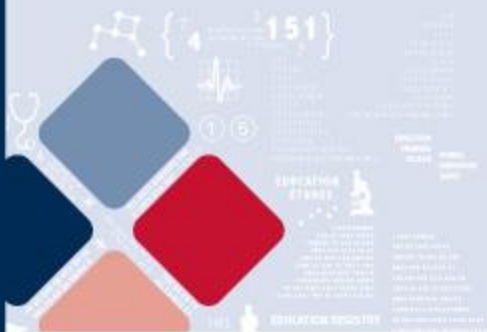


CAPER Colloquium 2014

Canadian Conference on Medical Education

Sunday April 27, 2014

Ottawa, Ontario





CAPER Colloquium's Agenda

- **Welcome Remarks** (5 min)
- **CAPER Background** (5 min)
- **Discussion Themes**
 - ***#1 Length of Training*** (25 min)
 - Presentation of data
 - Discussion
 - ***#2 The Right Number and Mix of Physicians*** (25 min)
 - Presentation of data
 - Discussion
 - ***#3 Physicians Where They're Needed*** (25 min)
 - Presentation of data
 - Discussion
- **Closing Remarks** (5 min)

What is CAPER?

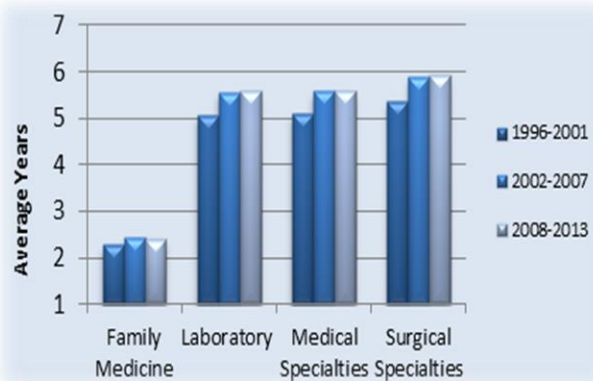
- **A data GOLD MINE for stats on post-MD training and physician practice location**
 - *All PGME programs and trainees since 1989*
 - *Trainee demographics (age, sex, and legal status)*
 - *Trainee medical education (residency program, specialty & subspecialty training, fellowship training)*
 - *Practice location after training*
- **A 28-year partnership**
 - *17 Canadian faculties of medicine*
 - *Professional medical organizations*
 - *F/P/T governments*



CAPER's Crucial Role

- **Micro level**: service to partner organizations
 - Specialty and accreditation review
 - Exam and membership planning
 - Cross-jurisdiction benchmarking
 - Research and analysis, etc...
- **Macro level**: data to evaluate progress toward our social responsibility goals

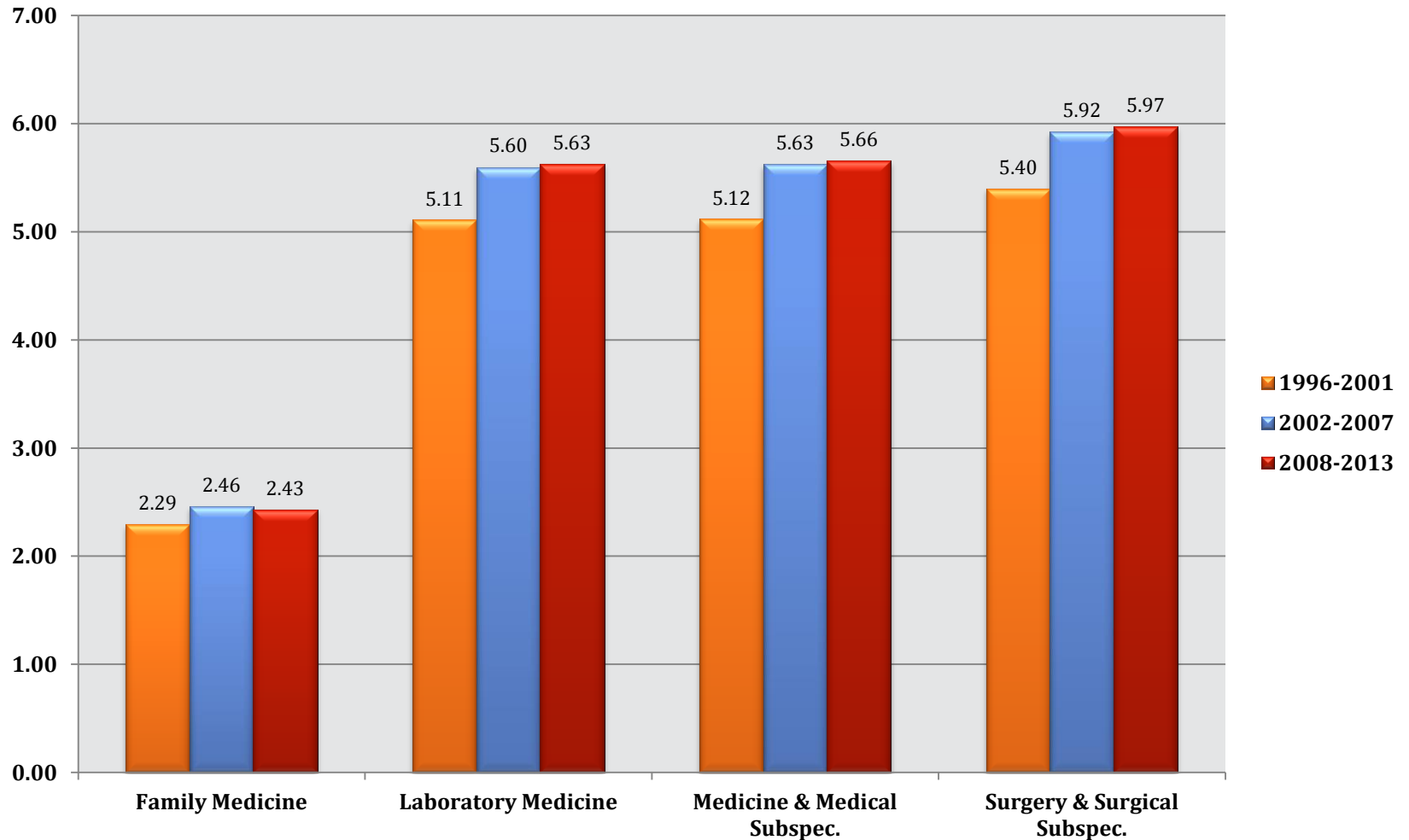
**SOCIAL
RESPONSIBILITY and ACCOUNTABILITY**



Discussion Theme 1

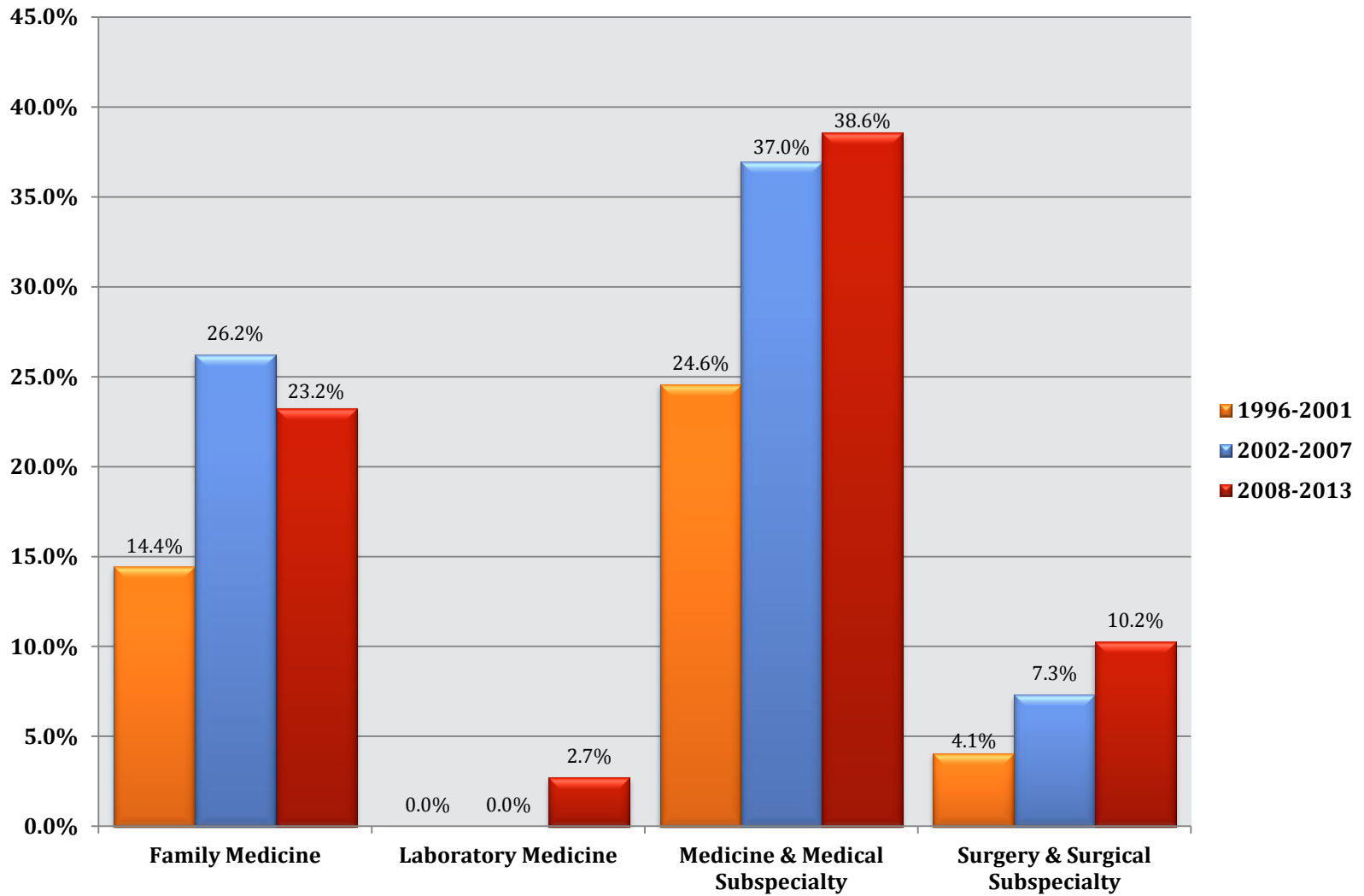
LENGTH OF TRAINING

Average Years of PGME Training: 1996-2013

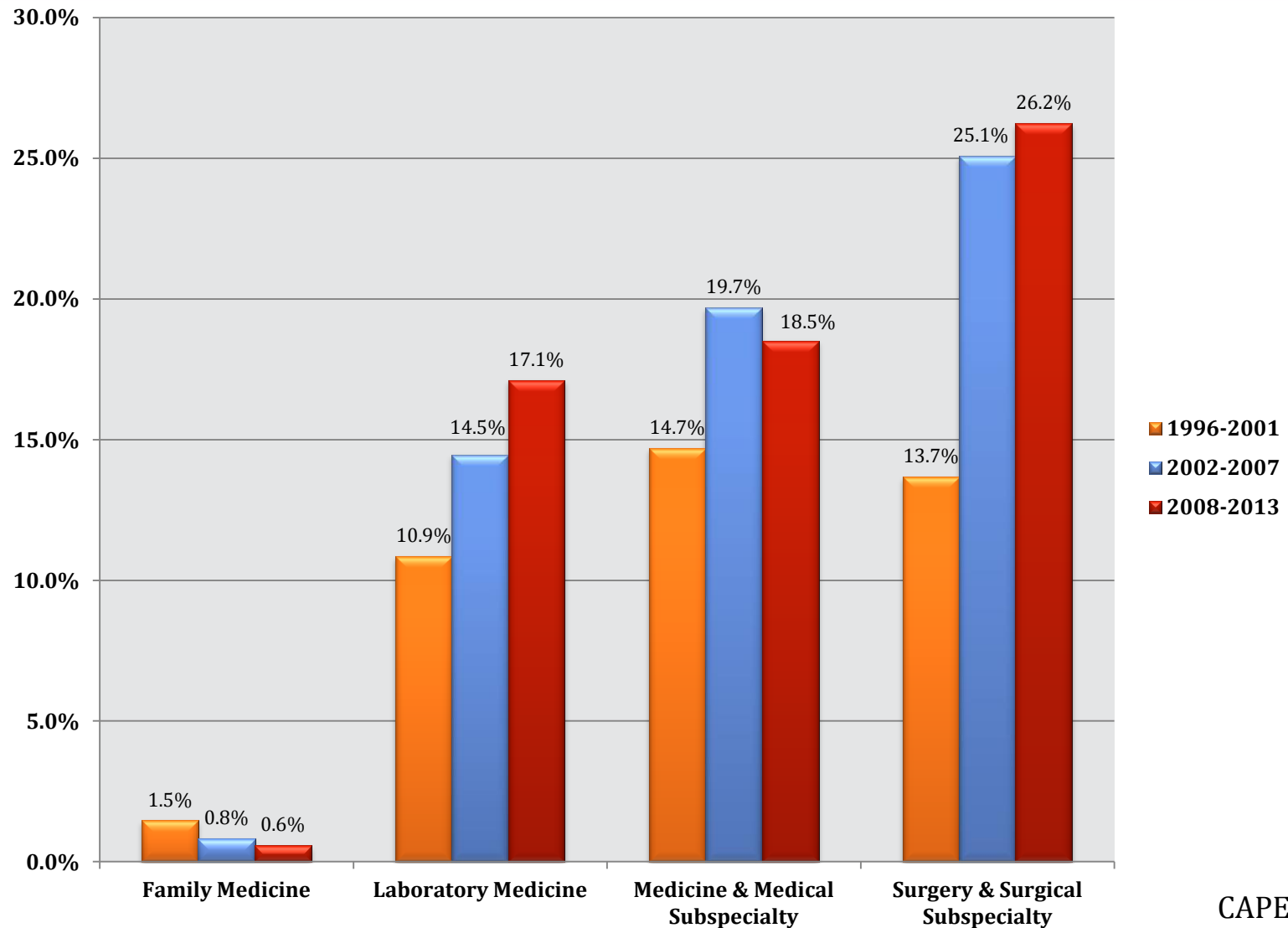


(Including leaves of absence/training gaps)

Percentage in Subspecialty Training: 1996 - 2013



Percentage in Fellowship Training: 1996 - 2013



Family Medicine: 1995 & 2005 Cohorts

1995

11.5%

Subspecialty
Training

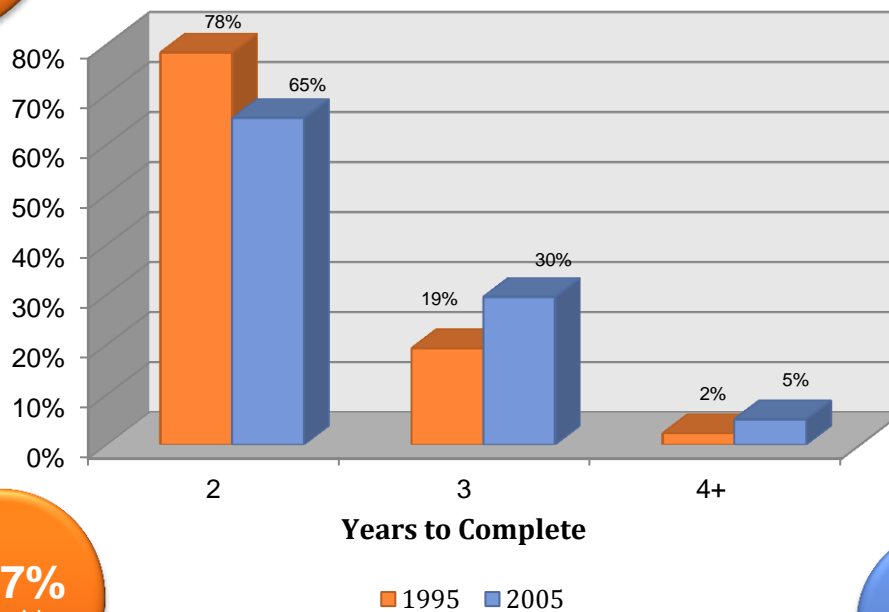


653

Entry Cohort

3.37%

Fellowships



2005

20.9%

Subspecialty
Training



785

Entry Cohort

0.89%

Fellowships

Medicine and Medical Subspecialty: 1995 & 2005 Cohorts

1995

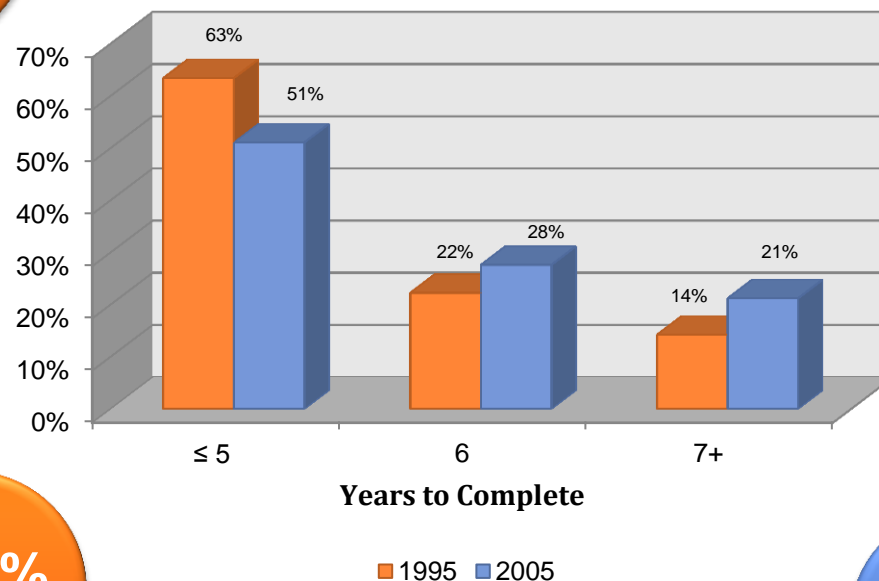
42.0%
Subspecialty
Training



610

Entry Cohort

19.2%
Fellowships



2005

49.9%
Subspecialty
Training



763

Entry Cohort

18.7%
Fellowships

Surgery and Surgical Subspecialty: 1995 & 2005 Cohorts

1995

26.5%
Subspecialty
Training



264
Entry Cohort

20.8%
Fellowships

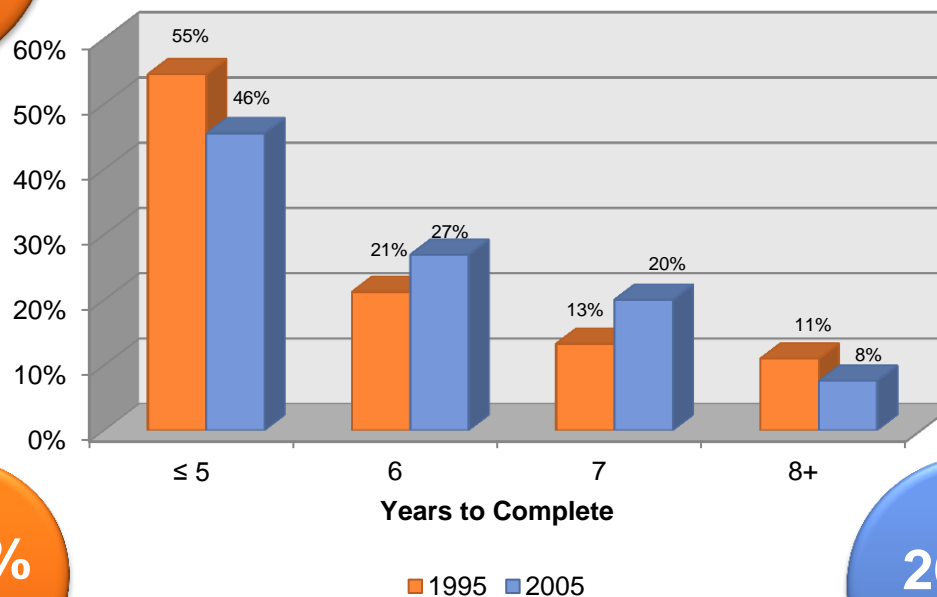
2005

35.7%
Subspecialty
Training



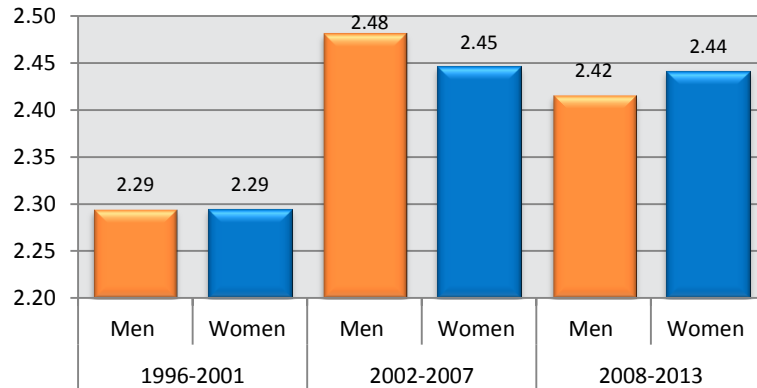
290
Entry Cohort

26.6%
Fellowships

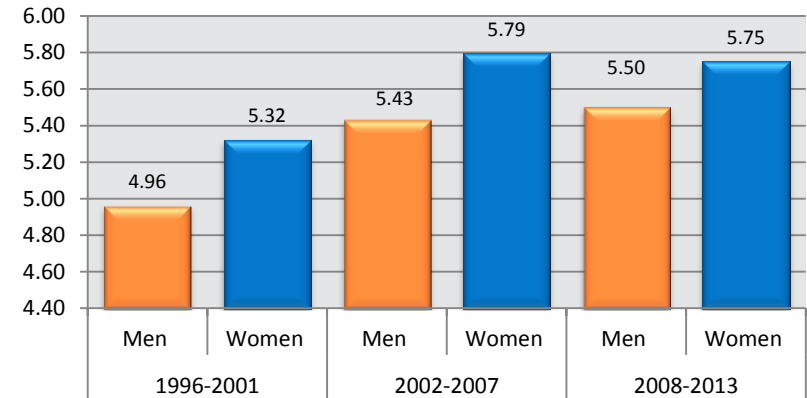


Average Years of PGME Training by Sex and Broad Specialty

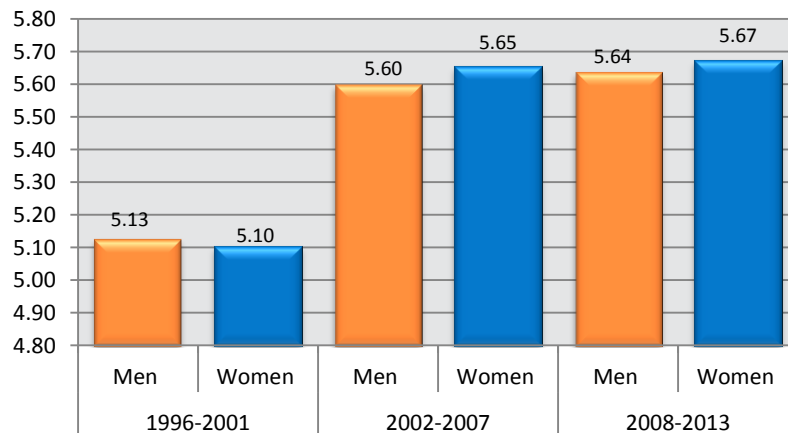
Family Medicine



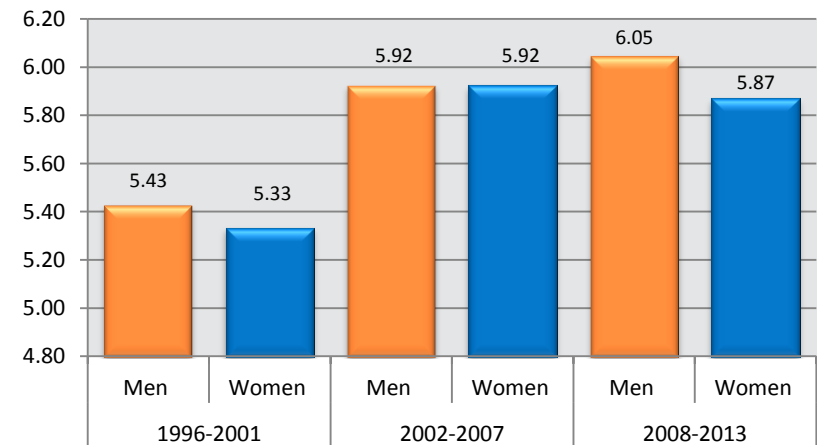
Laboratory Medicine



Medicine & Medical Subspecialty



Surgery & Surgical Subspecialty

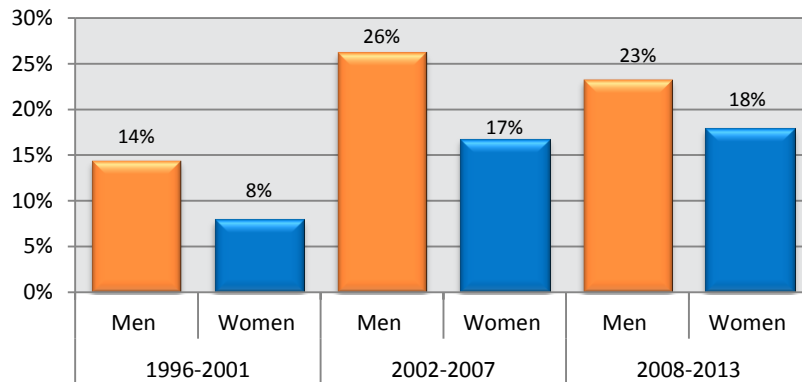


(Including leaves of absence/training gaps)

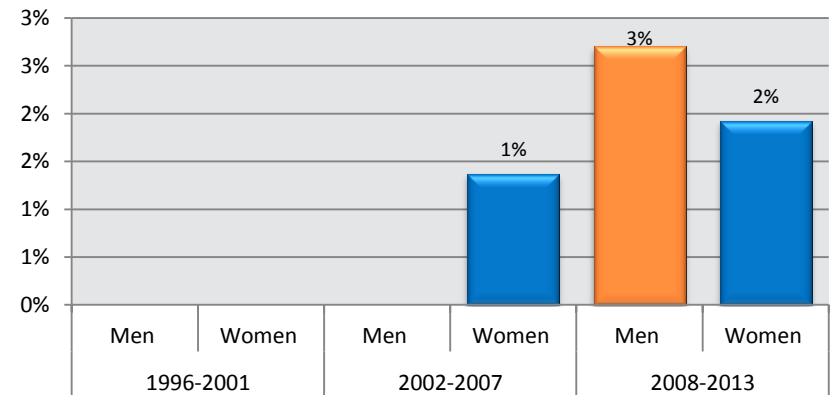
CAPER, 2013

Percentage in Subspecialty Training by Sex and Broad Specialty

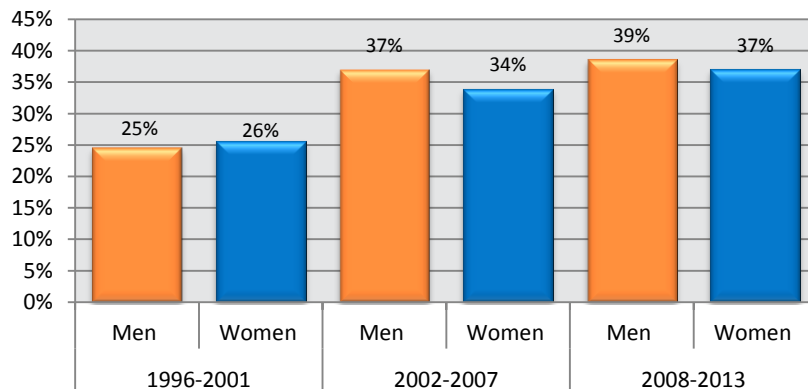
Family Medicine



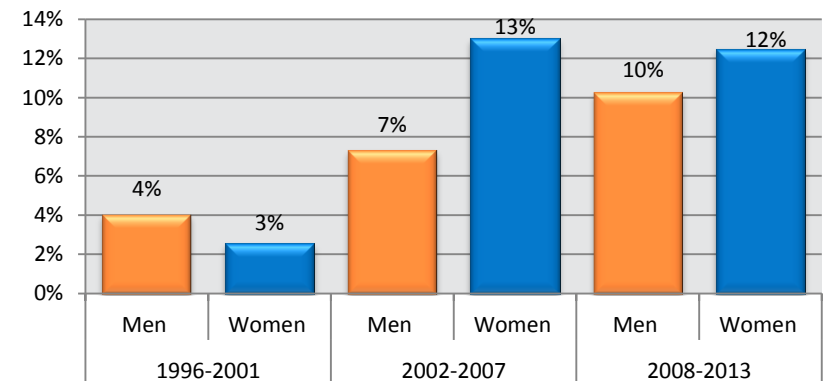
Laboratory Medicine



Medicine & Medical Subspecialty

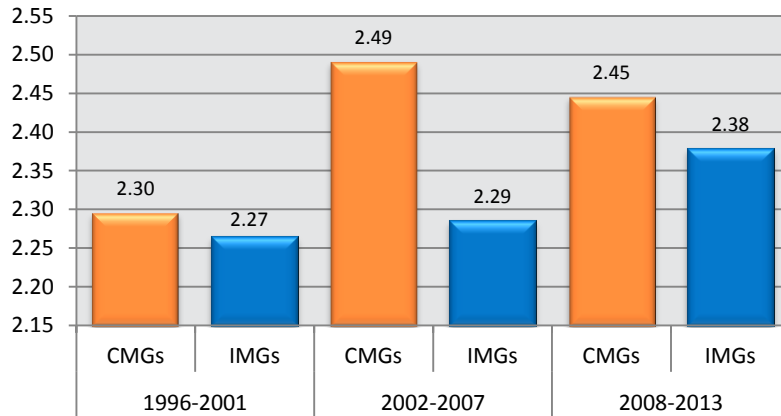


Surgery & Surgical Subspecialty

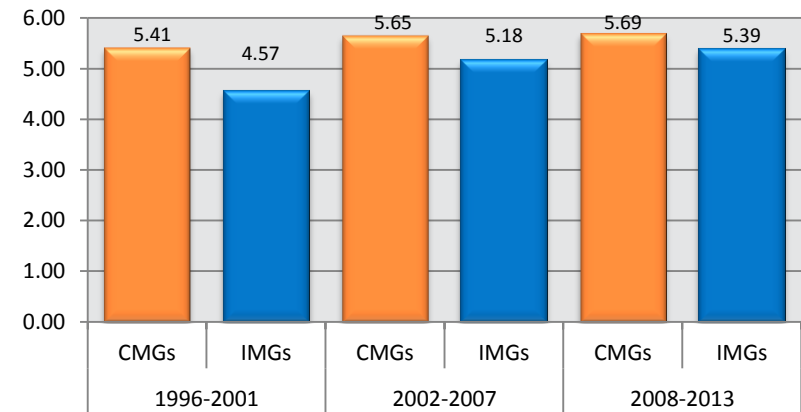


Average Years of PGME Training CMGs vs. IMGs by Broad Specialty

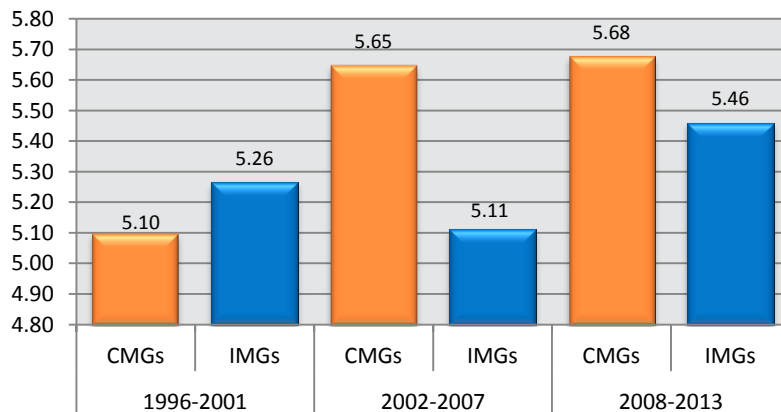
Family Medicine



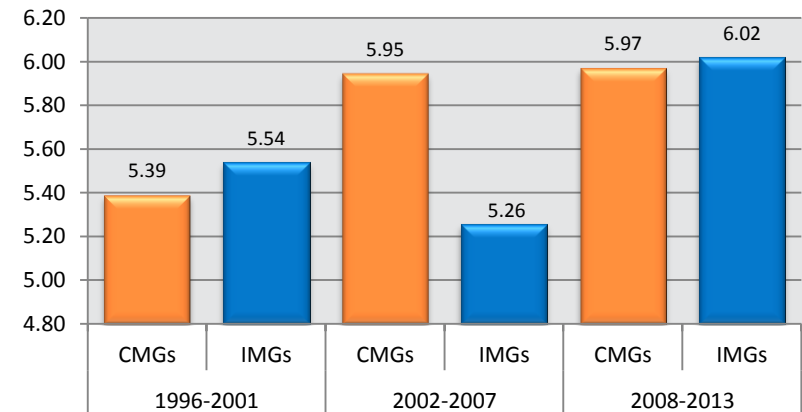
Laboratory Medicine



Medicine & Medical Subspecialty

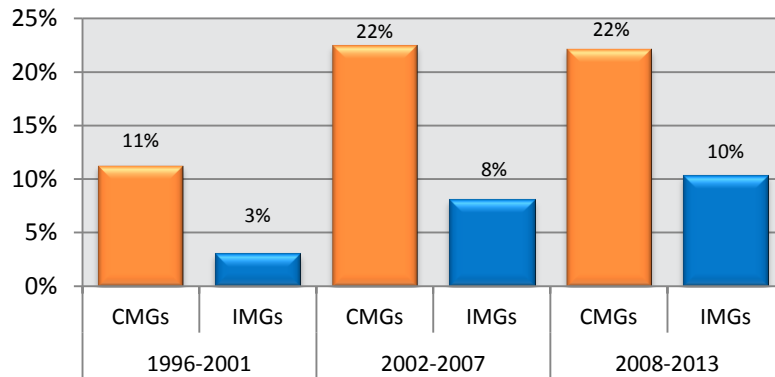


Surgery & Surgical Subspecialty

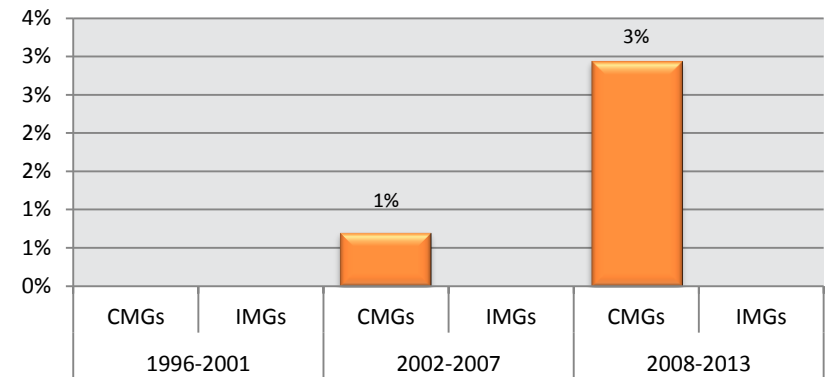


Percentage in Subspecialty Training CMGs vs. IMGs by Broad Specialty

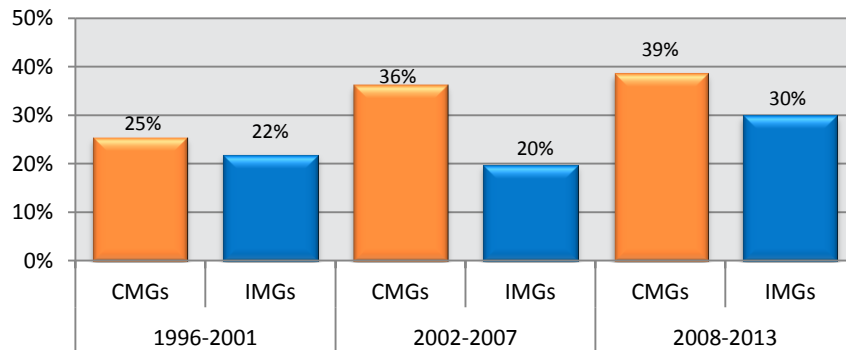
Family Medicine



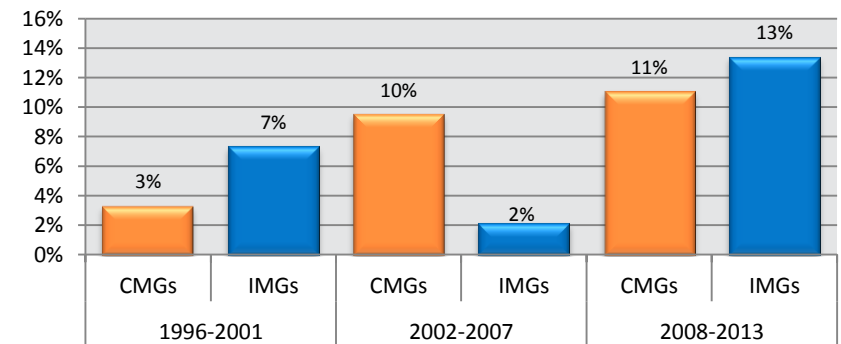
Laboratory Medicine



Medicine & Medical Subspecialty

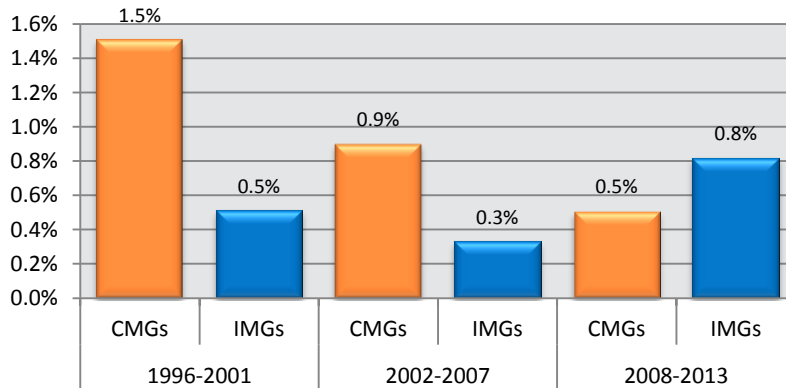


Surgery & Surgical Subspecialty

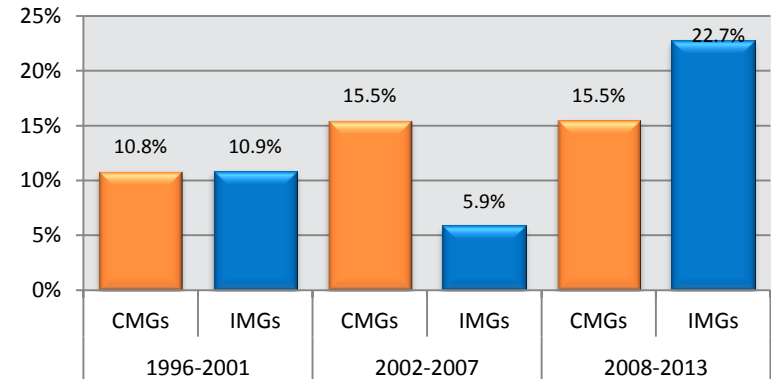


Percentage in Fellowship Training CMGs vs. IMGs by Broad Specialty

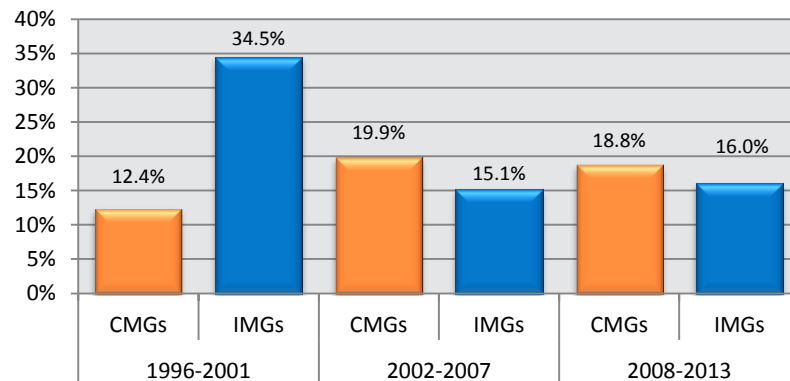
Family Medicine



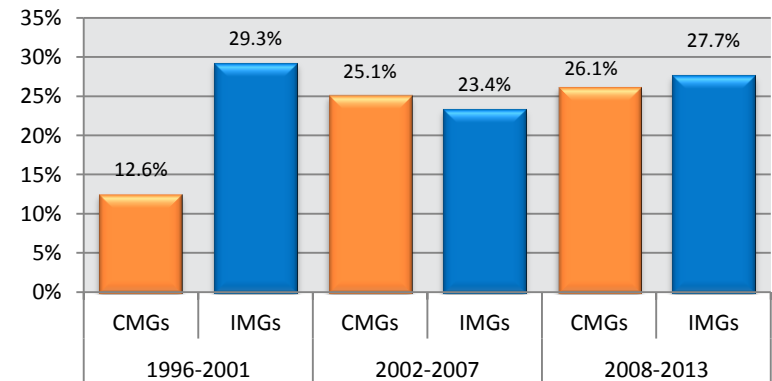
Laboratory Medicine



Medicine & Medical Subspecialty



Surgery & Surgical Subspecialty

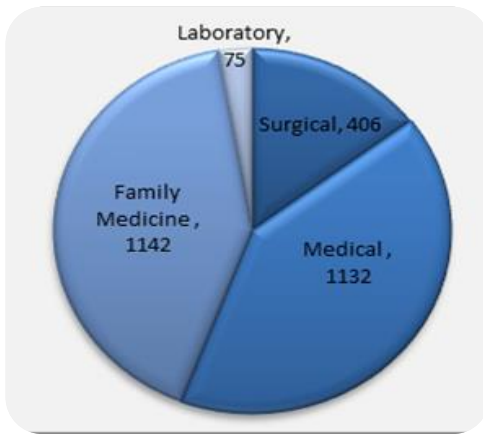


Theme 1: Discussion

Please share your thoughts...



- What's behind the change?
- How long will it take to complete training in the future?
- How will competency based medical education change length of training?



Discussion Theme 2

THE RIGHT NUMBER AND MIX OF PHYSICIANS



FMEC PG Recommendation #1

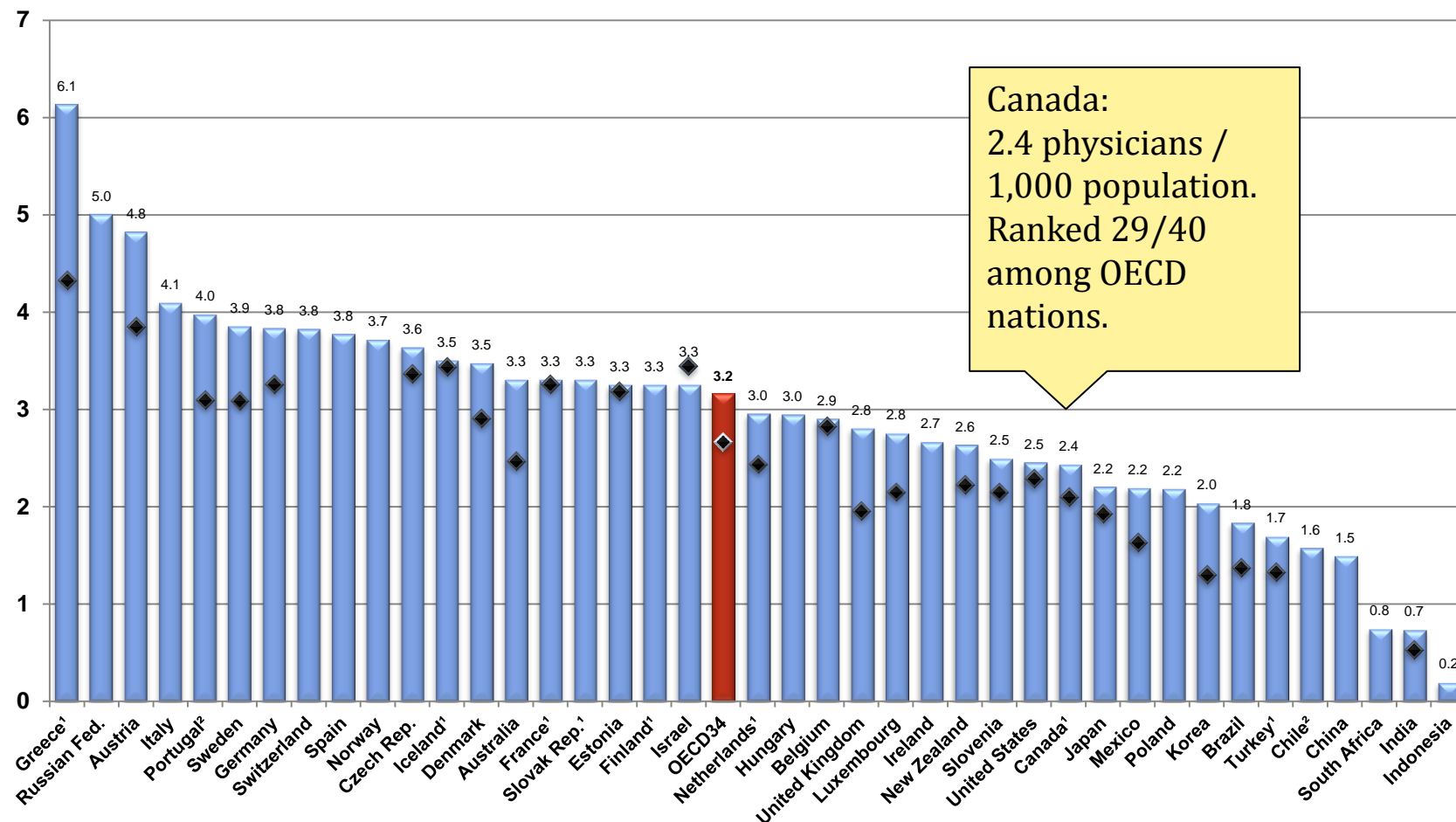
Ensure the Right Mix, Distribution, and Number of Physicians to Meet Societal Needs

In the context of an evolving healthcare system, the PGME system must continuously adjust its training programs to produce the right mix, distribution, and number of generalist and specialist physicians—including clinician scientists, educators, and leaders—to serve and be accountable to the Canadian population. Working in partnership with all healthcare providers and stakeholders, physicians must address the diverse health and wellness needs of individuals and communities throughout Canada.

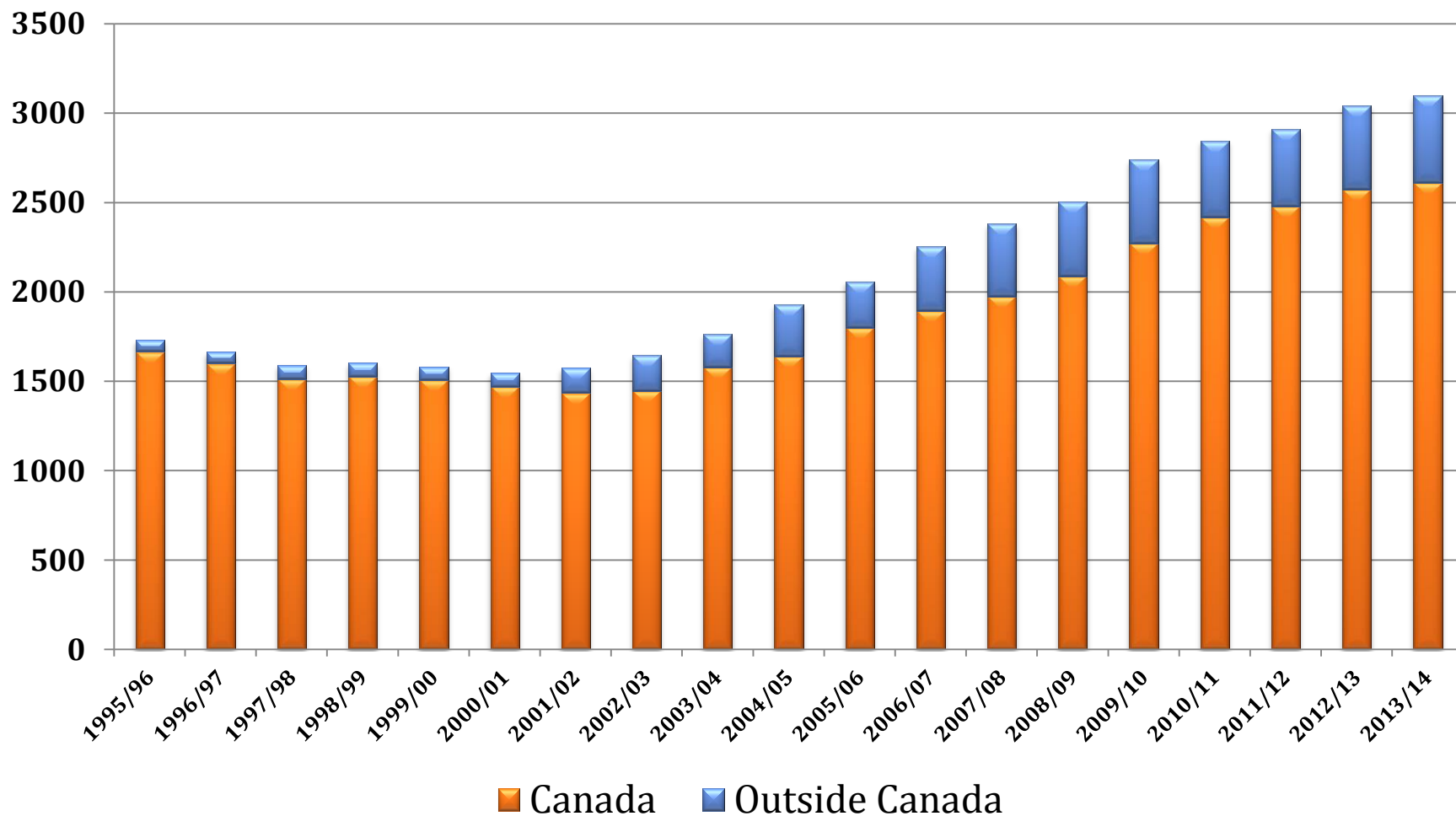
Practising Doctors per 1000 Population, 2000 and 2011 (or nearest year)

Per 1,000 population

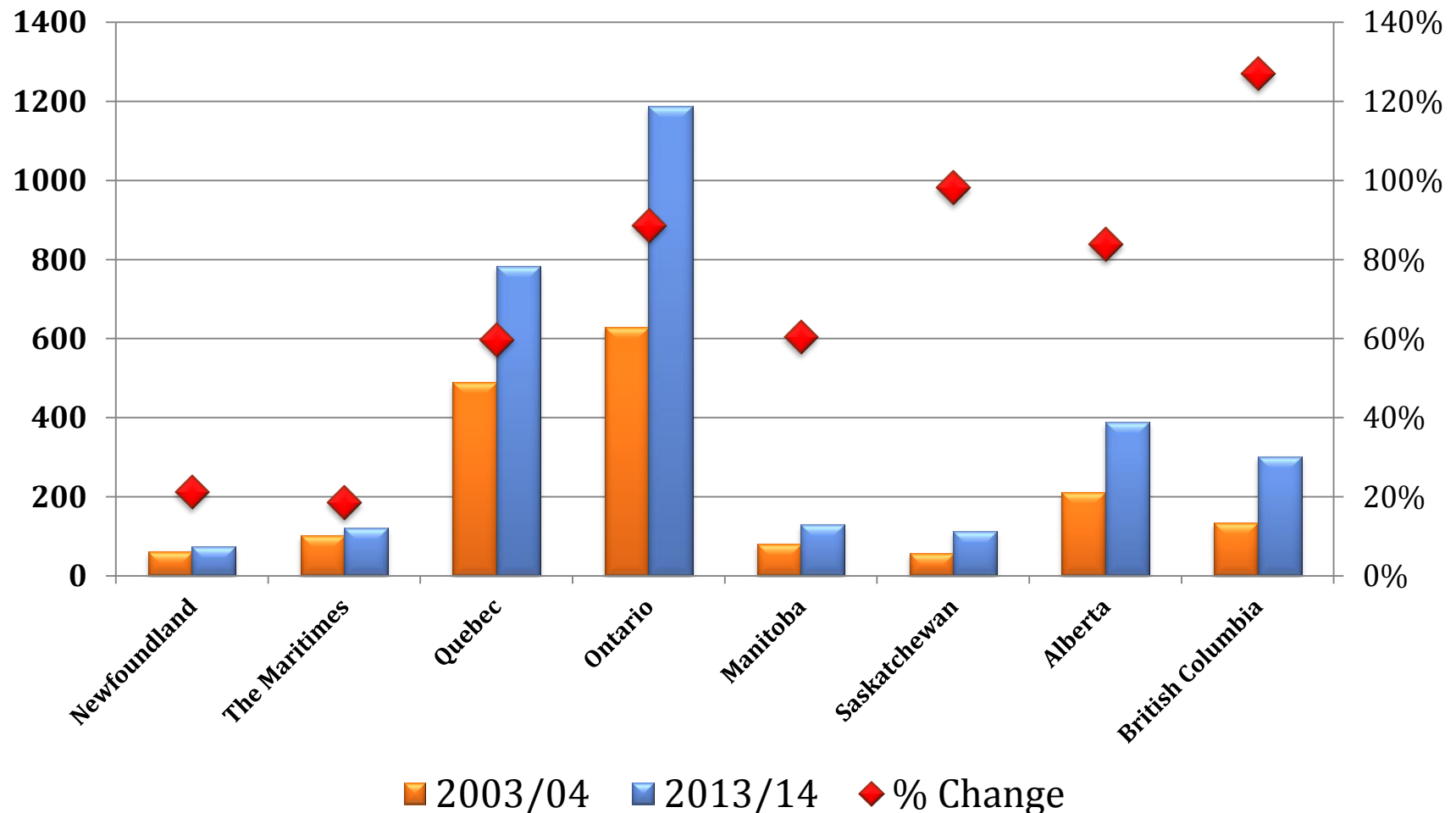
■ 2011 ◆ 2000



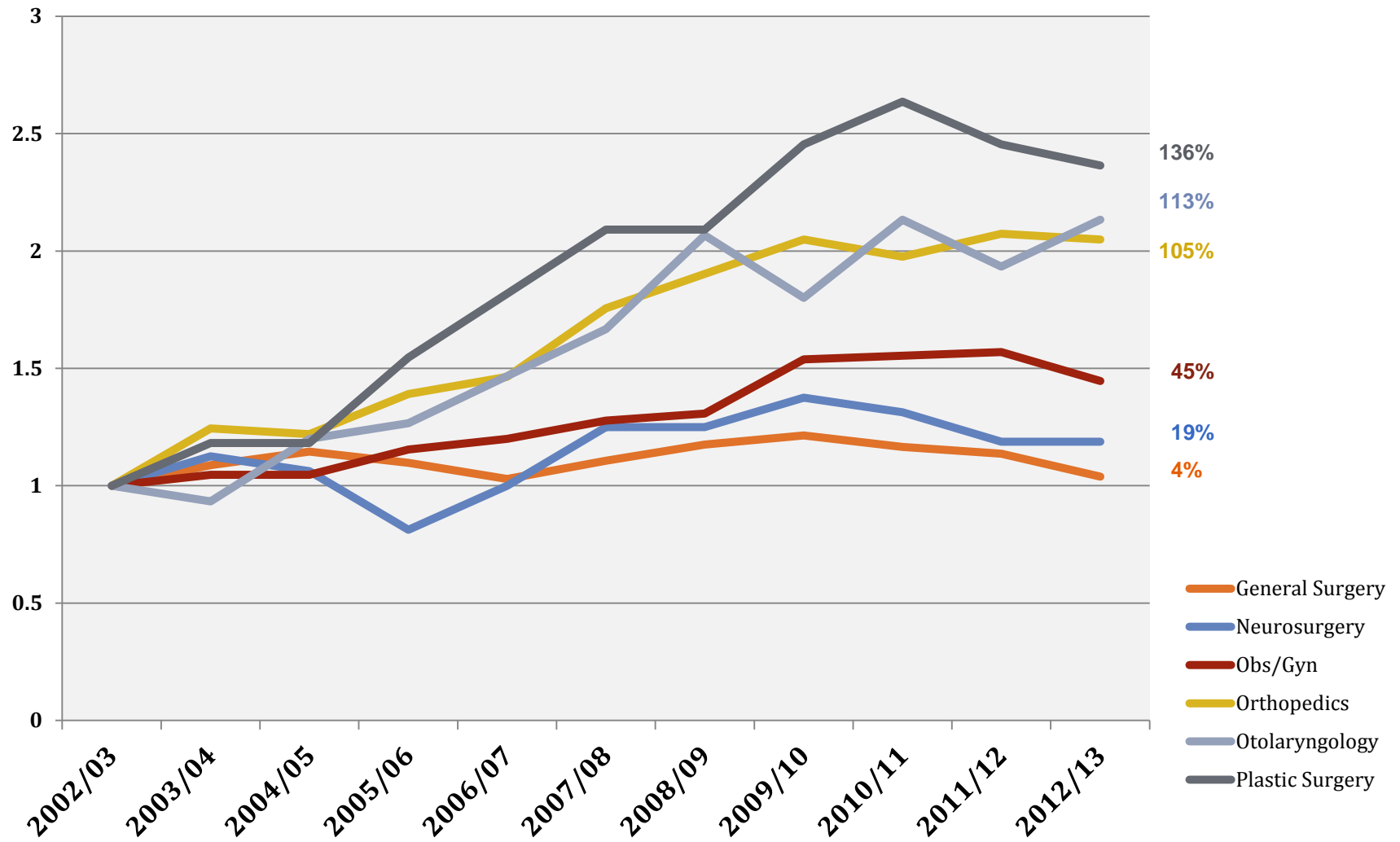
PGY 1 Trainees by Place of MD Graduation, Canada, 1995/96 – 2013/14



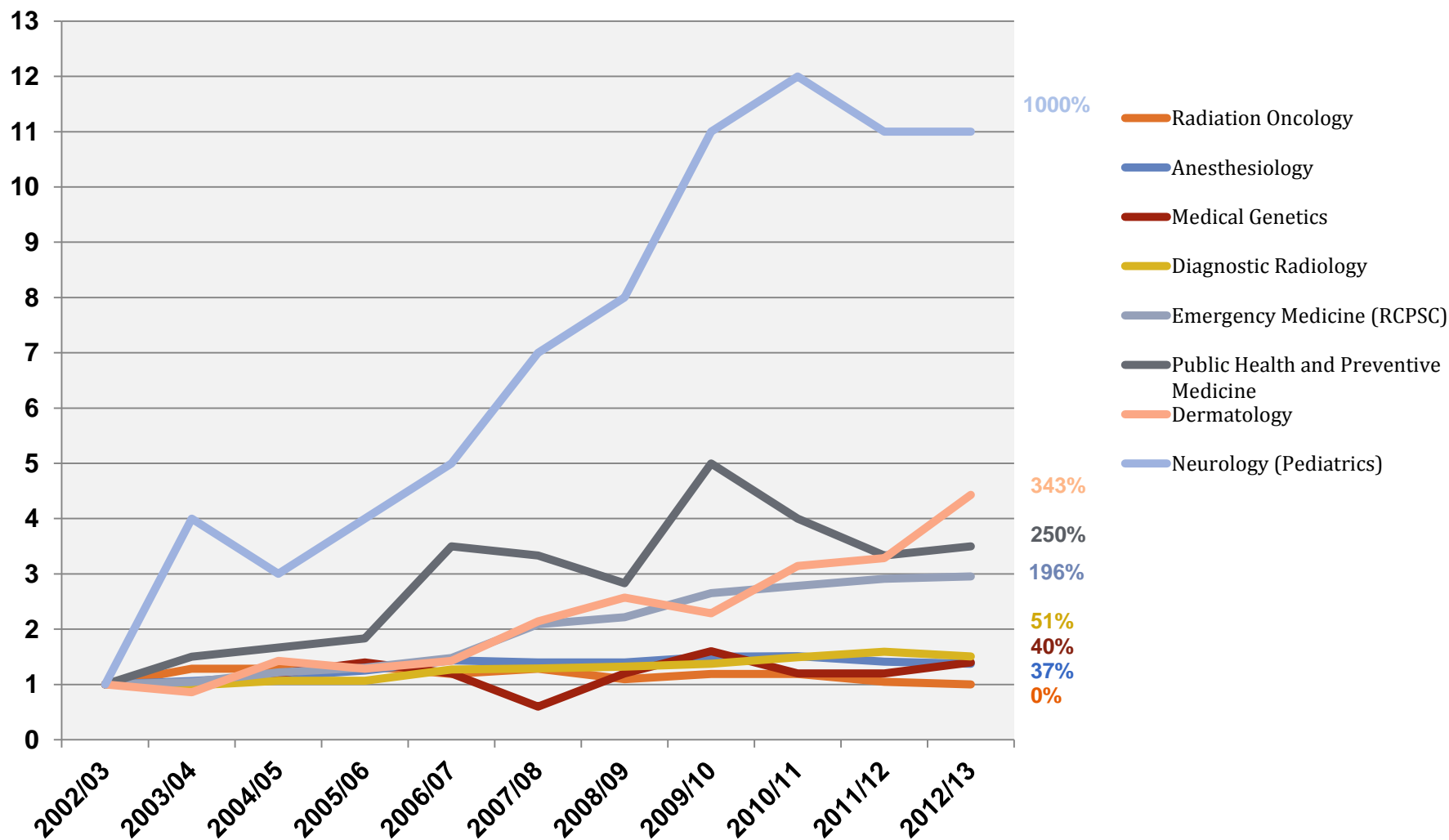
PGY 1 Trainees by Jurisdiction, Canada, 1995/96 and 2013/14



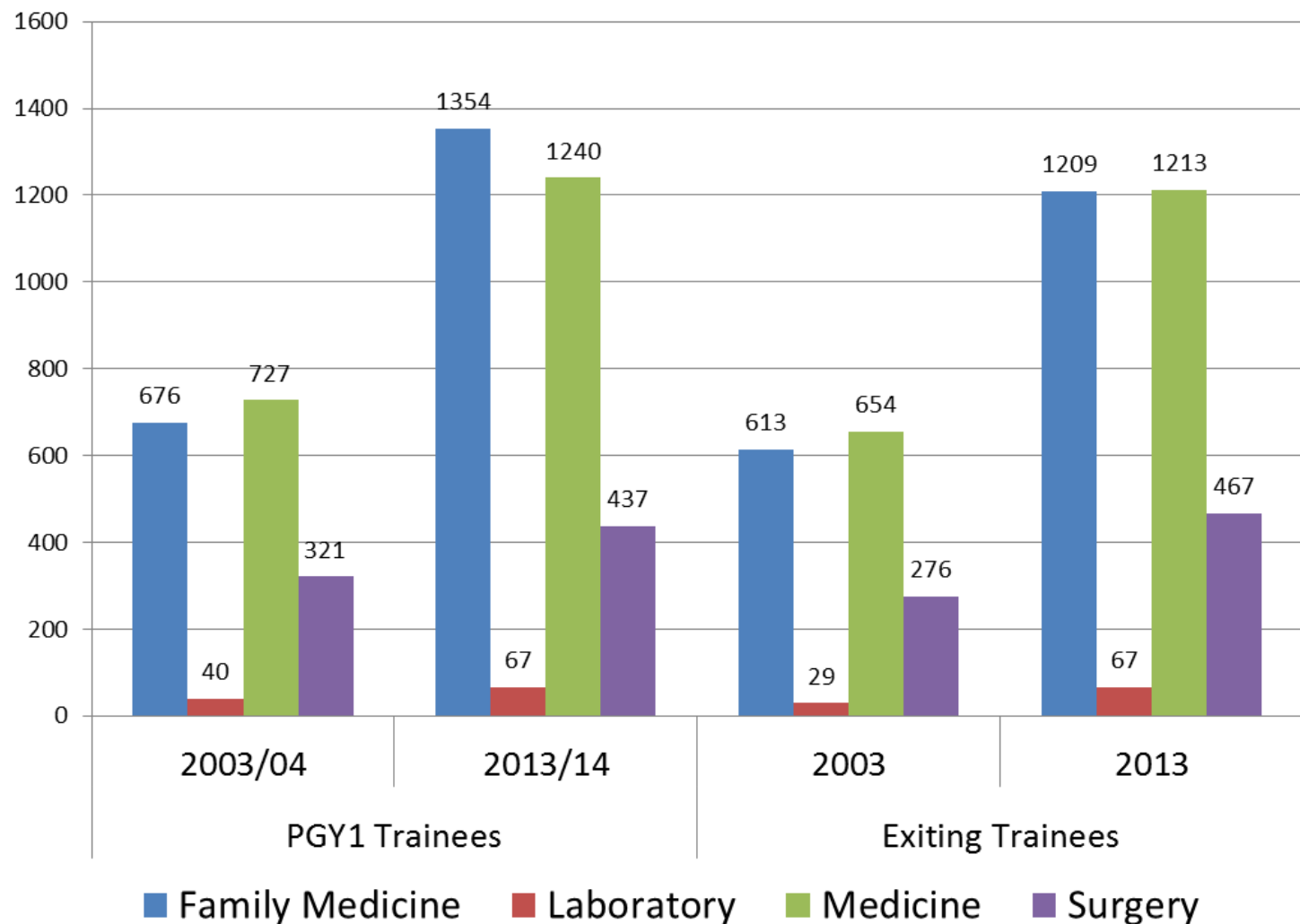
Number of PGY1 Surgery Trainees 2002/03 – 2012/13



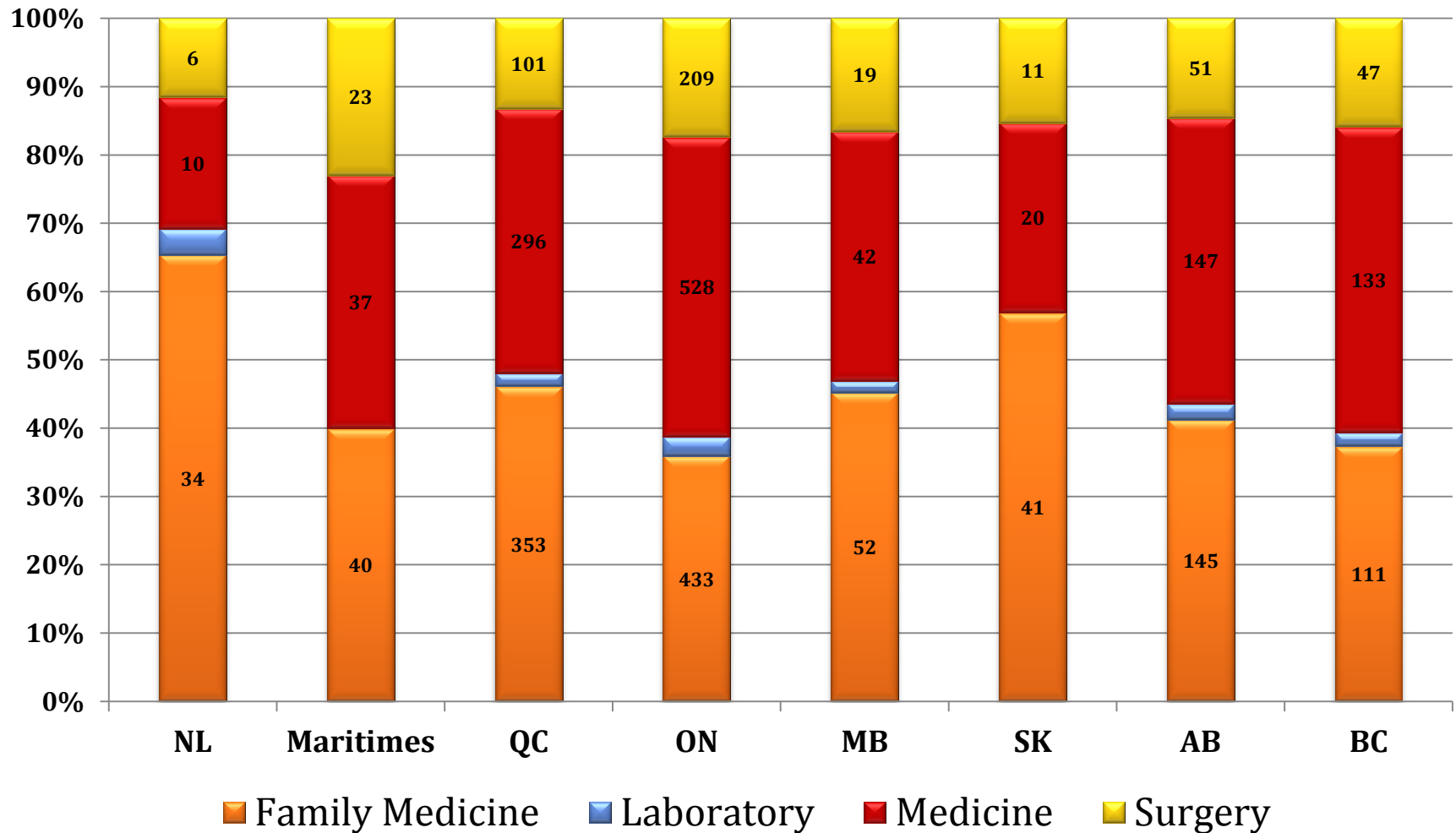
Number of PGY1 Medical Trainees 2002/03 – 2012/13



Entering and Exiting Trainees, Canada, 2003/04 and 2013/14



Exiting Trainees by Jurisdiction, Canada, 2013



Theme 2: Discussion

Please share your thoughts...



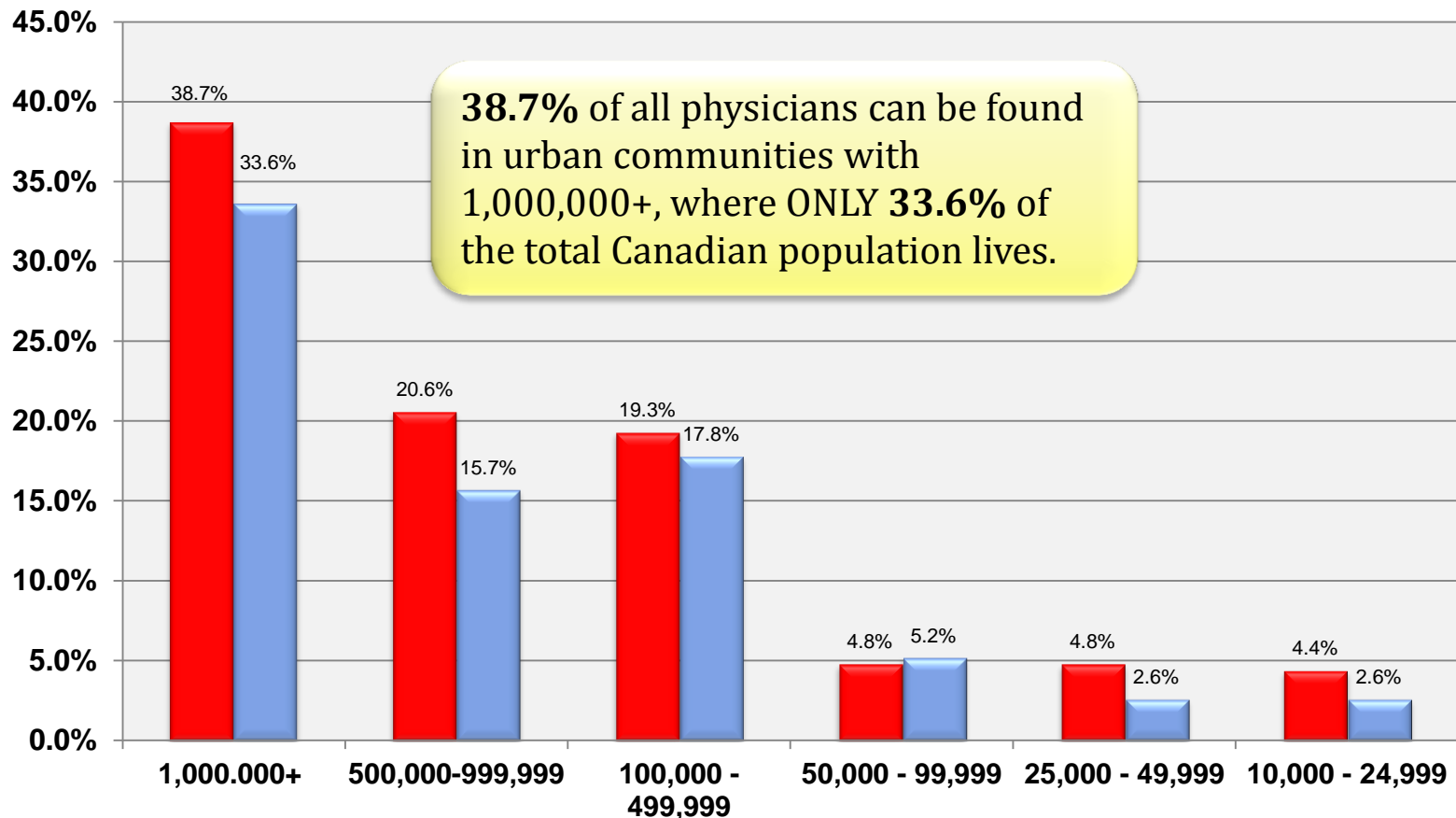
- Does Canada have the right number of physicians?
- Do we have the right mix of physicians to meet societal needs?
- If not, what needs to change?



Discussion Theme 3

PHYSICIANS WHERE THEY'RE NEEDED

Physician Distribution & Population in Urban Canada

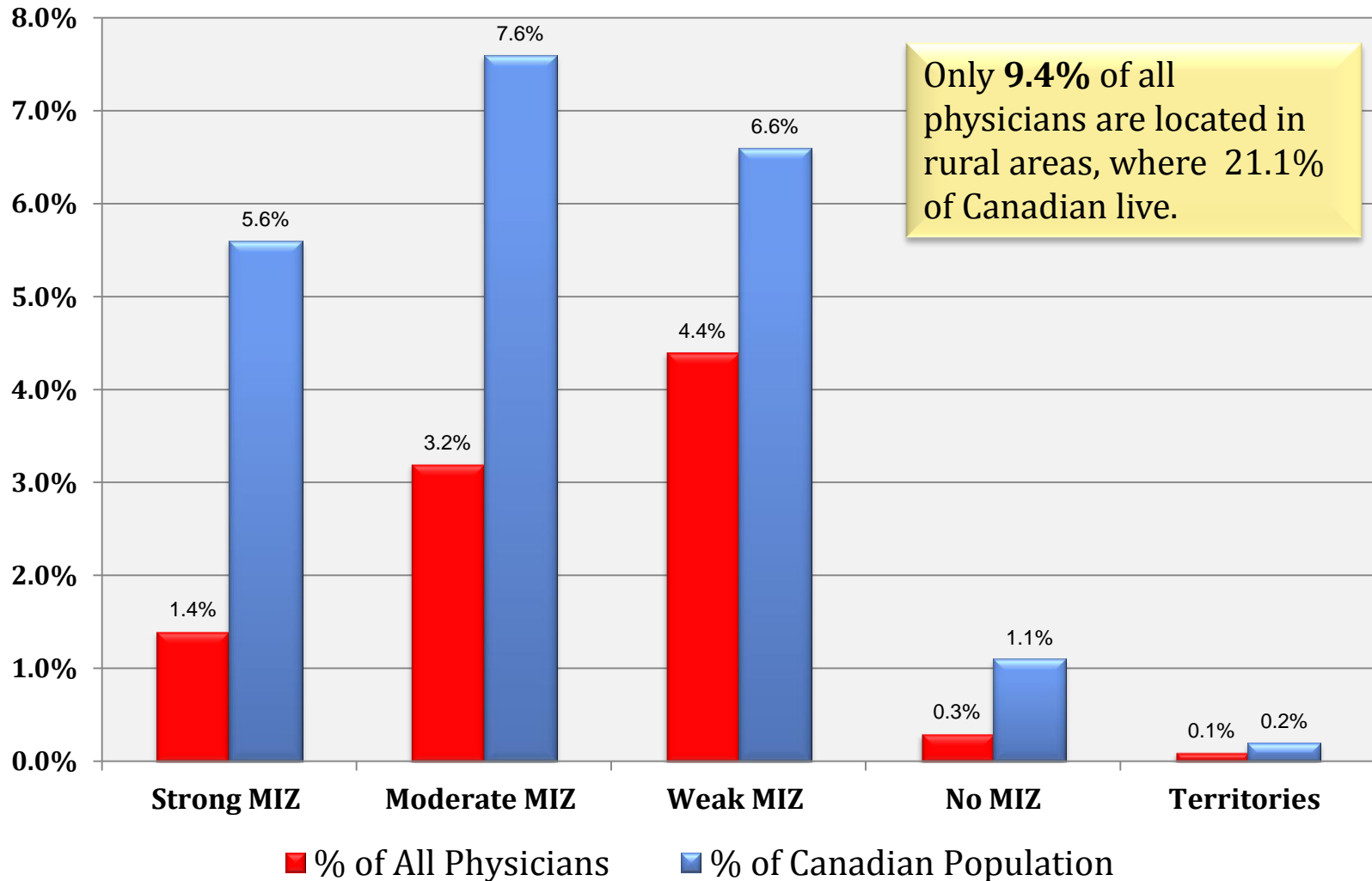


Census Metropolitan Areas

■ % of All Physicians

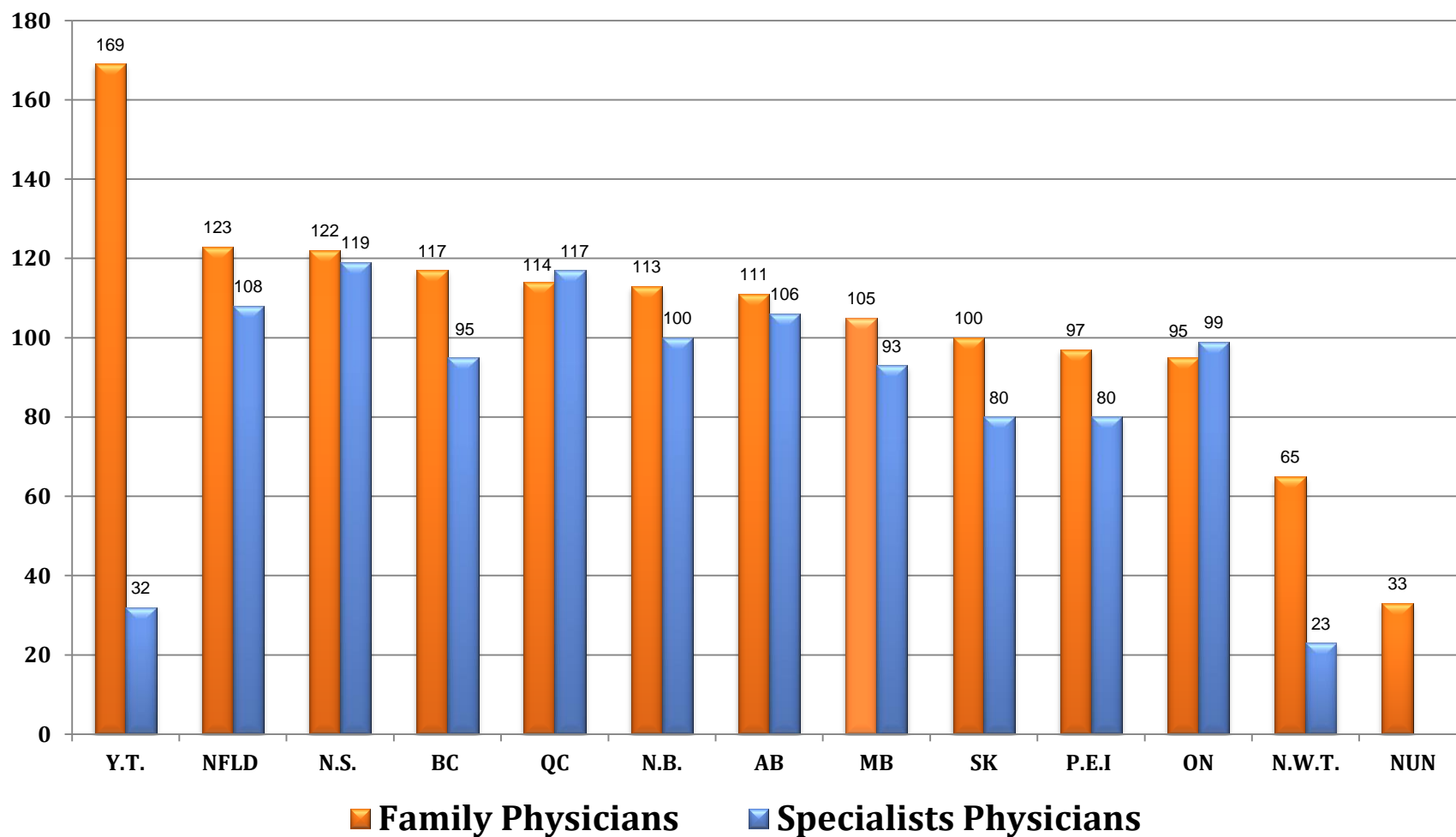
■ % of Canadian Population

Physician Distribution & Population in Rural Canada

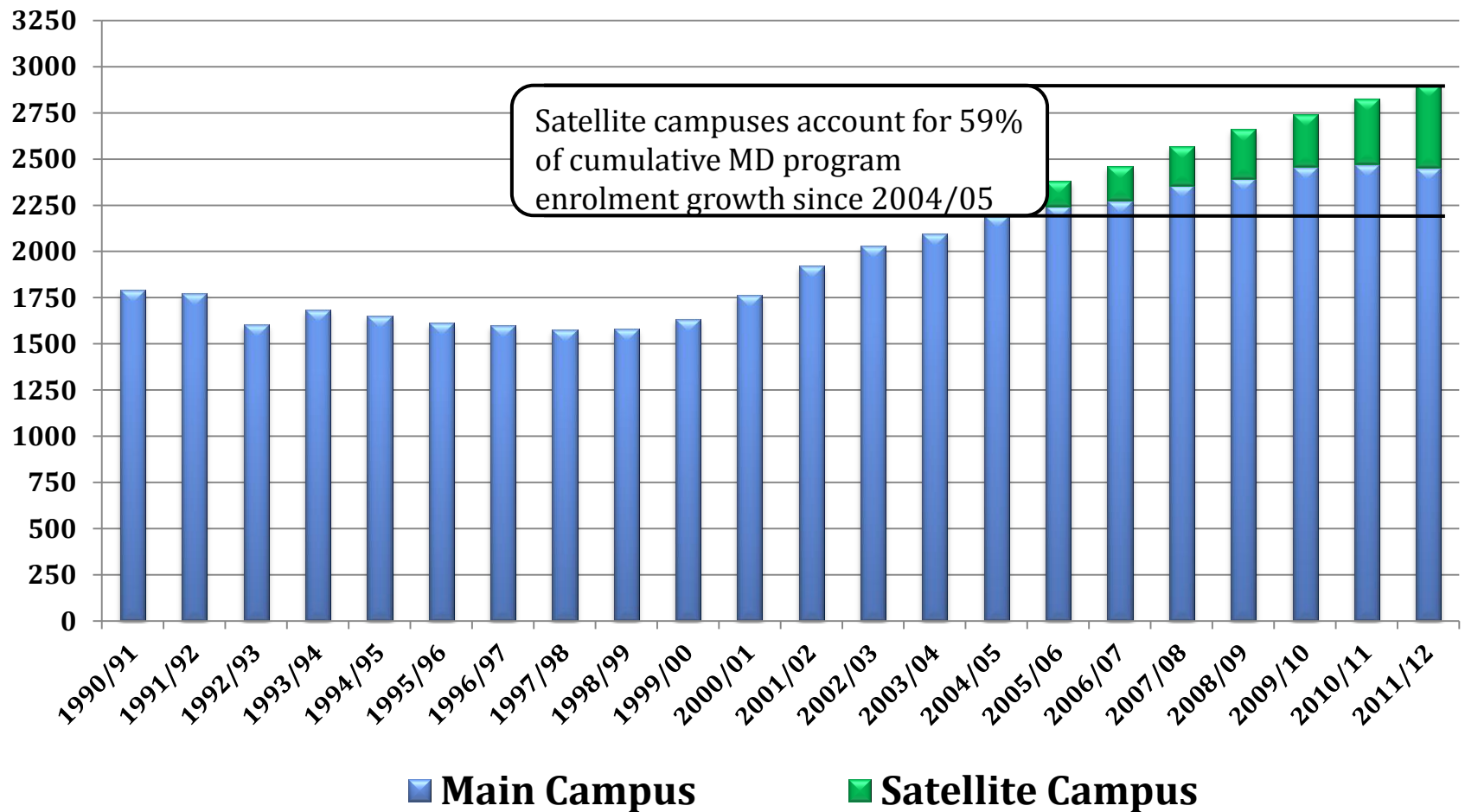


Physicians Rate per 100,000 Population

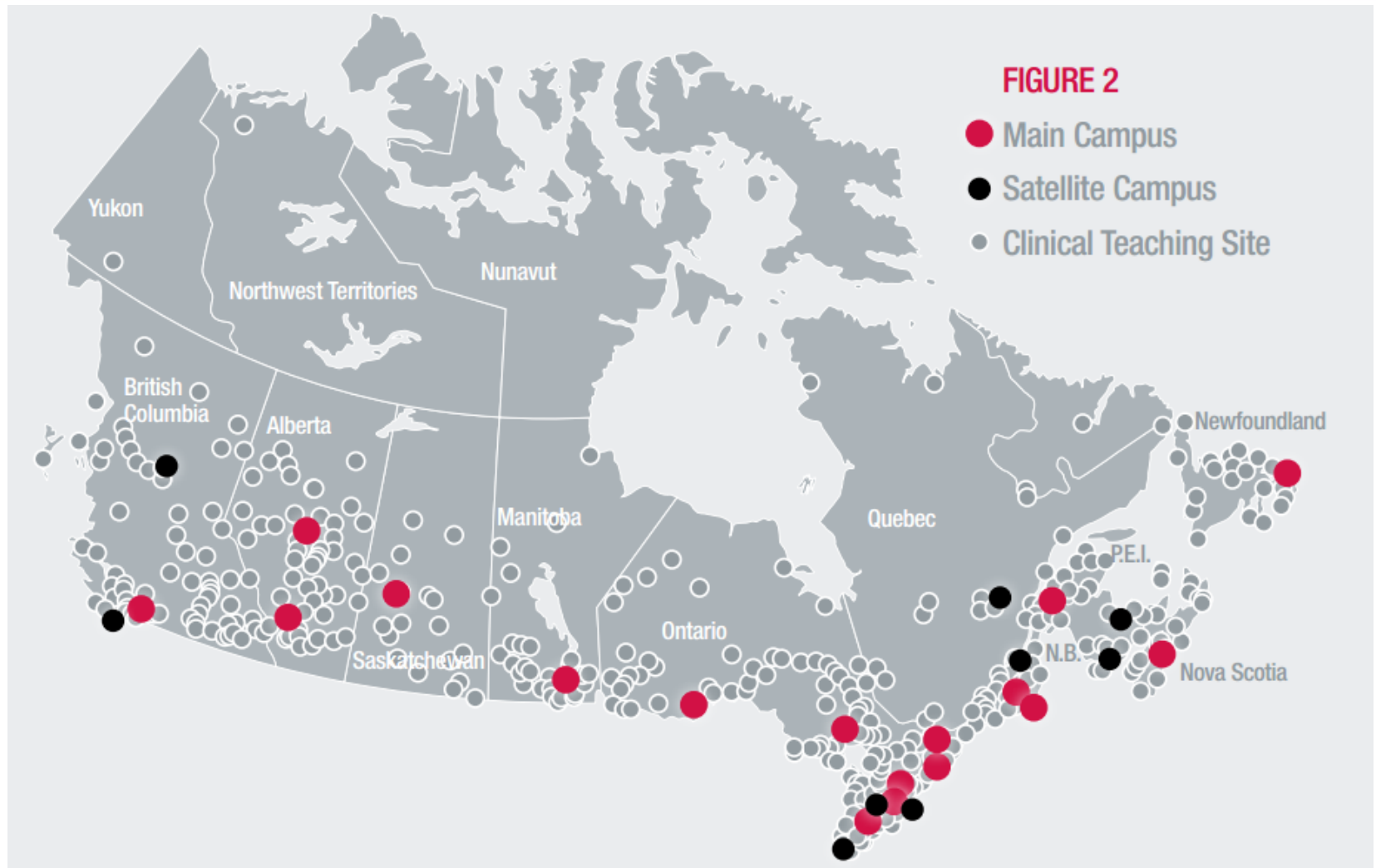
Per 100,000 population



New Medical Students by Location, 1990/91 to 2011/12

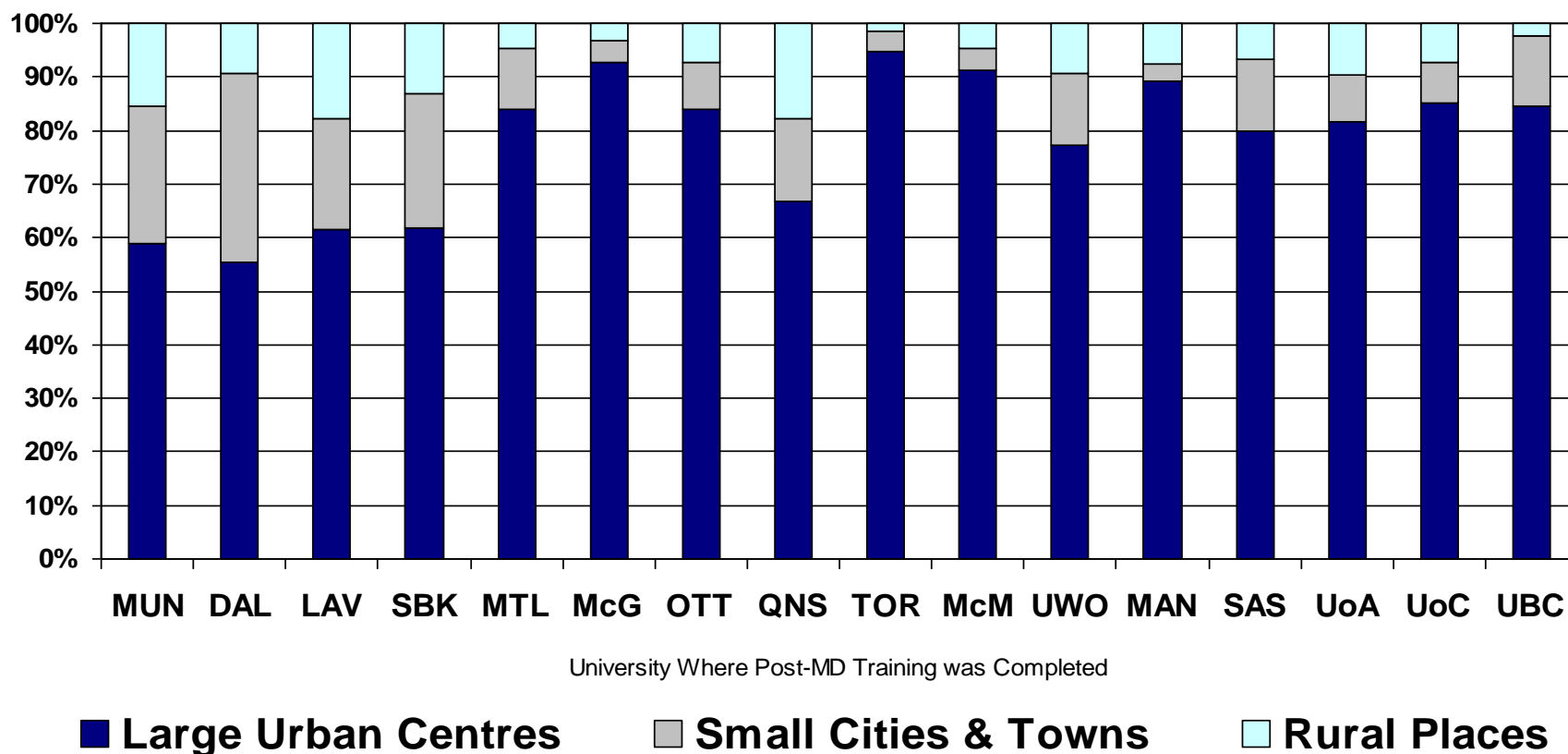


Distributed Medical Education



Urban-Rural Practice After PGME

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



Theme 3: Discussion

Please share your thoughts...



- Can/Should we achieve a closer fit between population and physician distributions?
- What are faculties of medicine doing to achieve a closer fit?
- How will distributed medical education effect physician distribution?