achieving a diverse physician workforce is not just the laudable goal of an egalitarian society – communities and patient’s may seek care from physicians who share their ethno-cultural background where care may be lacking. Ethnic origin may predispose physicians to practice in underserved geography, language, and socioeconomic factors create barriers to care for segments of the population. A universal and publicly-administered health care system, access to care is not equal for all.

**The Growing Cohort of Medical Students in Canada:**

**Context**

Several factors can influence access to health care. In 2010, 8% of the population had a registered medical doctor and 9% consulted with a medical doctor. While Canada boasts a universal and publicly-administered health care system, access to care is unequal for all.

Furthermore, Canada faces the global challenge of achieving the right number and distribution of physicians to meet societal health needs.

Geographical, linguistic, and economic factors create barriers to care for segments of the population. Numerous studies have found that physicians reflect the characteristics of their patient populations. Such disparities may result from factors such as patient’s choice of physician, patient’s educational and employment status, and cultural background. At the same time, physician shortages are widespread in Canada, with one in five primary care positions left unfilled.

**Purpose of Study**

Canada is at a crossroads in approaching medical school enrollment growth. The undercurrent need to focus on choices made by medical schools and medical students align with population demographics and health care needs. A variety of initiatives are available to evaluate performance and guide future planning. The study contends medical education is relatively new and population demographics are not yet available to evaluate performance and guide future planning. The study contends medical education is relatively new and population demographics are not yet available to evaluate performance and guide future planning.

**Implications and Policy Relevance**

Recent growth in medical school enrollment has contributed to a 9% increase in Canadian medical school entrants. This growth is primarily driven by the growing diversity and the desire to align medical school education with the health care needs of the population.

**Key Findings**

- **Figure 1**: First Year Medical Students, Canada, 1968/69 – 2010/11
- **Figure 2**: First Year Post-M.D. Trainees, Canada, 1968/69 – 2010/11
- **Figure 3**: Visible Minority Groups Among Medical Students and the General Population, Canada
- **Figure 4**: Annual Income Distribution of Canadian Families and the Families of Canadian Medical Students
- **Figure 5**: Distribution of population across geographic settings, Population of Canada, 2006
- **Figure 6**: Environment where medical students grew up prior to university, Canada, 2010
- **Figure 7**: Distribution of first year post-M.D. trainees across broad specialities, Canada, 1996/97 – 2010/11
- **Figure 8**: Distribution of Family Medicine Trainees and Canadian Population Across Jurisdictions, Canada, 2010
- **Figure 9**: Population Age Distribution, Canada, 2031 and 2066 (projected)
- **Figure 10**: First Year Enrollment in Family Medicine (FM) and Internal Medicine (IM), and Total Enrollment in Care of the Elderly and Geriatrics (ME), Canada, 2001 – 2010

**Data Sources and Study Design**

The study is based on data collected by Statistics Canada and the Association of Faculties of Medicine of Canada (AFMC) and the Canadian Post-M.D. Education Registry (CAPER) as well as data from the College of Family Physicians of Canada and the Canadian Post-M.D. Education Registry (CAPER).

Results are presented in the Table 1 (below), which shows the number of medical students in Canada in 2010. Additionally, data from the National Health Expenditure Trends study by Statistics Canada and the College of Family Physicians of Canada are used to support the analysis.

**Footnotes**

2. Rabinowitz HK, Diamond JJ, Markham FW, Paynter NP. Critical factors for designing programs to encourage the training and retention of family physicians.