Postgraduate Medical Education Trends in the Context of Health Care Priorities

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Association of Faculties of Medicine of Canada
PGME and Health Priorities

Main Points:

1. PGME trends link to many of Canada’s health care priorities

2. There are multiple ways of looking at PGME data in relation to health priorities. For example:
   1. Within specific health areas
   2. Across jurisdictions
   3. Over time

3. A number of avenues for looking at PGME trends in relation to health care priorities are suggested
Data Source:

- Canadian Post-MD Education Registry (CAPER)
- Annual data from faculty of medicine PGME offices
- Longitudinal records for all PGME trainees in Canada, since 1989
- Training and sociodemographic data. For example:
  - Field and faculty of training, rank level
  - Age, sex, legal status
“First Ministers commit to achieve meaningful reductions in wait times in priority areas such as cancer, heart, diagnostic imaging, joint replacements, and sight restoration”
PGME and Health Priorities

Cancer
- Radiation Oncology
- Medical Oncology (IM)
- Surgical Oncology (GS)
- Gynecological Oncology (Ob/Gyn)

Diagnostic Imaging
- Diagnostic Radiology
- Neuroradiology (DR)
- Ped Diag. Rad. (DR)
- Neurology

Heart
- Cardiology (IM & Peds)
- Cardiac Surgery

Joint Replacement
- Orthopedic Surgery

Sight Restoration
- Ophthalmology
Number of PGME Trainees Enrolled in Selected Health Priority Areas, Canada, 2005-06 to 2006-07

Source: CAPER, 2010. Note: Includes P/T Ministry-funded trainees only.
Indexed Change in PGME Enrolment in Selected Health Priority Areas, Canada, 2005-06 to 2006-07

Source: CAPER, 2010. Note: Includes P/T Ministry-funded trainees only.

- Diagnostic Imaging
- Cancer Care
- Heart
- Sight Restoration
- Joint Replacements
Indexed Change in Top 5 PGME Enrolment Growth Fields (+ Orthopedic Surg.),
Canada, 2005-06 to 2006-07

- Community Medicine
- Dermatology
- Plastic Surgery
- Emergency Medicine (RCPSC)
- Neurology
- Orthopedic Surgery

Source: CAPER, 2010. Note: Includes P/T Ministry-funded trainees only.
Indexed Change in **Bottom 5** PGME Enrolment Growth Fields (+ Orthopedic Surg.),
Canada, 2005-06 to 2006-07

Source: CAPER, 2010.  Note: Includes P/T Ministry-funded trainees only.
PGME and Health Priorities

Number of R1 PGME Trainees in Selected Fields, Canada, 2005-06 and 2009-10

<table>
<thead>
<tr>
<th>Field</th>
<th>2005-06</th>
<th>2009-10</th>
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<tbody>
<tr>
<td>Neurology</td>
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<td>55</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
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<td>90</td>
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<tr>
<td>Diagnostic Radiology</td>
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<td>84</td>
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<tr>
<td>Radiation Oncology</td>
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<td>26</td>
</tr>
</tbody>
</table>

Source: CAPER, 2010. Note: Includes P/T Ministry-funded trainees only.
PGME and Health Priorities
PGME and Health Priorities

Desperately Seeking Doctors: Doc Zone - CBC-TV - Windows Internet Explorer

Toronto 20°C Sunny; Tomorrow 23°C Chance of showers

IS YOUR DOCTOR TAKING PATIENTS?

Across the country, this question is being asked with increasing urgency: today five million Canadians don’t have a family doctor. And the number is growing.

Studies show that countries that have good primary healthcare have healthier populations - fewer hospitalizations, lower medical costs and fewer premature deaths. In Canada, primary health care usually means a family doctor.
Number of PGY1 Trainees in Family Medicine, by Province, Canada, 1999-00 and 2009-10

<table>
<thead>
<tr>
<th>Province</th>
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<th>2009-10</th>
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<tbody>
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<tr>
<td>QC</td>
<td>189/310</td>
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<td>22/39</td>
<td>68/119</td>
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<tr>
<td>MB</td>
<td>16/28</td>
<td>47/101</td>
</tr>
<tr>
<td>SK</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>AB</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>BC</td>
<td>47/115%</td>
<td>101/115%</td>
</tr>
</tbody>
</table>

Want medical degree, will travel
By Josh Dehaas | September 20th, 2010 | 10:15 am

Getting into med school abroad may be easier, but it's tough to come back

Annie Dmytryszyn did everything right. She volunteered to counsel patients at Vancouver General Hospital on Thursday nights. She spent three days a week assisting a quadriplegic teenager. On weekends, she attended intensive all-day MCAT prep and on weeknights she squeezed in two extra hours of studying to prepare for the exam. She did it all while maintaining an A average in her chemistry-heavy human kinetics program at UBC. "Then I got one letter and my dreams were crushed," says Dmytryszyn, now 30.

Erik Vakil, 28, was so determined to get in that after being rejected from a dozen programs in 2006, he marched straight back to Dalhousie and retook every class in which he didn't have an A. The following January, he was rejected again. "It was only after the second rejection that I realized I wasn't going to get in," says Vakil. A friend suggested he try Ireland. He stayed up late that same night to finish his application. Weeks later, he was called for an interview with the Royal College of Surgeons in Ireland (RCSI).

Considering only one in five of the nearly 11,000 students who apply to medical schools across Canada each year are admitted, Dmytryszyn and Vakil are not alone. Some apply again. Most move on to other careers. But for students who see medicine as a calling, who can't imagine doing anything else, there are other options. Six years after she got that fateful letter, Dmytryszyn is preparing to take over as chief resident of pediatrics at B.C. Children's Hospital in her hometown, Vancouver. In August, she married her long-time partner, Byron Hytenrauch, and the couple are planning a honeymoon in Tahiti. Meanwhile, Vakil is entering his fourth year of med school in Ireland with contacts at the Cleveland Clinic and the Mayo Clinic already in his address book.
Proportion of PGME Trainees that are CMGs and IMGs, by Province, Canada, 2009-10

Main Points:

1. PGME trends link to many of Canada’s health care priorities
   - but not all priorities link to PGME!

2. There are multiple ways of looking at PGME data in relation to health priorities
   - be prepared for incomplete answers, equivocal results and the need to try again

3. A number of avenues for looking at PGME trends in relation to health care priorities are suggested
   - please contact CAPER if you’d like to explore these, or other, approaches

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