Assuring Adequate Specialists, Generalists and a Health Workforce Where it’s Needed – A Canadian Perspective

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Vision: To set new standards of excellence in the delivery of health services in the Province of British Columbia.
Outline

- Challenges in establishing the mix of generalists and specialists
- Expanding the physician supply and addressing the distribution challenge
- Expanding the supply of family physicians in Canada
- Models of care, remuneration, and education
What is a Generalist Anyway?

Health Canada funded collaborative project to gain consensus on definitions

A generalist is a physician with core abilities, defined by a broad scope of practice, managing problems that are diverse, undifferentiated and often complex with an essential role in coordinating care and advocacy.
What is a Generalist Anyway?

Generalism refers to a philosophy of care, distinguished by a commitment to the breadth of practice within each discipline and collaboration with the larger health care team in order to respond to patient and community needs.

Ensuring access to generalist care is thus a combination of numbers and philosophy of education and care.
Implications of Focus on Generalism

Not every family doctor is a generalist. Neither is every general psychiatrist

Need to focus on specific attention to generalism in the philosophy of training and in the site where it occurs

Need to better define generalism as it pertains to specialty medicine, and as is needed for the broad needs of Canadians in a diversity of practice locations
General Internal Medicine

- recently recognized as a subspecialty
- “GIM is a subspecialty of Internal Medicine which embraces the values of generalism, is aligned with population needs, and promote’s the practitioner’s ability to adapt their practice profile when population needs change...General Internists provide comprehensive care of the adult patient in an integrated fashion as opposed to an organ-centred or disease-centred approach”

Objectives of Training, RCPSC
Generalism in Specialty Medicine

General Surgery

- Task Force on the Future of General Surgery
- Examining the optimal configuration of General Surgery training in Canada given the evolving Canadian health care landscape looking in particular at urban and rural scopes of practice, impacts of resident duty hour restrictions, demographic changes, technological advances, and growing subspecialization.
Expansion of Family Medicine

From 1992 to 2003, the percentage of medical students selecting family medicine as a first choice career option fell from 44% to 25%. This has recovered since then to 35% in 2012.

Between 2007, the percentage of first year residents in family medicine has risen from 37% to 43%, with unfilled positions falling from 11.4% to less than 3%.
Expansion of Family Medicine

Combination of strategies, including partnership with government and medical schools in residency planning, incentives for family medicine practice, novel models of practice, expanded exposure to family medicine, and efforts to better understand the drivers of medical student career choice.
Expansion and Distribution

Undergraduate class sizes increased by 60% since 2000

New medical school in Northern Ontario, the Northern Ontario School of Medicine with an explicit focus on rural and northern health

11 new regional campuses, 4 of them in northern, underserved areas of the country

Graduates more likely to select careers in family medicine

Impact of expansion on distribution very specialty specific
Models of Care

Need to better define those areas of care that require a hub and spoke model based on evidence supporting better outcomes for specialized programs that are more distant from the patient, versus distributed specialized programs that provide care as close to home as possible.

Collaborative care models in mental health care involving family medicine and psychiatry need to be expanded into other areas of medicine.
Responding to Increased Demands for Specialization

Areas of Focused Competence

- New form of program within the Royal College as an alternative to full sub specialty status
- Process involves stakeholder consultation but still largely provider driven
- Require a design that supports practice eligibility and competency assessment

Barriers

- Rigid funding system
- Failure so far to develop distance based, part time, in practice models for development of new sub-specialty skills
Current Planning Processes

Future of Medical Education in Canada Project (FMEC)

- ensure the right mix, distribution and number of physicians
- cultivate social accountability through experience in diverse learning and work environments

Canadian Health Human Resources Network
Incentives

Novel models of payment for family physicians in many places with exploration of alternate payment plans, payment strategies to support chronic disease management, and enhance recruitment into family medicine

Rural and isolated incentives