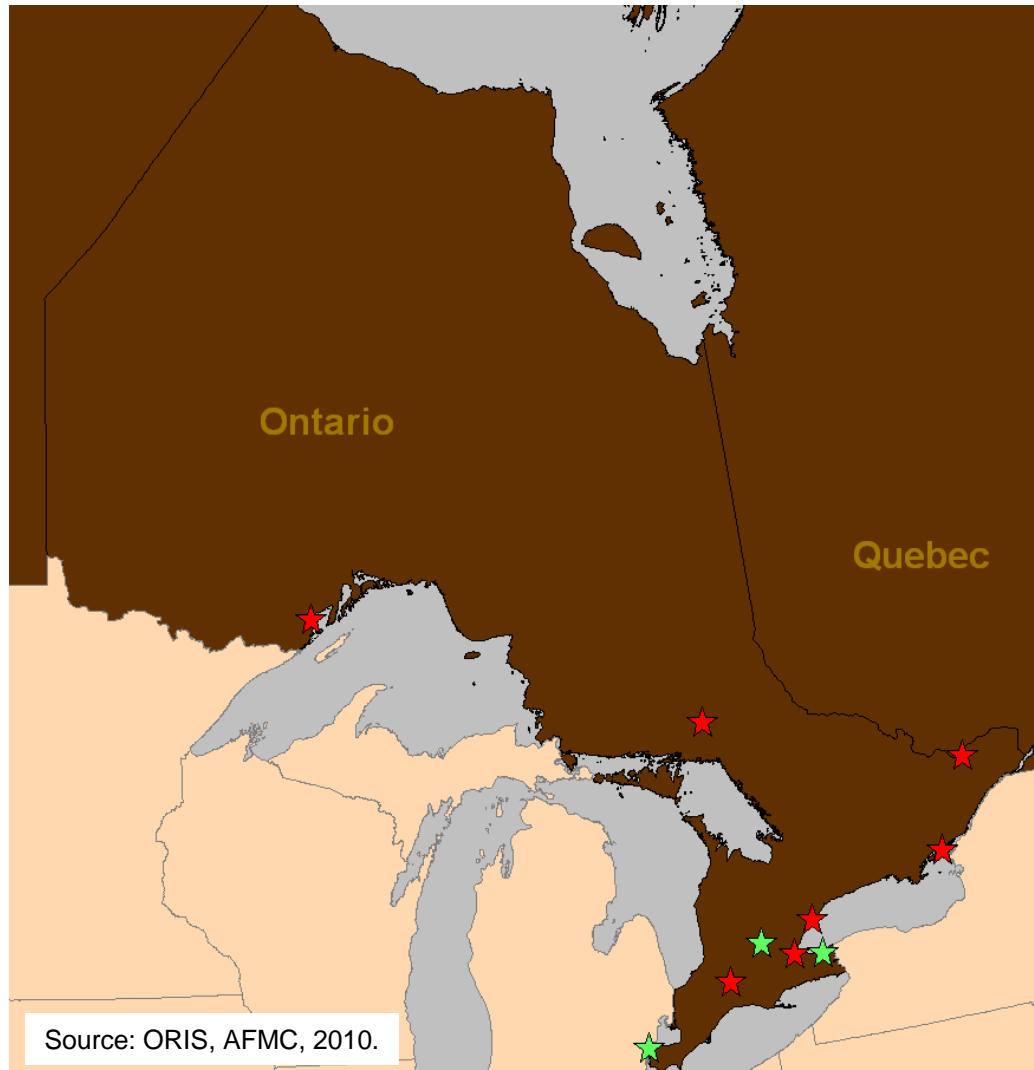
■ Permanent residence outside province/region\*

\* Includes 19 students with permanent residence outside of Canada. Source: ORIS, AFMC, 2010.





# Ontario Faculties of Medicine, Main and Satellite Campuses



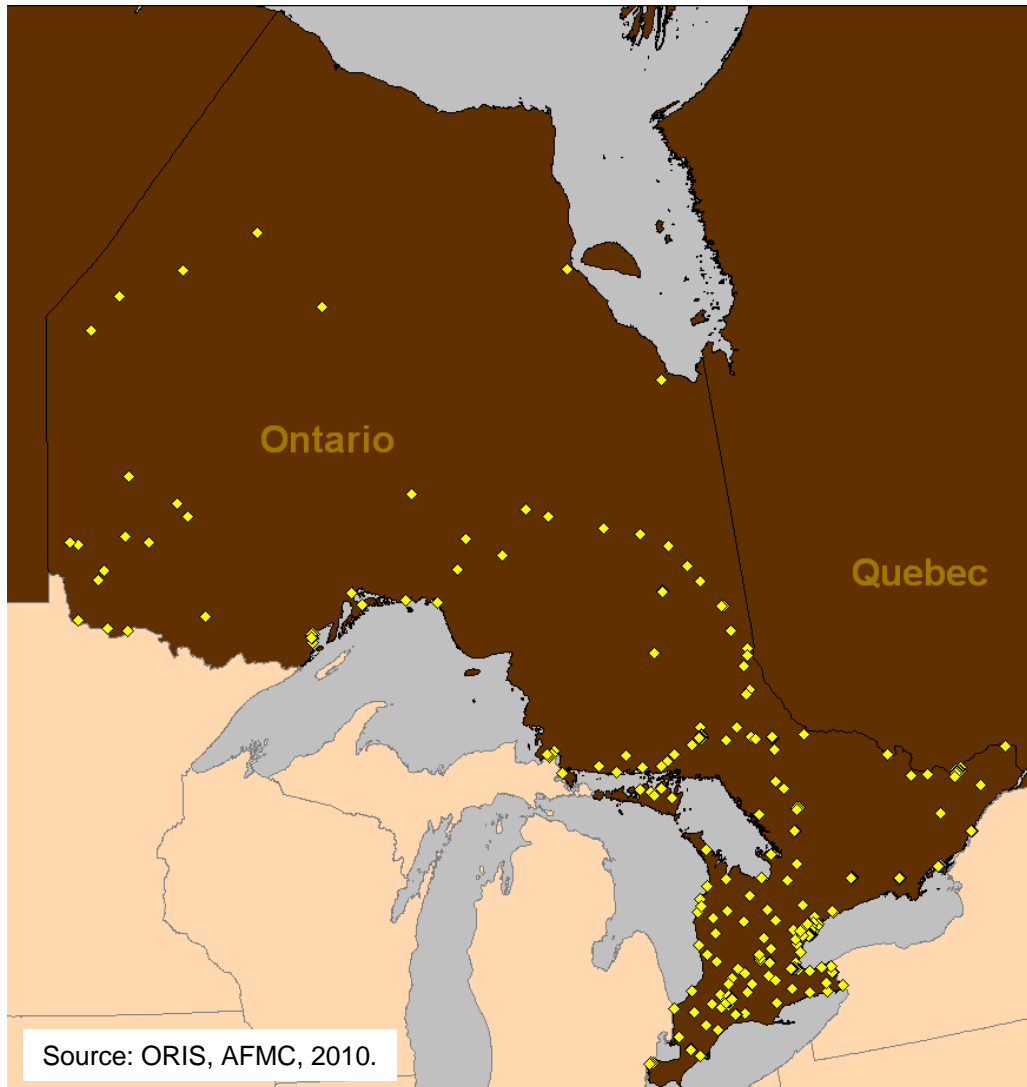
***Ontario has seven main medical campuses and three satellite campuses...***

★ Main Campus

★ Satellite Campus



# Ontario Faculties of Medicine, Clinical Teaching Facilities



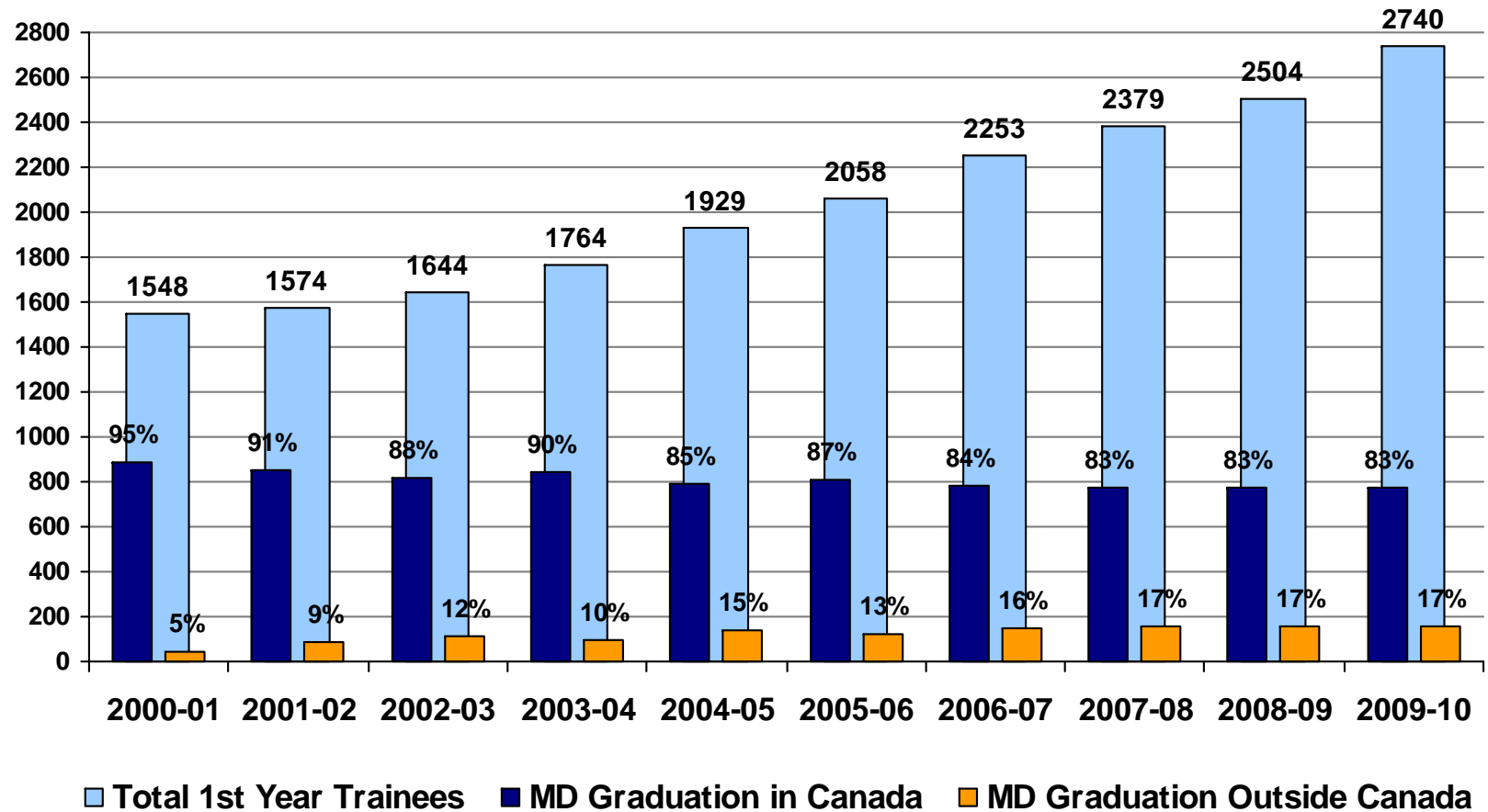
*...but medical education is really a very distributed enterprise.*

*We need to look further at how training in a variety of clinical teaching facilities correlates with eventual practice location.*



# First Year Post-M.D. Trainees by Place of MD Graduation, 2000-01 to 2009-10

*The number of post-MD trainees is growing, as is the proportion who are IMGs.*

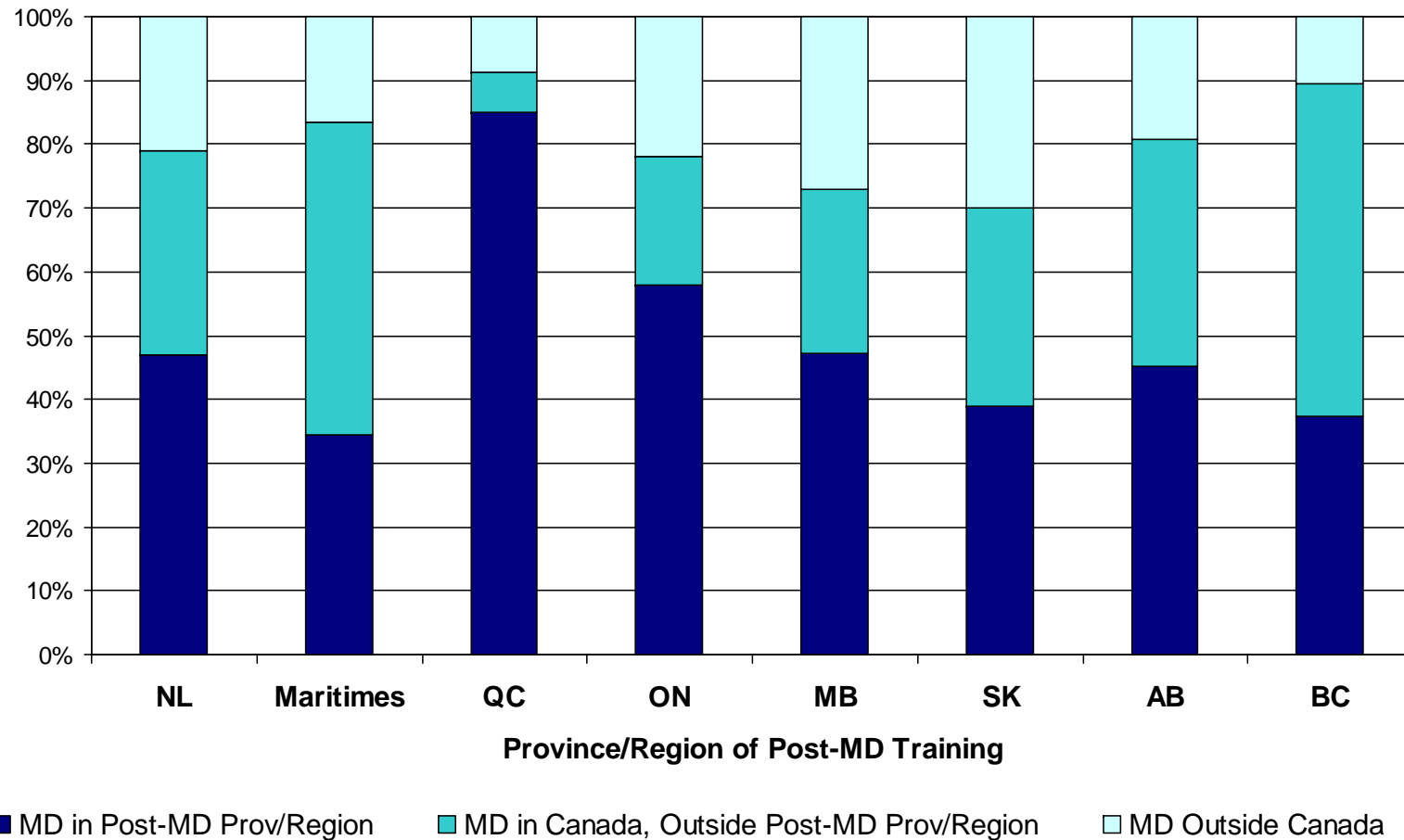


Source: CAPER, AFMC, 2010. Note: Visa trainees not included.



# Place of MD Graduation by Current Place of Post-MD Training, 2009-10

**Many MD grads move to another province for their post-MD training.**

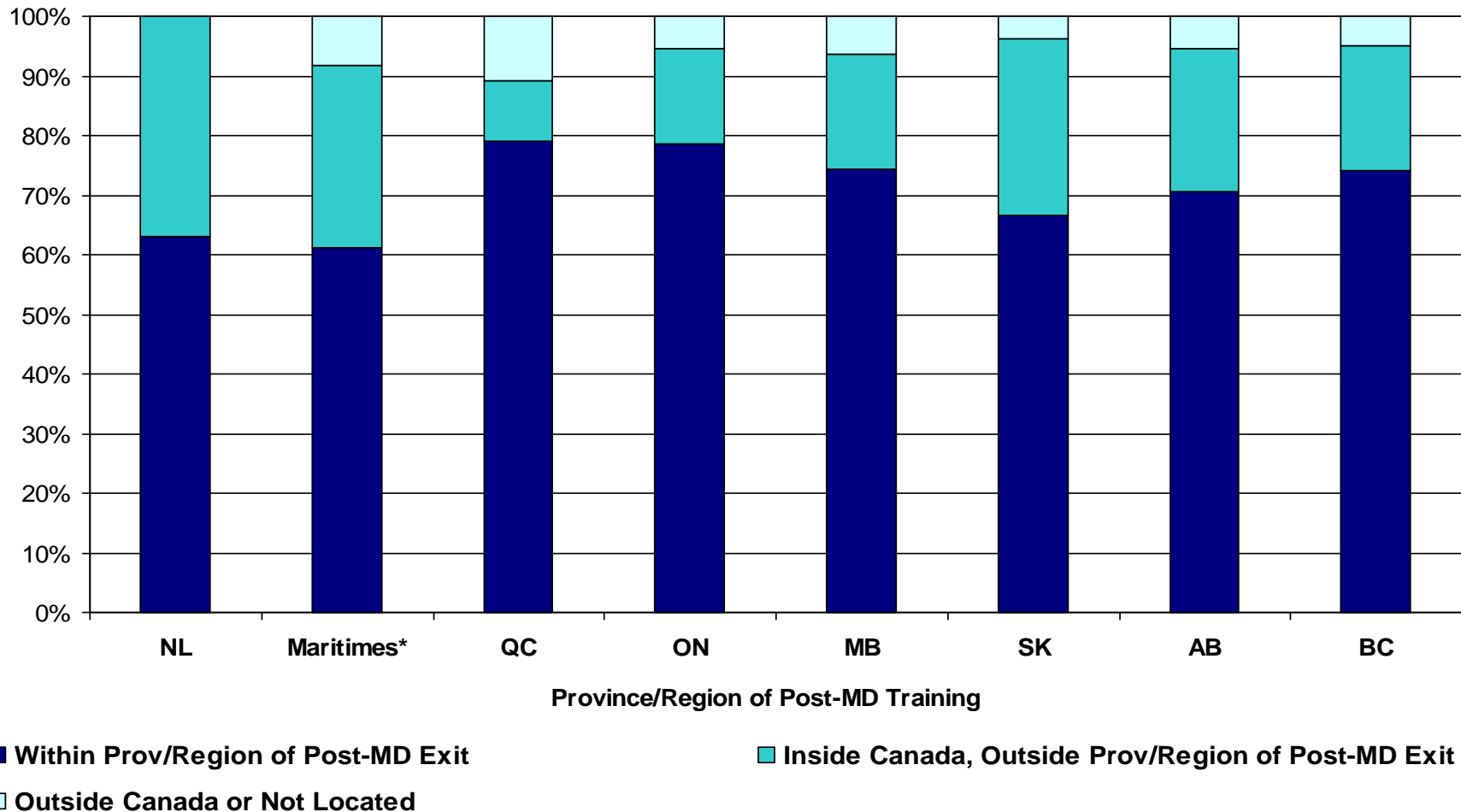


Source: CAPER, AFMC, 2010. Note: Visa trainees not included.



# 2009 Practice Location of Post-MD Trainees Who Exited Training in 2007 (Practice Location 2 Years Later)

**Many physicians move away from their PGME province after training.**

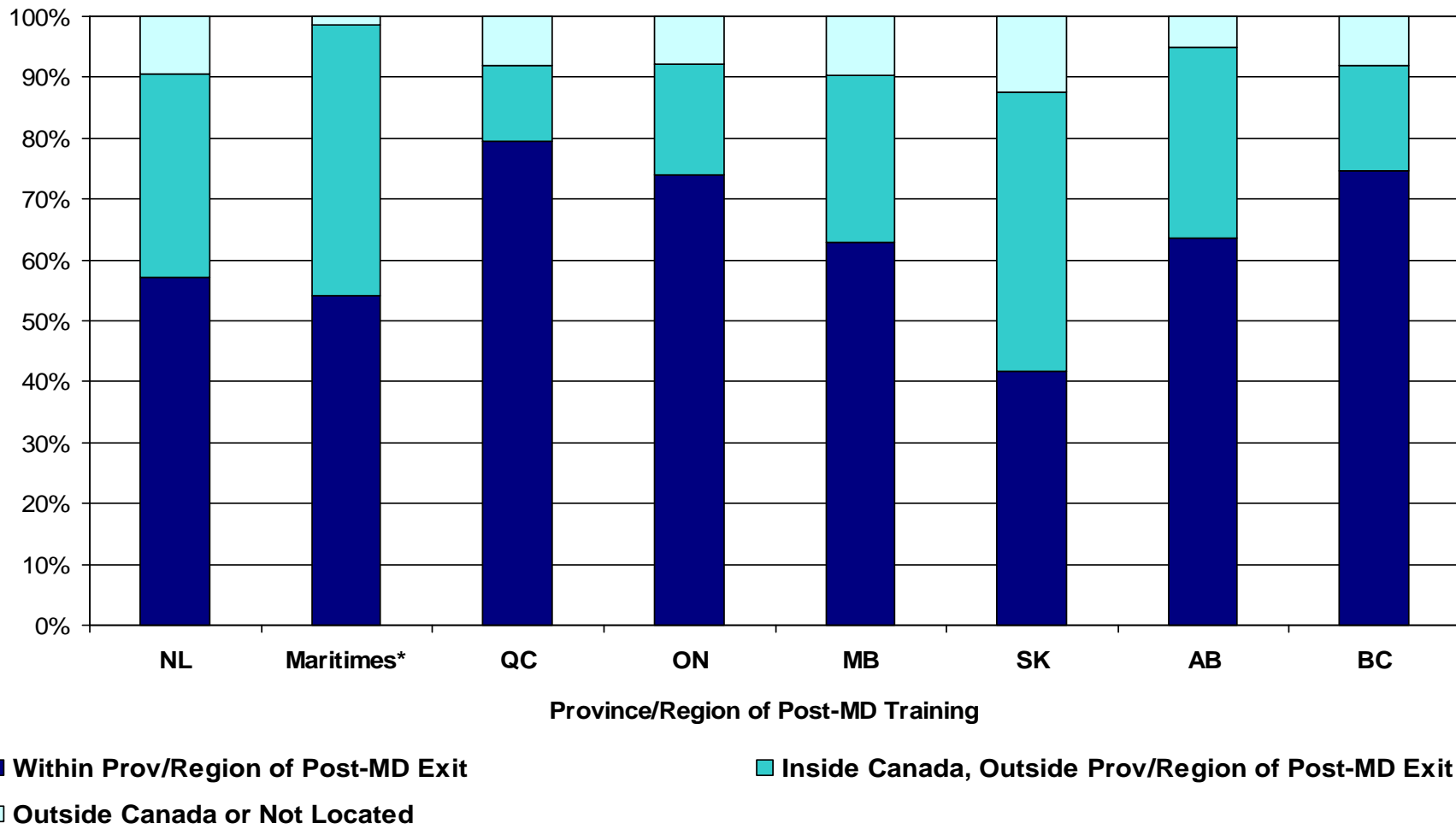


\*Includes Dalhousie post-MD graduates practising in PEI, Nova Scotia and New Brunswick; Source: CAPER, AFMC, 2010.



# 2009 Practice Location of Post-MD Trainees Who Exited Training in 2004 (Practice Location 5 Years Later)

***Physician retention at five years is generally less than at two years.***



\*Includes Dalhousie post-MD graduates practising in PEI, Nova Scotia and New Brunswick. Source: CAPER, AFMC, 2010.



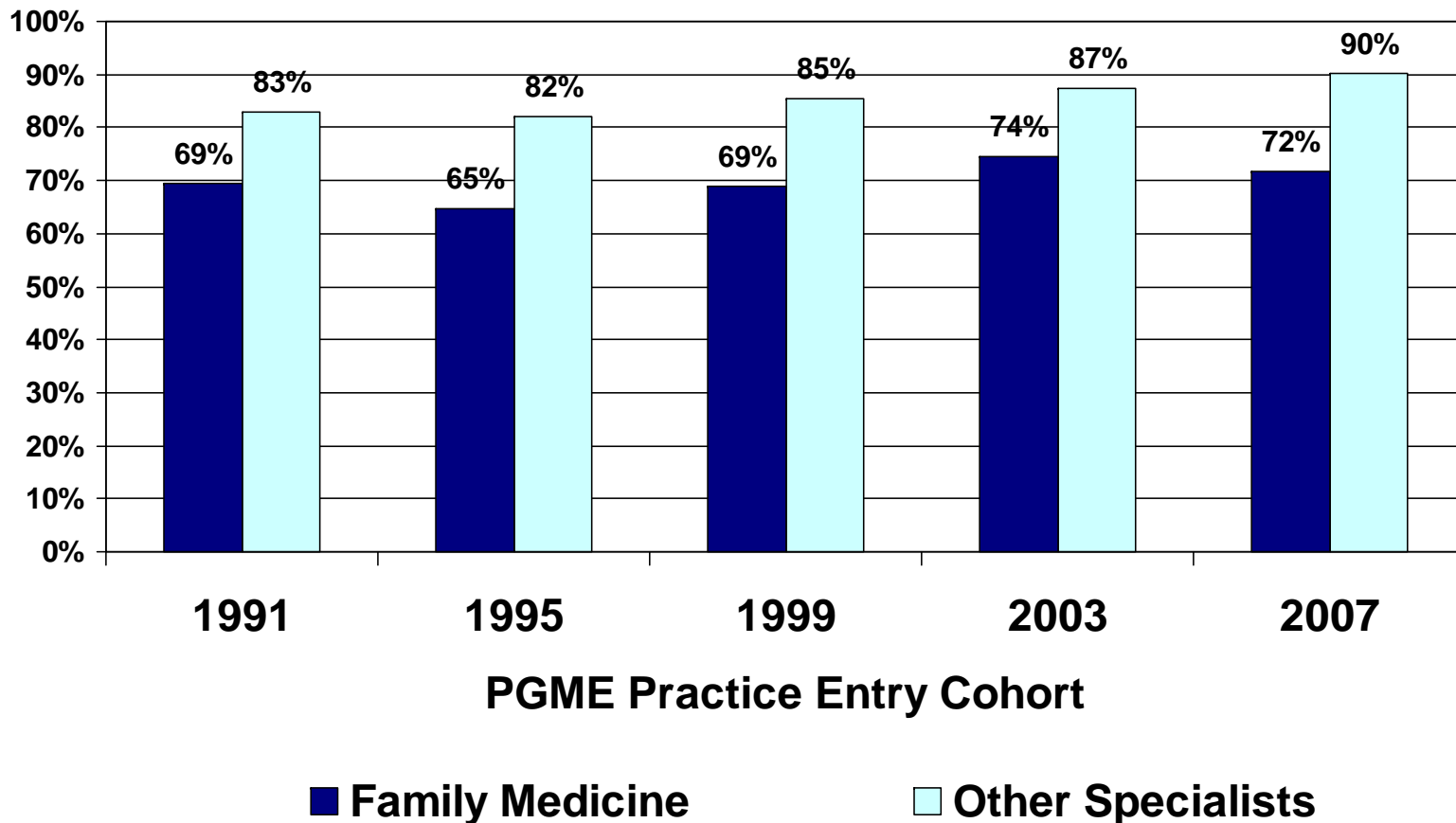
## Working Definitions: Large Urban Centre, Small City, Town and Rural Place

- Large Urban Centres are census metropolitan areas with population of at least 100,000
- Small Cities are tracted census agglomerations with urban core population of 50,000 – 99,999
- Towns are untracted census agglomerations with urban core population of 10,000 – 49,999
- Rural Places are metro influenced zones outside of census metropolitan areas and census agglomerations, including the Territories



## Percent of Practice Entry Cohort in Large Urban Centres Two Years After Completion of Post-MD Training, 1991-2007

*An increasing proportion of physicians practice in communities of 100,000 or more people.*

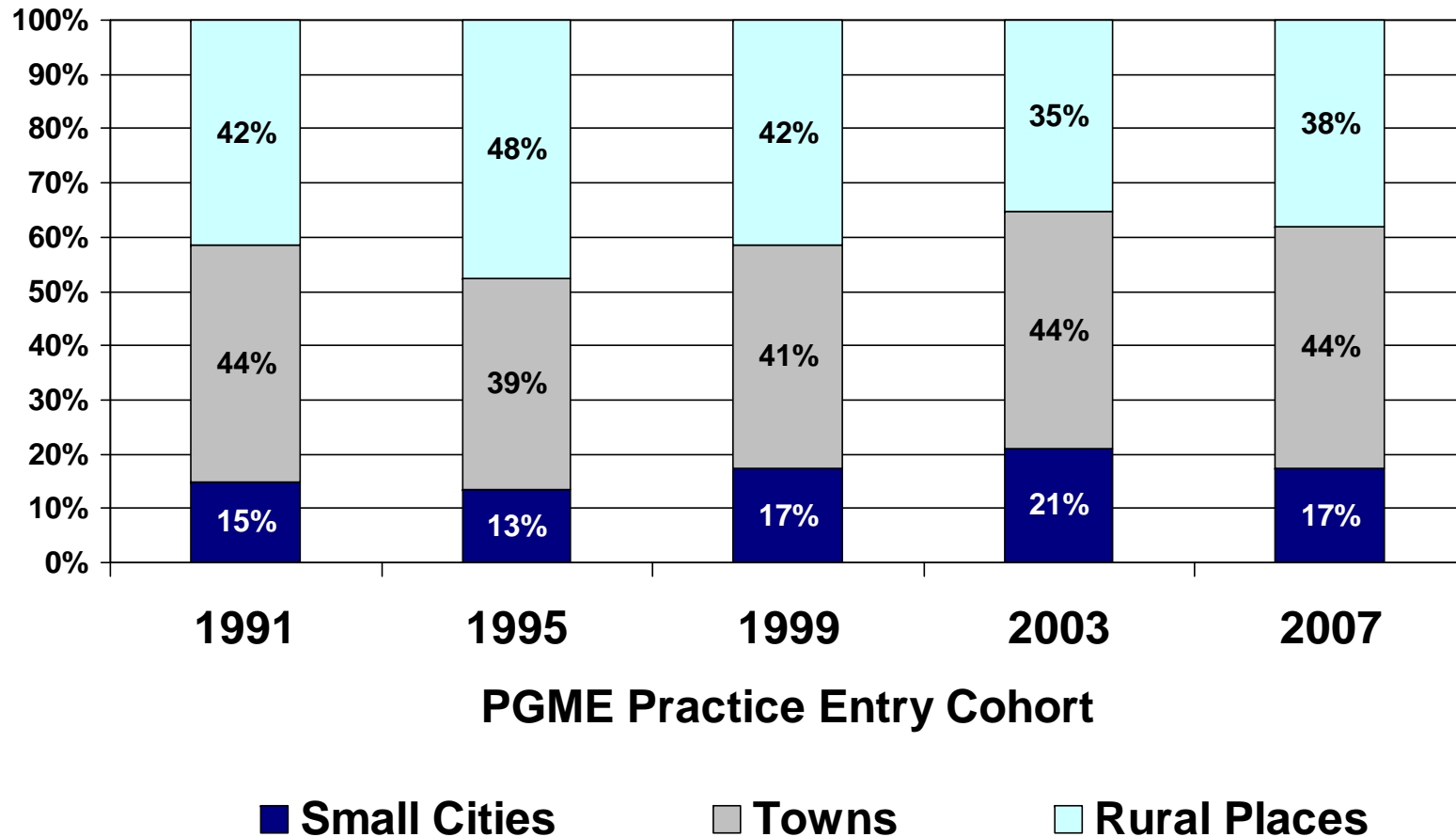






## Distribution of Practice Entry Cohorts Across Small Cities, Towns and Rural Places Two Years After Completion of Post-MD Training, 1991-2007

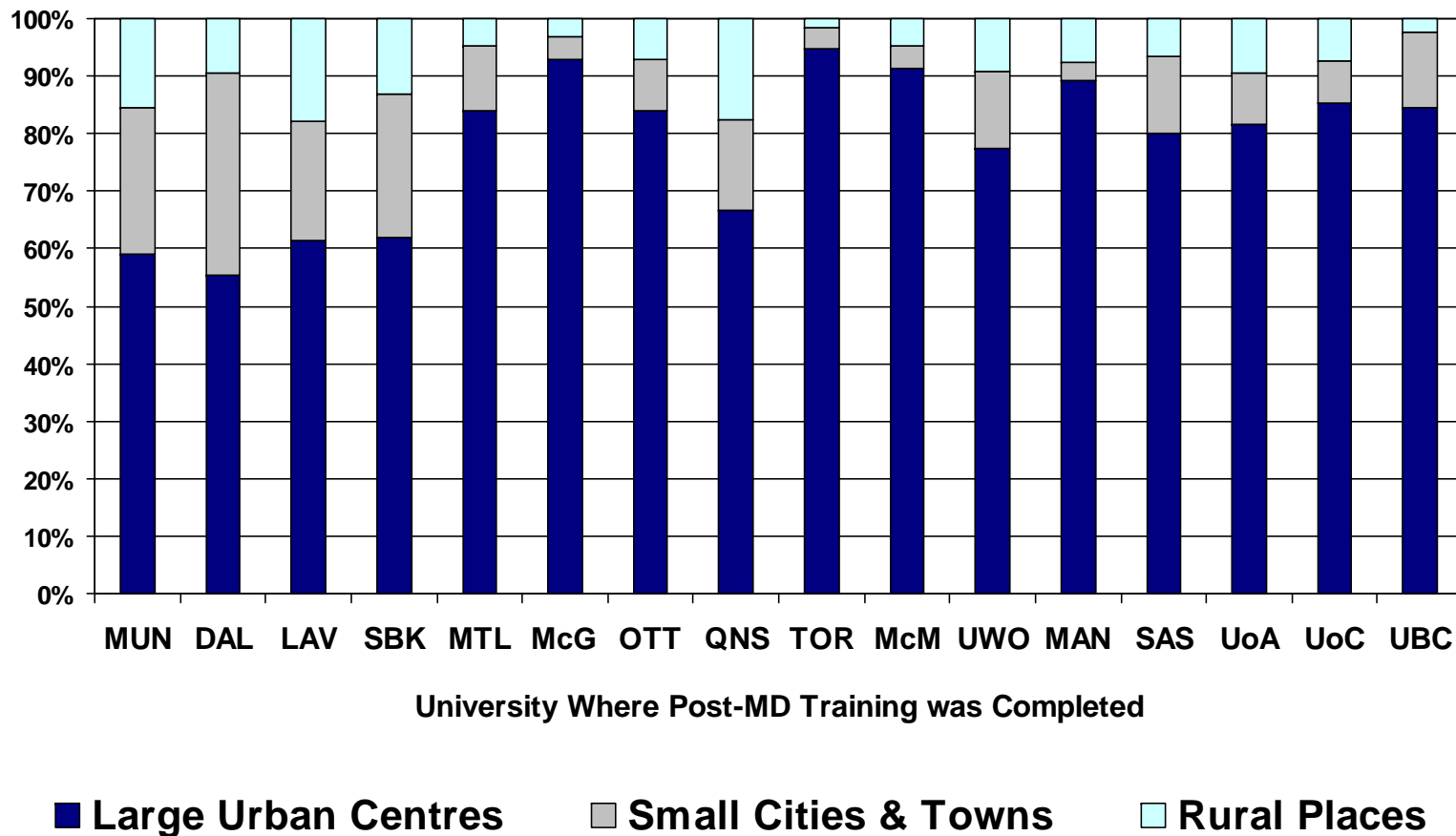
*The distribution of physicians across small cities, towns and rural places is relatively stable.*





## Distribution of 2007 Practice Entry Cohort Across Large Urban Centres, Small Cities & Towns and Rural Places in 2009, by Faculty of Medicine Where Post-MD Training Was Completed

*Faculties of medicine vary with respect to the types of communities their graduates practice in.*





# Conclusions

- Physician mobility is relevant from many vantage points – e.g., medical education funding, physician retention, urban-rural health care, HHR planning
- Mobility starts in the very early stages of a physician's medical career
- Undergraduate students leave their home province/territory to study medicine in other provinces
- Medical students and residents rotate through a network of clinical teaching facilities
- Post-MD trainees come from out of province and from out of country
- Further research will reveal the ongoing relationships between training and practice locations