OMSA AÉMO

Ontario Medical Students Association

Association des étudiant·e·s de médecine de l'Ontario

POSITION PAPER

INCREASING MEDICAL STUDENT INVOLVEMENT IN ONTARIO'S HEALTH HUMAN RESOURCES PLANNING

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BACKGROUND

More Canadian medical graduates than ever went unmatched in 2018.[1] This was compounded by CMGs having the lowest match rate to their first discipline of choice in the last 10 years[2]. Even more alarming is that the decrease in residency spots relative to medical school graduates is more pronounced in our province, Ontario, relative to the rest of Canada (Figure 1).[3] As a result, Canadian, and even more so Ontario, medical graduates are concerned with two compounding questions: will they match, and will they match to their discipline of choice? This issue was recently the focus of the Ontario Medical Students Association Lobby Day in 2018.[4]

Most recently, Ontario's Ministry of Health and Long Term Care's (MOHLTC) responded with a 2018 decision to create 53 additional, immediately-available, residency spots for unmatched candidates. This investment of "$23 million over six years to create more residency spots across the provinces for medical school graduates" ultimately funded an extra 33 residency spots.[5-7] Those additional spots, however, came with the condition that medical students who matched in those spots "must serve for two years in underserved Ontario communities after completing their residency."[8] This condition was unprecedented among Canadian medical graduates, and added stress to unmatched graduates.

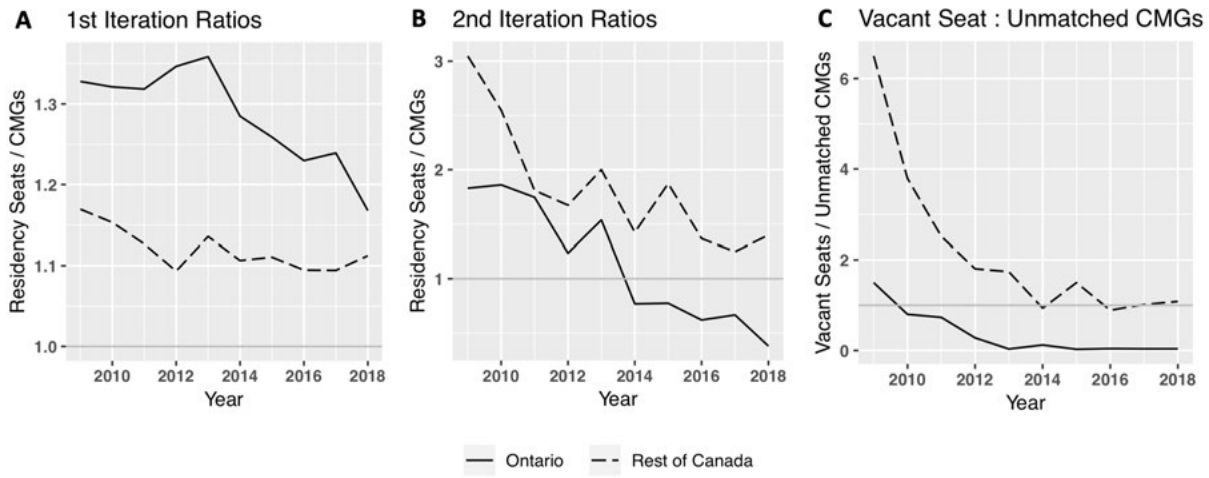

Figure 1. Comparison of seat-to-applicant ratios across Ontario and the Rest of Canada. Figure 1A demonstrates how Ontario experienced a markedly sharp decrease in its residency seats to CMGs ratio in the 1st iteration of the match commencing in 2014. Figure 2B further demonstrates that the rate of decreasing residency seats relative to CMGs is much steeper in the 2nd iteration of the match as well.[3]

A retroactive approach to medical residency spots in Ontario is not sustainable, and is compounded with an unstable political climate that does not provide medical students with a clear outlook on how the MOHLTC continues to address the rise in Ontario's unmatched medical graduates. The boost in 33 additional residency spots in 2018 was a one-time commitment. The reality is that changes in funding to our medical education infrastructure is closely tied with political agendas. This was most recently demonstrated in 2005 by the government's efforts to increase primary care physicians by: 1) the founding of the Northern Ontario School of Medicine, and 2) increased medical enrollment across several Ontario medical schools.[9] Not only does the strong link between political agendas and medical education prevent the MOHLTC from solely using a need-based method for determining funding to medical education, it also significantly reduces our (being medical students as well as those involved in medical education) ability to forecast changes to residency spots.

Furthermore, matching to a residency spot is only one hurdle to becoming a fully practicing physician. By being involved in the discussion for residency spot allocation and physician employment opportunities earlier in our education, medical students can better plan their careers. The Royal College of Physicians and Surgeons, which is due for an update to their 2013 Employment Study, found the following statistics: 16% of specialists and non-specialists were unable to secure employment three months from certification and 31.2% specialists and subspecialists decided to pursue more training believing that it would make them appear more competitive for full-time employment.[10]

To further complicate the unmatched medical graduate phenomena, the MOHLTC has recognized that today's HHR tools require a major overhaul in order to reflect a more patient-centered approach to workforce planning. Today, the MOHLTC largely uses forecasting models combined with broader health workforce data in order to predict physician supply.[11] This is to evolve to a more of an interprofessional health workforce planning tool, which better reflects how healthcare services are delivered today.[11] Therefore, as Ontario continues to iterate on its health workforce planning tools, medical students should be informed about changes to their government's HHR tools. As Ontario's future physicians, medical students should be included in these larger discussions about the province's healthcare system, allowing students to be actively engaged in decision making and also inform students on how they can best support and adapt their career in the changing healthcare landscape.

MEDICAL STUDENT INVOLVEMENT IN HHR PLANNING ACROSS CANADA

Nationally, medical student representatives from Association of Medical Faculties of Canada (AFMC) attend meetings of the Physician Resources Planning Advisory Committee (PRPAC). This pan-Canadian committee was established in 2013 that reports to the Federal/Provincial/Territorial (F/P/T) Committee on Health Workforce, which aims to collect and analyze data on health human resources planning.[12-13] While this information is used to propose policy recommendations, most decisions regarding postgraduate medical education take place at the provincial level.

Several other provinces allow for direct medical student involvement in HHR planning. In Alberta, Presidents of the medical students' associations of both the University of Alberta and the University of Calgary attend meetings of the provincial Physician Resource Planning Advisory Committee. This committee provides the Minister of Health with recommendations for physician resource planning in Alberta. The student leaders participate on this committee among other major stakeholders including medical school deans, Alberta Health Services executive members, College of Physicians and Surgeons of Alberta representatives, and president of the Professional Association of Resident Physicians of Alberta. This committee was established after an agreement between Alberta Health and the Alberta Medical Association that allowed joint decision-making in health human resources planning in Alberta.[14-16]

Similarly, student leaders in other provinces have the opportunity to participate in HHR planning. In some provinces, like Saskatchewan and Nova Scotia, medical students have the opportunity to contribute to a report on physician planning which is submitted to the respective provincial ministries of health.[17] Residency spot allocation is ultimately done with the input of several stakeholders, such as medical schools and other health system leaders.[18] Similar models of student engagement also exist in other provinces. These experiences allow students to reflect on and advocate for health resource planning needs, and participate as valued stakeholders.

MEDICAL STUDENT INVOLVEMENT IN HHR PLANNING IN ONTARIO

Currently, the Ontario Medical Students Association (OMSA) is invited to the Health Workforce Planning Advisory Table, which meets one to two times each year and broadly discusses trends in HHR planning. For the 2018-2019 OMSA Council which began its term in May 2018, the Director of Representation was assigned the role of attending these meetings. However, as of March 2019, no such meeting had taken place.

The number of postgraduate residency spots in Ontario is determined by the provincial government with the consultation of the Faculties of Medicine. Typically, there are few significant changes year to year, with exception of 2016 and 2017, when 50 residency spots designated for Canadian Medical Graduates were cut.[19] This decision was made and announced as students were preparing for applications that year, providing little notice for decisions that could potentially affect students' choice of postgraduate training.[20]

While there has been a recent lack of communication between the MOHLTC and OMSA, changes to physician resource planning take place throughout the year. For example, on December 18, 2018, the Canadian Resident Matching Service published new information about the 2019 R1 Main Residency Match, which announced that in this year's match, there would be "two parallel streams – CMG and IMG – with designated positions for each stream", in contrast to previous years where there was blending between the two streams after the first iteration. The lack of meetings despite ongoing changes to HHR planning suggests that much of the decision-making takes place without consultation by medical students. As a result, students are both unable to provide input and unaware of potential changes that may affect their future career planning.

Several years ago, a different committee - the Postgraduate Medicine Planning Working Group - met to discuss allocations for residency spots. These meetings were attended by OMSA's Director of Education. However, these meetings have not continued. Overall, formal consultation involving medical students appear to be lacking in Ontario. This oversight results in students learning about changes to allocation of postgraduate training positions during or after the application period, preventing students from making an

informed choice in their career planning. Additionally, an opportunity to engage medical students in the physician health resources planning process is lost.

PRINCIPLES

The Ontario Medical Students Association puts forward the following principles to guide recommendations for increasing medical student involvement in Ontario's health human resources planning.

1. Medical students are a key stakeholder in Ontario's healthcare system.
2. Health human resources planning is essential for a cost-effective and sustainable healthcare system.
3. Transparency in the physician human resource planning process helps medical students and trainees make informed career decisions.

RECOMMENDATIONS

1. The MOHLTC should directly involve medical students in the consultations for HHR planning.

Medical student representation should be ensured on relevant HHR decision making committees to ensure that the concerns of medical students are voiced in an effective and timely manner. These committees, such as the previous Postgraduate Medicine Planning Working Group, should formally include medical students in its composition and clearly define the scope, limitations, and frequency of these meetings.

OMSA should designate a member of its Executive Council, preferably the Director of Education or Director of Representation, to attend these meetings. Detailed notes should be kept for future Directors to ensure continuity between Council terms. Relevant and timely points from meetings should be shared with the medical student body when possible.

Medical student representation on relevant HHR committees will allow for increased communication between HHR planning bodies and the medical student body. Two-way communication will shift the HHR decision making paradigm from the current one-way, hierarchical model to a more collaborative model.

2. THE MOHLTC should inform medical students of changes to health human resource planning and postgraduate training spot allocations in a clear and timely manner.

Students often make decisions such as pursuing research opportunities, clinical training, and extra-curricular involvement early in their medical training. Moreover, in their final year of study, medical students follow a strict schedule of electives, applications, interviews, and admissions. Thus, the timing of government announcements can have a pivotal impact depending on when students are informed of key decisions. For example, the creation or cutting of positions in specific programs may change their perceived competitiveness, and potentially affect student interest in certain fields.

The MOHLTC should communicate any new information regarding health human resource planning, including the postgraduate training spot allocations, directly with Ontario medical students through 1) OMSA, and 2) the Council of Ontario Faculties of Medicine. Both OMSA and the Deans of Medicine should be held responsible to disseminate information quickly and clearly to medical students in Ontario.

When possible, decisions that may significantly change human health resource planning should be made before the beginning of the annual residency applications, instead of during the match process. This process typically runs from September to April each year. The decision on whether to delay a change to the following application year should be made with the consultation of medical students.

3. **Policymakers should advocate for greater student involvement in Ontario's HHR planning in time for the 2020 R1 Match.**

   We recommend that all Members of Provincial Parliament advocate for greater student involvement in the HHR planning process. Medical education is heavily subsidized by taxpayer dollars.[21] Therefore, it is in the best interest of both policy makers and the general population that taxpayer dollars are spent responsibly. The increasingly common advent of unmatched medical school graduates is not a fiscally responsible practice, especially when it can cost up to almost $300,000 in government subsidies over the course of a single medical student's education.[21]

   UGME programs are currently implementing several solutions to combat increased unmatched medical students, including career planning workshops, extended clerkship options, and additional support for unmatched graduates around match day. OMSA hopes to work with UGME programs both directly and through the Council of Faculties of Medicine for a concerted effort for a more effective and sustainable approach to tackling the issue of unmatched medical graduates. Specifically, UGME representatives should request and/or invite a student representative to be present when meeting with the MOHLTC and other stakeholders to discuss health human resources planning and residency spot allocation.

   These advocacy efforts, as well as the two recommendations above, should be addressed and acted on quickly. Quick action will allow these recommendations to be put in place as early as the 2020 R1 Match, which opens applications in the fall of 2019.

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