

CaRMS & CAPER Data Review

Implications for Physician Recruitment & Retention in
Manitoba



Context

- * Manitoba's Office of Rural & Northern Health
 - * Long-term recruitment & retention mandate - *From Education to Sustainability*
 - * All of rural & northern Manitoba
 - * All health professions

ORNH Role with U of M Medical School

- * Committee representation around rural/northern recruitment & retention issues
- * Helped shape new admission policies which saw the introduction of a rurality index in 2009
- * Advocate for increased rural/northern educational content
- * Lead on the Distributed Medical Education project

Changes at U of M Medical School

- * 2002 – 2009 significant student expansion (79 – 110 per year)
- * New Dean of Medicine – 2010
 - * Dr. Brian Postl
 - * Former CEO of WRHA
 - * Career history of working in northern Manitoba
 - * Embraces the view that it is not enough for the med school to just train good, competent physicians. There is a larger purpose and social responsibility to the province.
 - * Funding correlated to results

Project Background

- * Ongoing physician shortages in rural & northern Manitoba.
- * Ongoing retention issues with IMGs
- * Anecdotally there was a belief by the med school that the retention rates of Manitoba residents wasn't great.
- * Need to quantify how we were and are doing relative to retention of residents training in Manitoba.

Specific Project Goals

- * Is Manitoba positively or negatively impacted by the natural match process of CaRMS?
- * Specifically quantifying the number of graduates in each year on where they go post Undergraduate medical Education for Postgraduate Medical Education training and specifically quantifying each year how many come back to work in the Province of Manitoba after leaving Manitoba for Postgraduate Medical Education. This should be a minimum 5 year retrospective review and if capacity allows 10 years.

Project Structure

- * Contract between U of M Faculty of Medicine Dean's Office and the ORNH
- * Project Terms of Reference developed cooperatively by med school and ORNH
- * Contracted a U of M med student over the summer of 2011 to compile and analyze data and write the report.
- * Committee of ORNH Administrative Director, Medical Director and two ORNH contract docs oversaw study development

Project Challenges

- * Staffing

- * Targeted 1st & 2nd year med students

- * 15 applications

- * Priority to students who had an appreciation of rural recruitment & retention issues

- * Budget amount for staffing restricted to the amount the med school pays for other summer student programming

Project Challenges

- * Data

- * Original data from CaRMS National Database

- * Undergrad

- * postgrad

- * Original data from College of Physicians and Surgeons

- * Practice location

- * Need to correlate undergrad, postgrad and practice location data

CAPER to the Rescue

- * CAPER – Canadian Post-M.D. Education Registry
 - * Gather data from all med schools in Canada
 - * Provide service for member organizations like University of Manitoba Medical School
 - * Gather data from the Canadian Medical Association master file – information on practice location
 - * They have data beginning in 1989

What can CAPER do for me?

- * Produce customized data tables according to our analyses needs
- * Provide data 2, 5 and 10 years post residency
- * Provide data from anywhere in Canada
- * No charge!!!!
- * Timeframe – days to weeks once we agree on what we need.

What did we ask CAPER to provide?

- * The following data by practice location, delineated by age and sex 2, 5 and 10 years post residency
 - * Completed MD in Manitoba
 - * Completed MD and residency in Manitoba
 - * MD elsewhere in Canada and residency in Manitoba
 - * MD & residency elsewhere in Canada
 - * IMGs by country of origin
 - * This data also provided for Ontario, Saskatchewan, Alberta and British Columbia

What did we find?

Overall retention rates of physicians in the same province as undergraduate and postgraduate training

	BC			AB			SK			MB			ON		
	MD	Res	MD&Res	MD	Res	MD&Res	MD	Res	MD&Res	MD	Res	MD&Res	MD	Res	MD&Res
2-year	70%	75%	88%	51%	64%	74%	38%	51%	66%	51%	63%	73%	73%	75%	84%
5-year	73%	74%	87%	51%	62%	72%	33%	41%	57%	47%	55%	65%	72%	72%	82%
10-year	75%	72%	86%	50%	58%	67%	30%	33%	47%	44%	50%	58%	69%	69%	78%

What did we find?

Practice Location of International Medical Graduates

PGME Loc	BC		AB		SK		MB		ON	
Prac Loc	BC	Other Cdn	AB	Other Cdn	SK	Other Cdn	MB	Other Cdn	ON	Other Cdn
2-year	69%	10%	61%	28%	40%	48%	53%	34%	66%	10%
5-year	66%	10%	56%	30%	26%	62%	48%	36%	63%	11%
10-year	65%	9%	47%	37%	21%	63%	42%	41%	61%	11%

Other Findings

- * Retention rates are similar across specialties
- * Retention rates in Manitoba and Saskatchewan are better for physicians that are 36+ (70-80%)

Summary of Findings

- * The data has shown that where medical students come from and where they complete their training (UGME and PGME) all have an effect on where they might establish their medical practice.
- * Out-of-province medical students coming to Manitoba are most likely to leave the province after their UGME training.
- * In the past 20 years, of the students with known residence location at time of application to medical school, only 36% out-of-province students stayed in Manitoba for PGME, and 4% chose to practice in Manitoba.
- * Manitoba retains just under half of the medical students it enrolls in UGME (51% at 2-years post-training, 47% at 5-years post-training, and 44% at 10-years post-training). This is a better retention rate than Saskatchewan, comparable to Alberta, but not as high as British Columbia or Ontario.

Summary of Findings

- * Location of PGME has a better correlation with physician retention than UGME training alone. Manitoba sees better retention rates (63% 2-years post-training, 55% 5-years post-training, and 50% 10-years post-training), compared to UGME only.
- * Completing both UGME and PGME in the same province has the highest correlation with retaining those physicians, and this is true for every province. Manitoba sees retention rates of 73%, 65%, and 58% for 2-years, 5-years and 10-years post-training, respectively.
- * Manitoba's retention rates of IMGs is similar to CMGs, losing nearly equal proportions of IMGs to other Canadian provinces as the proportions they retain 10-years after training them. In terms of retention, Manitoba has the highest retention rates among older IMGs who specialize in family medicine.

So now we know ... what now?

- * Study presented to the Dean and other med school representatives in September of 2011
- * November 2011 Student Retention Working Group formed by Dean of Medicine
- * December 2011 – smaller working group meets and makes recommendations back to larger group
- * January 2012 – larger groups receives and ratifies recommendations

So What's Happening?

- * Reduction of the 10% out of province reservation for out-of-province students to 5%
- * Target 70% Manitoba UGME students and Manitoba residents for the CaRMS match process (same percentage of U of M students surveyed who responded their first choice would be to stay in Manitoba for residency)
- * Faculty office will apply a weighting to all departments' CaRMS selections

So What's Happening?

- * Focus IMG program on those settled in Manitoba
- * Focus the Canadians Studying Abroad initiative on Manitobans studying abroad
- * More communication and promotion to students about the strengths of staying within Manitoba for residency
- * More communication with students about the CaRMS process in order to minimize those trying to game the system

Questions?

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