2018 OMSA LOBBY DAY

PHYSICIAN SERVICES PLANNING AND THE UNMATCHED MEDICAL GRADUATE

SUMMARY BACKGROUNDER

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OMSA
Ontario Medical Students Association

OPAC

AN INTRODUCTION TO PHYSICIAN SERVICES PLANNING IN ONTARIO

The physician services planning system refers to the mechanism and processes by which the number, distribution, and movement of physicians within a certain jurisdiction is coordinated and governed. Physician services planning is often said to have three aims, namely to provide "the right care, at the right place, at the right time" for the patient population. As resident physicians comprise a significant portion of the physician workforce, **undergraduate and postgraduate medical education are central stakeholders in curating a physician workforce in Ontario that meets the needs of Ontarians**.

The number of unmatched medical graduates in Ontario is rising.

The Ministry of Health and Long-Term Care (MOHLTC) has traditionally used a supply-based physician planning model. However, patient-centred models began to emerge in 2005 in response to a projected decline in physician supply. In 2007, the Ontario Population Needs-Based Physician Simulation Model, or NBM, was developed to project healthcare needs stratified by LHIN. Unfortunately, this model was **last updated in 2010**. Since then, health workforce planning has shifted to emphasize interprofessional models of care, with the ultimate goal of having patient need drive workforce distribution.

Consequently, Ontario convened the Health Workforce Planning Advisory Table, led by Assistant Deputy Minister of the Health Human Resources Strategy Planning Division of the MOHLTC, Denise Cole. This table meets quarterly to discuss the development of the optimal interdisciplinary approach to health human resources planning in Ontario.

MEDICAL EDUCATION AND RESIDENCY

Within Ontario, the two major stakeholders involved in residency spot allocation include **individual medical schools**, who determine their postgraduate residency program capacities, and the **MOHLTC**, who determines the geographic distribution of residency spots across specialties based on the predictive of Ontarians' health needs.

For students, becoming a practicing physician in Canada is a lengthy process; first an undergraduate degree must be obtained, then three to four years of medical school. In their final year of medical school, students are expected to apply for post-graduate medical training as resident physicians. Applying to postgraduate positions is costly. Students pay a baseline fee of $312, plus $35 per application. This year, the average student applied to more than 20 residency programs. Students must then travel for residency interviews, and while there is no official data for this cost it has been estimated to be anywhere from $3 000 to $5 000. After interviews, students and institutions rank their choices by preference, and students are "matched" to residency programs. This match is binding and non-negotiable, and postgraduate training is required for entry into any medical or surgical specialty. These programs range in length from two, to greater than six years. **Completing a residency grants graduates the ability to practice as independent physicians in any jurisdiction in Canada.**

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Since 2011, the number of Canadian medical graduates matching to one of their top three program choices has decreased from 84% to 75% in 2017. However, most concerning is the increasing number of students who do not match to any program at all. The personal and professional consequences of "going unmatched" are severe. According to the AFMC, Canadian medical graduates reported an average debt of **$84 172** for medical school expenses and **$80 516** for non-educational related debt (living costs, residency interview expenses, etc.). After going unmatched, banks and government student loan agencies no longer consider these individuals as students unless they pursue graduate school or an extension of their student status via an enrichment year. **The financial burden of loan repayment despite a lack of income can be a crippling source of stress in addition to the social and emotional implications of not matching.**

Unmatched students are typically added to the following year's applicant pool. The rising number of unmatched students therefore compounds the issue without a corresponding increase in the number of residency spots to accommodate this deficit. The ratio of residency positions to medical students is currently **1.02:1**, and is projected to drop below 1. Ideally, a sustainable ratio, as calculated by the AFMC, is **1.2:1**.

> *Historically, 10 to 20 graduates have gone unmatched each year.* **That number has dramatically risen since 2011 to 46 in 2016 and 68 in 2017 (35 in Ontario), and is projected to reach 141 in 2021.**

Significantly, **Ontario generally has the largest number of unmatched medical graduates in the country** given our province's higher density of medical school students. Since 2014, there has been a disproportionate increase in the number of unmatched Ontario medical graduates relative to the total number of unmatched Canadian graduates.

Furthermore, in 2015 the MOHLTC announced that 50 residency spots were to be cut in Ontario, with 25 reductions to be implemented in 2015–2016 cycle and another 25 the following year. Due to the nature of the matching process, which requires students to plan their educational electives and career prospects far in advance, the sudden policy change left students graduating in 2016 with little time to interpret what the cuts would mean for them, and to plan alternate career options. The MOHLTC based these reductions on their data forecasting models, including data on the migration of Ontario medical graduates into and out of the province. To date, the evidence underlying these models has not been made publicly available, rendering it difficult for medical students to make fully informed, evidence-based decisions regarding their future careers in a way that meets the needs of Ontarians.

FUNDING FOR MEDICAL TRAINING

In Ontario, medical education is jointly funded by the **Ministry of Advanced Education and Skills Development (MAESD)** and **MOHLTC**. MAESD funds most aspects of undergraduate medical training, while the MOHLTC is mainly responsible for postgraduate training.

In 2011–2013, the MOHLTC spent **$107 million** to support medical schools, specifically funding teaching, educational infrastructure, and administrative costs. On a per-student basis, the Ontario government invests approximately **$780 000 per medical specialist** (based on four years of undergraduate medical training, and up to five years of postgraduate residency training). For medical students alone, Ontario invests approximately **$260 000 per student** in a four-year program.

The public subsidization of medical education is based on a long-standing principle that all Canadian medical graduates will be able to serve patients by practicing medicine in Canada. If a medical student is able to successfully graduate from medical school, they are by definition fit to enter postgraduate medical training; consequently, all successful medical graduates should have the opportunity to match to a residency program in Canada. When this does not occur, **the significant provincial investment used to nurture a potential physician does not see its intended return on investment.**

PHYSICIAN SERVICES PLANNING PROJECTION MODELS

There are ongoing efforts to employ supply and needs-based models in health human resources (HHR) planning within Ontario. Despite this effort, there has been maldistribution of physician supply. This is demonstrated, for example, by the co-existence of lengthy patient wait times.

Traditionally, a supply-based model has been used; however, one major drawback is the assumption that the physician-to-population ratio will remain constant over time. This may not hold true for a variety of reasons, most prominently the aging nature of Canada's population who will place more demand on healthcare.

Consequently, the MOHLTC and the OMA jointly appointed the Conference Board of Canada to develop a **needs-based physician forecasting model (NBM)**. The NBM compares the health needs of the population to the supply of physicians and quantifies the variance.

Unmatched graduates result in a waste of educational investments, physician shortages, and long wait times in addition to the many challenges faced by the students themselves.

It is crucial that forecasting models such as the NBM are used to inform the specialty and geographical distribution of residency positions available throughout Ontario. Doing so will bring about improvements in mismatch between demand for health services and the supply of healthcare practitioners. However, this information cannot effectively be used in the allocation of residency positions if the NBM is not kept up to date. After the initial report was published in 2010, it was stated that it would be revised and updated. However, **no updated revisions have been published to date**.

RECOMMENDATIONS

The rise in unmatched medical graduates negatively impacts the well-being and career prospects of Ontario's medical students, and diminishes the number of medical personnel available to serve patients across the province. Tackling this issue requires collective action on the part of our parliamentarians, Ministries and medical faculty.

Below, OMSA details a number of recommendations actionable by the government and relevant Ministries.

PRINCIPLE #1: *Ensuring our physician services planning system meets the needs of Ontarians*

Balancing the supply and distribution of physicians with the healthcare needs of Ontarians is a crucial step in addressing the growing number of qualified, unmatched Canadian medical graduates.

RECOMMENDATION #1

OMSA recommends that there be **annual updates to the NBM** so that the projected discrepancy between supply and demand for health services can be continually monitored and the distribution of residency positions can be altered accordingly. This will allow HHR planning to account for changes in the supply model, such as migration patterns and physician productivity, and changes in demand, such as population demographics and disease states.

RECOMMENDATION #2

OMSA recommends that the MOHLTC and its representatives working on COFM better integrate physician forecasting models into the residency position planning process. The **NBM should be used to determine specialty and geographical distribution of residency spots** in order to reduce wait times, provide care to underserved communities, and address the lack of primary care physicians.

PRINCIPLE #2: *Increasing transparency in physician services planning*

Medical students should receive up to date information from the Ministry, as well as their medical school faculty and administration regarding how physician services planning works. Social accountability should be a fundamental pillar of medical education, as should education about Ontario's physician workforce, what projected population needs are, and how they drive future distribution and capacity for the various medical specialties across the province.

RECOMMENDATION #1

Annual updates to the NBM must be accompanied by clear, timely and consistent communication of physician workforce trends and societal need by the MOHLTC to students and the HFO Marketing and Recruitment Agency.

There is a need for increased transparency between the MOHLTC, medical training programs and students so that students can make fully-informed decisions regarding their career. Numerous strategies exist that would serve to increase transparency. For the purposes of this document, the MOHLTC could consider

creating a website, social media presence or other online platforms that would host the above information, updated at regular intervals. The MOHLTC should also regularly communication physician workforce data to the HFO Marketing and Recruitment Agency.

RECOMMENDATION #2

The HFO Marketing and Recruitment Agency should access annual NBM updates, and subsequently create a formal system whereby they visit each medical school annually, to increase communication and access to physician workforce information.

Currently, the HFO Marketing and Recruitment Agency collaborates with the MOHLTC to encourage medical students to select fields of study and geographic areas where there is high demand. Consequently, HFO created a set of presentations that regional advisers can bring to students. However, these presentations generally focus on transition into practice and provide information regarding billing, paperwork, CV building etc. Furthermore, regional officers operate by invitation, meaning that the onus of seeking health workforce information is often left up to the student.

OMSA recommends that the HFO **publish a physician workforce report that is accessible to medical students and other trainees**. An example of such a report is the 2017 Residency and Physician Workforce Trends document developed by Saskdocs, the Physician Recruitment Agency of Saskatchewan.

PRINCIPLE #3: *Create an adequate number of residency positions to clear the backlog of unmatched graduates*

Given that the number of unmatched students has increased each year, the compounding number of unmatched students should be resolved immediately through a one time increase in residency spots.

RECOMMENDATION #1

Implement a one-time boost in residency positions to address the accumulated number of unmatched students. The increased spots should be allocated to specialties that will appropriately serve Ontarians, and therefore both decrease the number of unmatched students, and allow students to serve Ontarians in high-demand specialties.

RECOMMENDATION #2

Establish a minimum 10% buffer between residency positions and applications by having a 1.1:1 ratio of positions available to applicants, created in a way that is responsive to the needs of society, in accordance with the AFMC recommendation.