

Canadian Federation of Medical Students

Responses

1. Economic Recovery and Growth

Given the current climate of federal and global fiscal restraint, what specific federal measures do you feel are needed for a sustained economic recovery and enhanced economic growth in Canada?

Given the current climate of federal and global fiscal restraint, the federal Government of Canada could make significant strides towards sustained economic recovery and enhanced economic growth in Canada by addressing components of health human resources (HHR). Although we have achieved a superior level of the quality of health care in Canada, there are still many flaws and inefficiencies inherent in our current system that could provide paramount economic recovery and growth if remedied. The Canadian Federation of Medical Students (CFMS) wants to work with the Government of Canada to further enhance economic recovery and growth in our country. Within the current fiscal restraints, there are many adjustments to the structure of the current system that would render it more efficient and in turn, facilitate sustained economic recovery. Moreover, if Canadians are healthier, despite geographic location, the burden on other government programs is significantly reduced and the productivity in all labour markets is improved.

2. Job Creation

As Canadian companies face pressures resulting from such factors as uncertainty about the U.S. economic recovery, a sovereign debt crisis in Europe, and competition from a number of developed and developing countries, what specific federal actions do you believe should be taken to promote job creation in Canada, including that which occurs as a result of enhanced internal and international trade?

The CFMS understands that there are many economic uncertainties that are affecting the labour market in Canada. One area that we have addressed before the House of Commons Standing Committee on Human Resources, Skills Development, Social Development and the Status of Persons with Disabilities is health human resources. Studies on physician supply and demand indicate that a true physician oversupply is projected in the next couple of years, at least in certain specialties. In 2010, the Canadian physician workforce increased by 2.3% versus a 1.1% population increase. This translates into a net surplus of approximately 1,600 physicians. Since it takes 5-10 years to train a doctor, we need to ensure that we take measures now to prevent over-supply. And this can be easily addressed. We need to create a pan-Canadian oversight mechanism that anticipates population needs and matches the number of physician training spots accordingly. This mechanism would ensure that we do not train more medical students than we can employ in 5-10 years. There is also a need to effectively attract doctors to rural and remote regions. In conclusion, CFMS wants to avoid a physician shortage, but also wants to ensure that physicians will have work when they graduate. We don't need to train more physicians than we currently are; we just need to distribute them more efficiently. Problems in physician maldistribution – both geographic and by specialty – can be addressed by a pan-Canadian physician selection strategy.

3. Demographic Change

What specific federal measures do you think should be implemented to help the country address the consequences of, and challenges associated with, the aging of the Canadian population and of skills shortages?

There are many challenges associated with the aging of the Canadian population and of skills shortages. One challenge that the CFMS experiences firsthand is the poor socioeconomic conditions our aging population faces, and the detrimental impact this has on their health. This problem appears to be exacerbated in rural and remote parts of Canada. In Budget 2011, the Government of Canada announced a program to improve access to primary health care in rural and remote regions as the Government believes that all Canadians - regardless of location – deserve adequate, quality care. In turn, the CFMS hopes to work with the Canadian Government to further strengthen health care in underserved areas across the country. As of 2012-2013, the Government of Canada will forgive a fraction of the federal portion of the Canada Student Loans (CSL) for new family physicians who practice in a rural or remote community. This program will provide financial relief for recent medical graduates while boosting primary care in underserved areas. However, medical residents are still required to make payments on both the principal of the undergraduate loan and interest accrued during postgraduate residency training. Many primary care physicians pay off a large portion of their federal loan prior to completing their postgraduate medical education, or residency; these physicians would not benefit from the new CSL relief program. Consequently, the incentive to practice in a rural or remote community is considerably diminished. This year, as policy-makers consider health care transformation options, the CFMS is focusing on measures that could more effectively attract doctors to rural and remote regions. Whereas economic and structural barriers hamper efforts to attract primary health care professions to underserved areas, the CFMS proposes that the federal government should defer repayment of the principal of, and interest on, the federal portion of Canada Student Loan Program (CSLP) loans until the end of students' residency training.

4. Productivity

With labour market challenges arising in part as a result of the aging of Canada's population and an ongoing focus on the actions needed for competitiveness, what specific federal initiatives are needed in order to increase productivity in Canada?

Competitiveness, efficiency, and strategic planning are key elements of the Government of Canada's ongoing focus to address labour market challenges. In health human resources, there is a pressing inefficiency as many highly trained and skilled medical doctors are unable to find work in their field of medicine. Essentially, we are reaching a point where there will soon be enough doctors being trained in Canada, but these doctors will not be aligned with the medical specialties in demand. Training spots in our 60 plus medical specialties simply do not match the population needs of Canadians. Currently, we are doing a poor job of gauging current and future needs for health human resources with respect to specialty and geographic location. For example, many specialists in cardiac surgery, radiation oncology, otolaryngology and plastic surgery currently have difficulties finding jobs. Because these specialists are highly trained in their particular field, they cannot switch to another specialty, and many leave the country to find work. This issue is pan-Canadian. When medical students apply to medical residency spots, they apply through the Canadian Residency Matching Service (CaRMS) portal, which is a national portal redistributing medical resident across the country, not necessarily within their home province. This weakens our competitiveness to retain and attract doctors to Canada. It also diminishes the productivity of our trained doctors, an in turn impacts the health of all Canadians. As of now, there is no national oversight on HHR data tracking. The recent Future of Medical Education in Canada Postgraduate Project (FMEC PG), funded by Health Canada, has called for HHR planning on a national

level with government involvement. We already have statistics on our population, on disease prevalence and on what medical implications this will have. All we need now is some form of pan-Canadian physician selection strategy. A pan-Canadian system to collate demographic and doctor training data would allow us to make medium- and long-term projections to identify which specialties will be in need, in which parts of the country. This will significantly and effectively increase productivity of our health care system for the well-being and productivity of all Canadians.

5. Other Challenges

With some Canadian individuals, businesses and communities facing particular challenges at this time, in your view, who is facing the most challenges, what are the challenges that are being faced and what specific federal actions are needed to address these challenges?

Many Canadians are facing challenges at this time and we applaud the Government of Canada for addressing these challenges. As future physicians, the CFMS sees firsthand how Canadians in underserved rural and remote areas are significantly disadvantaged relative to other groups. This year, as policy-makers consider health care transformation options, the CFMS is focusing on measures to distribute doctors efficiently and to more effectively attract doctors to rural and remote regions. Whereas economic and structural barriers hamper efforts to attract primary health care professions to underserved areas, the CFMS proposes two courses of action: (a) The federal government should adjust the Canada Student Loan program by deferring repayment of the principal of, and interest on, the federal portion of Canada Student Loan Program (CSLP) loans during residency training; and, (b) The federal government should support a pan-Canadian physician selection strategy. In short, we don't need to train a higher number of doctors at this current time; we just need ensure they are distributed more efficiently. This would significantly improve problems in physician maldistribution – both geographic and by specialty. Adjustments to the Canada Student Loan program can also better ensure medical residents have an incentive to relocate to rural and remote communities to meet the needs of all Canadians.