Topics to be covered

• Pan-Canadian Physician Resource Planning Tool
• Trends in CAPER data
• Trends in employment data
What is the Pan-Canadian Physician Resource Planning Tool?

• Arose from FMEC-PG recommendation to “produce the right mix, distribution and number of physicians to meet societal needs”

• CDM directed CHW to work with AFMC to examine ways to advance this recommendation.

• Formed Physician Resource Planning Task Force (PRPTF) co-chaired by Ontario and AFMC

• Multi-stakeholder membership (govts, faculties of medicine, national medical organizations)

• One key objective - develop pan-Canadian physician resource planning tool
What is PRPAC?

Physician Resource Planning Advisory Committee (formally known as PRPTF)

• Reports to the F/P/T Committee on Health Workforce (CHW)
• Multi-stakeholder membership as before.
• Co-chaired by Ontario and AFMC.
• A Technical Steering Committee reports to PRPAC and is co-chaired by Ont & CAPER.
• **Conference Board of Canada** was successful vendor for both Phase 1 and 2.

• **Phase 1** - develop physician supply tool to provide jurisdictions & medical educators with future supply projections to 2035 by specialty.

• The supply model is complete but remains in test phase; not yet shared with deputies & deans. Tracks flow of MDs from medical school to retirement by prov/terr, specialty, gender, age.

• Users can build scenarios of increase/decrease undergrad, mix in postgrad, attrition rates, etc.
Activity Status (cont’d)

• **Phase 2** - develop physician focused population health needs based model.

• Methodology will take into account physician utilization patterns, disease prevalence, and population demographics with ability to modify future rates.

• In addition to projected supply, this phase will project the number of physicians needed for future population health needs.

• Complete model (phase 1 & 2) will be finished by spring 2018.
What is CAPER?

CAPER: Canadian Post-MD Education Registry

- Mission: *To be the definitive source of national longitudinal information and analysis on trainees within the Canadian postgraduate medical education system.*
- Established in 1986
- Funded by national medical organizations, prov/terr and federal governments
- Directed by CAPER Committee with input from CAPER Advisory Group
- Housed at AFMC & staffed by AFMC employees
CAPER Products and Services

• Annual Census of postgraduate trainees
  • Specialty, legal status, age, gender, MD school
  • Longitudinal analyses
  • Tracking into practice
• Provincial/specialty specific reports
• Fact sheets
• Custom requests (50-100 per year)
Longitudinal analyses possible with CAPER

Medical Students → First year postgrad → Postgrad exits → Practice location 2 yrs later

- Traditionally track 2, 5, 10, 15, 20 years out.
- In future, will track all years.
Exiting Post-MD **Surgical** trainees by gender (excludes visa trainees)
Proportion of all residents (ministry funded) by broad specialty, selected years.
Percentage change from previous year in number of ministry funded postgraduate trainees
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, as well as the Territories

2011 Family Medicine postgrad exits five years later by school and location type

Source: CAPER and CMA Masterfile
IMGs trainees by country of MD degree, 2015 (excluding visa trainees)
Practice locations of 2011 **General Surgery** exit cohort, 5 years later

- FSA, i.e. first 3 digits of postal code. May contain more than one physician from the exit cohort.

N=57 MDs
Practice locations of 2011 Rheumatology exit cohort, 5 years later

FSA, i.e. first 3 digits of postal code. May contain more than one physician from the exit cohort.

N=20 MDs
Practice locations of 2011 Psychiatry exit cohort, 5 years later

FSA, i.e. first 3 digits of postal code. May contain more than one physician from the exit cohort.

N=140 MDs
Practice locations of 2011 Gastrology exit cohort, 5 years later

FSA, i.e. first 3 digits of postal code. May contain more than one physician from the exit cohort.

N=26 MDs
Physician opportunities in Canada (excluding locums and part time)

<table>
<thead>
<tr>
<th>Selected specialty</th>
<th>Posted opportunities, Nov 2016</th>
<th>2015 postgrad exits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>1543</td>
<td>1334</td>
</tr>
<tr>
<td>Cardiology</td>
<td>33</td>
<td>66</td>
</tr>
<tr>
<td>Dermatology</td>
<td>63</td>
<td>29</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>47</td>
<td>116</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>69</td>
<td>50</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>59</td>
<td>14</td>
</tr>
<tr>
<td>Paediatrics (incl subspec)</td>
<td>83</td>
<td>206</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>152</td>
<td>147</td>
</tr>
<tr>
<td>General Surgery</td>
<td>22</td>
<td>93</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>32</td>
<td>102</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>7</td>
<td>95</td>
</tr>
</tbody>
</table>

Total Canadian opportunities = 2734
Total 2015 postgrad exits = 3201
Trends in number of fellows in postgraduate training (excluding visa trainees)

<table>
<thead>
<tr>
<th>Year</th>
<th>Fellows (excl visa)</th>
<th>All Residents (excl visa)</th>
<th>% Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>559</td>
<td>11,081</td>
<td>5.0%</td>
</tr>
<tr>
<td>2010</td>
<td>625</td>
<td>11,821</td>
<td>5.3%</td>
</tr>
<tr>
<td>2011</td>
<td>683</td>
<td>12,467</td>
<td>5.5%</td>
</tr>
<tr>
<td>2012</td>
<td>787</td>
<td>12,951</td>
<td>6.1%</td>
</tr>
<tr>
<td>2013</td>
<td>848</td>
<td>13,379</td>
<td>6.4%</td>
</tr>
<tr>
<td>2014</td>
<td>882</td>
<td>13,685</td>
<td>6.5%</td>
</tr>
<tr>
<td>2015</td>
<td>991</td>
<td>13,999</td>
<td>7.1%</td>
</tr>
</tbody>
</table>
Thank you!

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