



THE ASSOCIATION OF FACULTIES
OF MEDICINE OF CANADA

L'ASSOCIATION DES FACULTÉS
DE MÉDECINE DU CANADA

**Supporting a healthier physician
workforce, training Indigenous health
professionals and investing in world-class
research environments.**

Submission for the 2020 Pre-Budget Consultations

August 2, 2019

Recommendations

1. AFMC recommends that the Government of Canada fund the establishment of a pan-Canadian transfer program for medical resident trainees which will improve flexibility by allowing movement across jurisdictional boundaries (interprovincially) at an annual cost of \$22.5M which would cover 25 family medicine and 25 specialty positions.
2. AFMC recommends that the Government of Canada initiate a forum of education leads in Indigenous health to discuss the creation of a centralized pan-Canadian system to increase the number of Indigenous health professionals at a cost of \$5 million over 3 years.
3. AFMC strongly supports increasing funding to the Research Support Fund to ensure the viability of world-class research environments.

Executive Summary

The Association of Faculties of Medicine of Canada (AFMC) is the academic partnership of Canada's 17 Faculties of Medicine. An overarching goal of the AFMC is to ensure better health and healthcare of Canadians.

Healthy workforce for better patient care.

AFMC is asking the Government of Canada to support the creation of a pan-Canadian Resident Transfer System that will improve flexibility by enabling access to funding that can be moved across jurisdictional boundaries (inter-provincially). Residents who have family or personal issues that require a program change but are unable to transfer, have chosen the wrong specialty or are not appreciated in their training program are at high risk of burnout. They may also decide not to pursue clinical practice. A medical education system that includes a pan-Canadian Resident Transfer System, will lead to a healthier physician workforce and better patient care.

Increasing the number of Indigenous health professionals

AFMC seeks to improve the health and well-being of Indigenous people by training more Indigenous health professionals. AFMC is urging the Government of Canada to initiate a forum of education leads in Indigenous health to consult on the creation of a pan-Canadian system that will enable an increase the number of Indigenous health professionals.

Training today's scientists for tomorrow's cures

AFMC is asking the Government of Canada to recognize the full costs of research by increasing their support to the Research Support Fund and ensure the viability of world-class research facilities. The AFMC in-depth report on the economic impact of Canada's Faculties of Medicine and their health science partners¹ clearly indicate how the investment in research and innovation stimulates the Canadian economy, creates jobs and generates tax revenues that benefit all Canadians. The AFMC urges the Government of Canada to increase funding to cover the infrastructure costs of maintaining modern labs and equipment.

Support for a Pan-Canadian Resident Transfer Program

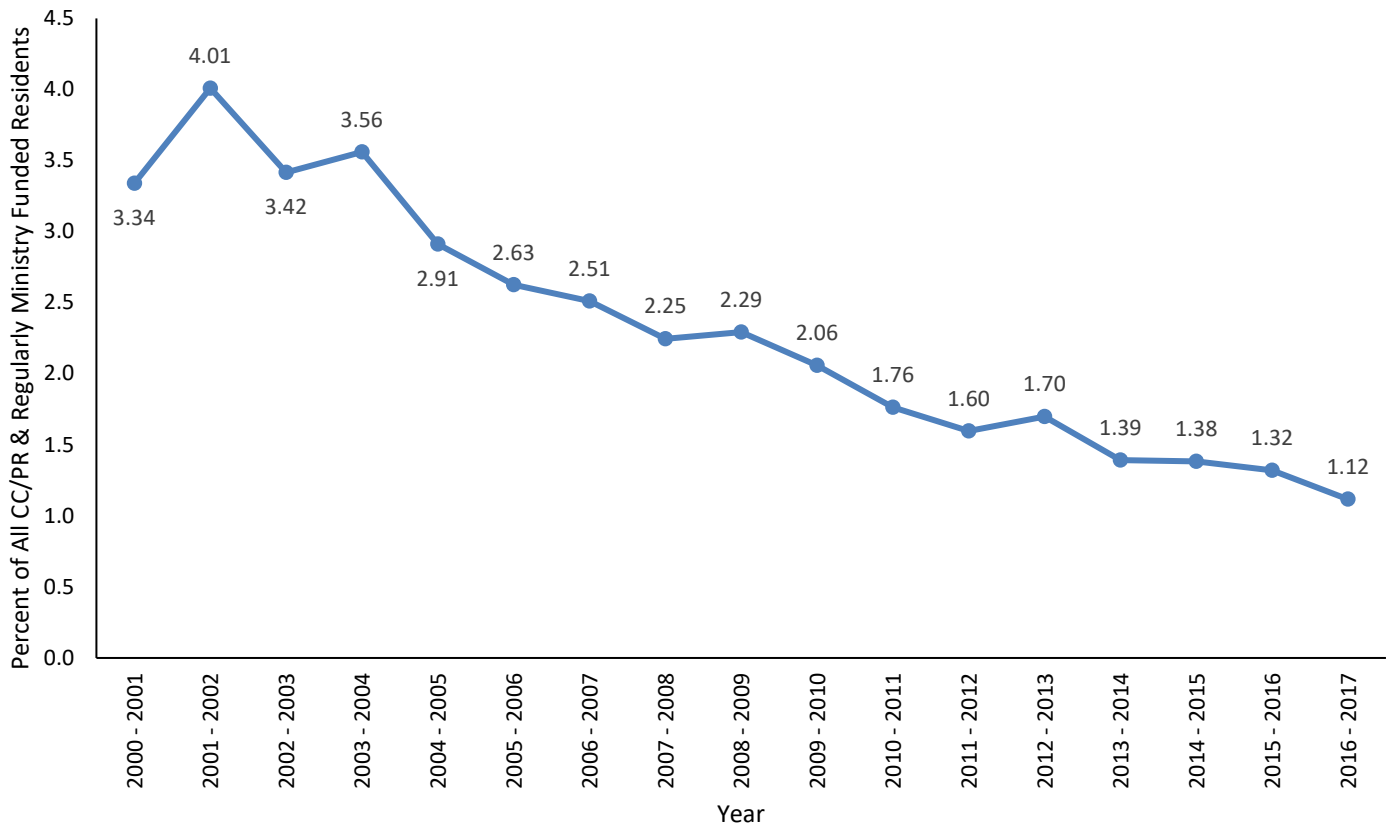
Each year there are medical residents (doctors in training) who seek to "transfer" from their current residency program to a program in another discipline and/or school, based on a desire to switch their career path or other personal/professional reasons. The most important barrier to transfers is the inability to have the funding allocated to a resident move with that resident during a transfer. This severely limits the opportunities for a resident to transfer between faculties within a province and inter-provincially.

A 2018 Resident Doctors of Canada survey highlighted the challenges many residents face in achieving and maintaining personal wellness. The majority of residents, 51.9%, experience definitive symptoms of burnout that range from physical and emotional exhaustion to feeling completely burned out and in

need of help. The survey revealed that over a third of residents have considered transferring to another training program.

Despite the significant desire for transfers, no more than 1-3% of residents transfer every year¹. Residents who have requested a transfer that has been approved by their home school, and for whom the receiving school has confirmed capacity and the desire to receive the resident are unable to do so because they have no capacity to transfer their funding to the receiving institution. This speaks to the significant barrier caused by the inability to transfer funds and the need for a funded program.

% of Successful Transfers between Residency Programs for Canadian Citizens/Permanent Residents (CC/PR) in Ministry Funded Residency Programs: 2000 to 2017



The proposed pan-Canadian Resident Transfer Program (RTP) would enable residents to receive the required funding for transferring from one residency program to another either intraprovincially or interprovincially. Residents who are approved by their home school and receiving school according to the currently established national guidelines would be eligible to apply to the RTP. A pan-Canadian Adjudication Committee would review the applications and determine the successful applicants. We propose that 50 positions be made available per year. The Association of Faculties of Medicine of Canada

¹ Canadian Post-M.D. Education Registry. (2017). *Trends in transfers within Canadian Postgraduate Training*. Retrieved from https://caper.ca/sites/default/files/pdf/presentations/2017_TrendsInTransfers_en.pdf

could be the secretariat for the RTP and support the residents, the application process, the creation and management of the Adjudication Committee and all notifications and communications.

VALUE PROPOSITION

- ✓ Creation of a dedicated pool of positions for transfers between residency programs provides trainees access to transfer opportunities across Canada and enables maintenance of wellness in our resident doctors.
- ✓ Establishing a system of transfer at a pan-Canadian level will improve flexibility by enabling access to funding that can be moved between schools (intra-provincially) and jurisdictional boundaries (inter-provincially).
- ✓ A pan-Canadian program that is centrally administered will ensure equity and transparency in the process.

Eliminating R1 Match as a resident transfer mechanism will alleviate pressure on the existing match system and contribute to the reduction of unmatched current year CMGs by at least 20.

Support for training Indigenous health professionals

AFMC is encouraging the Government of Canada to hold a forum of education leads on Indigenous health. This forum would allow leaders to share knowledge and experience as well as discuss the option of creating a centralized pan-Canadian system that would support and coordinate the recruitment of Indigenous health professionals. In 2003, a national secretariat, the Consortium national de formation en santé (CNFS), was created to address gaps in French-language access to health care services. The creation of a similar secretariat as the CNFS for Indigenous Health would support a pipeline for Indigenous health professionals. The cost for this secretariat and associated programs would be \$5 million over 3 years. This secretariat and associated program would assist with the recruitment of Indigenous students, provide recommendations on Indigenous health curriculum, curricula on competencies to provide culturally safe care, develop partnerships and engagement with Indigenous Communities for experiential learning and provide career counseling support for students.

In the past decade, progress has been made by the Faculties of Medicine to improve the number of Indigenous students enrolled in medical schools. In 2016, 2.7% of students enrolled in first year were Indigenous vs. a population of 4.3% (2011 census). This is an improvement of 1% compared to 2003ⁱⁱ. More work is clearly required across all health professions to increase the representation of Indigenous students.

Support for training future scientists

Research undertaken at academic medical centers throughout Canada is widely considered to be responsible for the preponderance of major advances in medical technology. This research is fundamental to the future health status of Canadian citizens. Research dollars spent by Canada's

faculties of medicine grow the economy and seek to improve health care outcomes for their citizens and the world.ⁱⁱⁱ

State of the art research facilities and equipment are critical components of the health research enterprise and enable teams of talented researchers to be globally competitive in the pursuit of science and technology. The AFMC supports investments in state-of-the-art infrastructure and core facilities. There currently exists funding gaps in covering the full costs of research. For example, the average funding rate for Canadian institutions is 20.5 percent. In comparison, the average indirect cost rate for the public universities that are members of the Association of American Universities (AAU) is 52.8 percent^{iv}. Funding for health research in Canada must factor the indirect costs of the research enterprise including facilities and equipment use and maintenance, utilities, insurance and administration costs such as legal, procurement, payroll, ethics and research administration.

Conclusion

AFMC would like to thank the Finance Committee for the privilege of providing a submission. Faculties of medicine in Canada represented by the AFMC are the leaders in health research and train tomorrow's doctors and scientists. A medical education system that can respond to the needs of medical residents will contribute to a healthier physician workforce which will lead to better care for Canadians. Universities are facing many challenges going forward in terms of funding, infrastructure, and training the next generation of scientists. Investments in health research is essential and must also include addressing the full costs of research and training environments. We would welcome the opportunity to provide further information and rationale for each recommendation and to present to the Committee in person.

References

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ⁱ (Umbach, 2014)

ⁱⁱ (Verma, 2017)

ⁱⁱⁱ (Umbach, 2014)

^{iv} (Ledford, 2014)