

Canada's Physician Supply *Prognosis: Fewer Canadian Doctors*



Discussions regarding health care in Canada regularly return to the supply of medical practitioners in this country. Canadians' focus on physician supply has been driven by the publication of numerous reports and commentaries on this issue produced by research organizations, professional associations, government committees, and others. Importantly, most of these discussions and papers have generally arrived at the same conclusion: there are too few physicians practicing in Canada today.

That conclusion is supported by the available evidence on Canadians' unmet health care needs. For example, in 2007, almost 1.7 million Canadians (6%) aged 12 or older reported being unable to find a regular physician (Statistics Canada, 2008). More recent Statistics

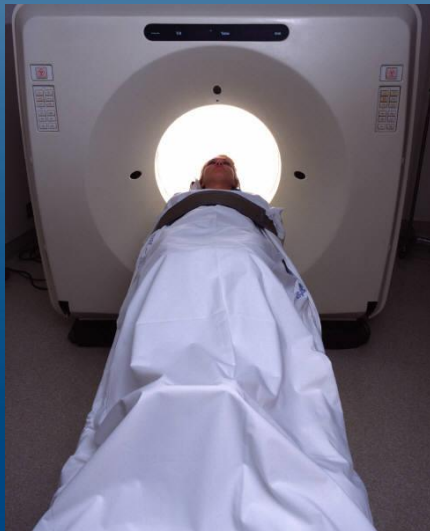
Canada data show that 6.6% of Canadians aged 12 or older reported being without a regular doctor and unable to find one (Statistics Canada, 2010a; calculation by author). Similarly, a research poll completed in 2007 found that 19% of Canadians (approximately 5 million) were without a family doctor, more than 41% of whom (approximately 2 million) were unsuccessful in trying to find one (CFPC, 2007).

Further, after accounting for the fact that most other developed nations have a greater proportion of seniors (aged 65 and older) (OECD, 2010)¹, and thus a greater demand for health care services, Canada's physician-to-population ratio in 2006 ranked 26th among the 28 developed nations that maintain universal access health insurance programs for which data were available (Esmail,

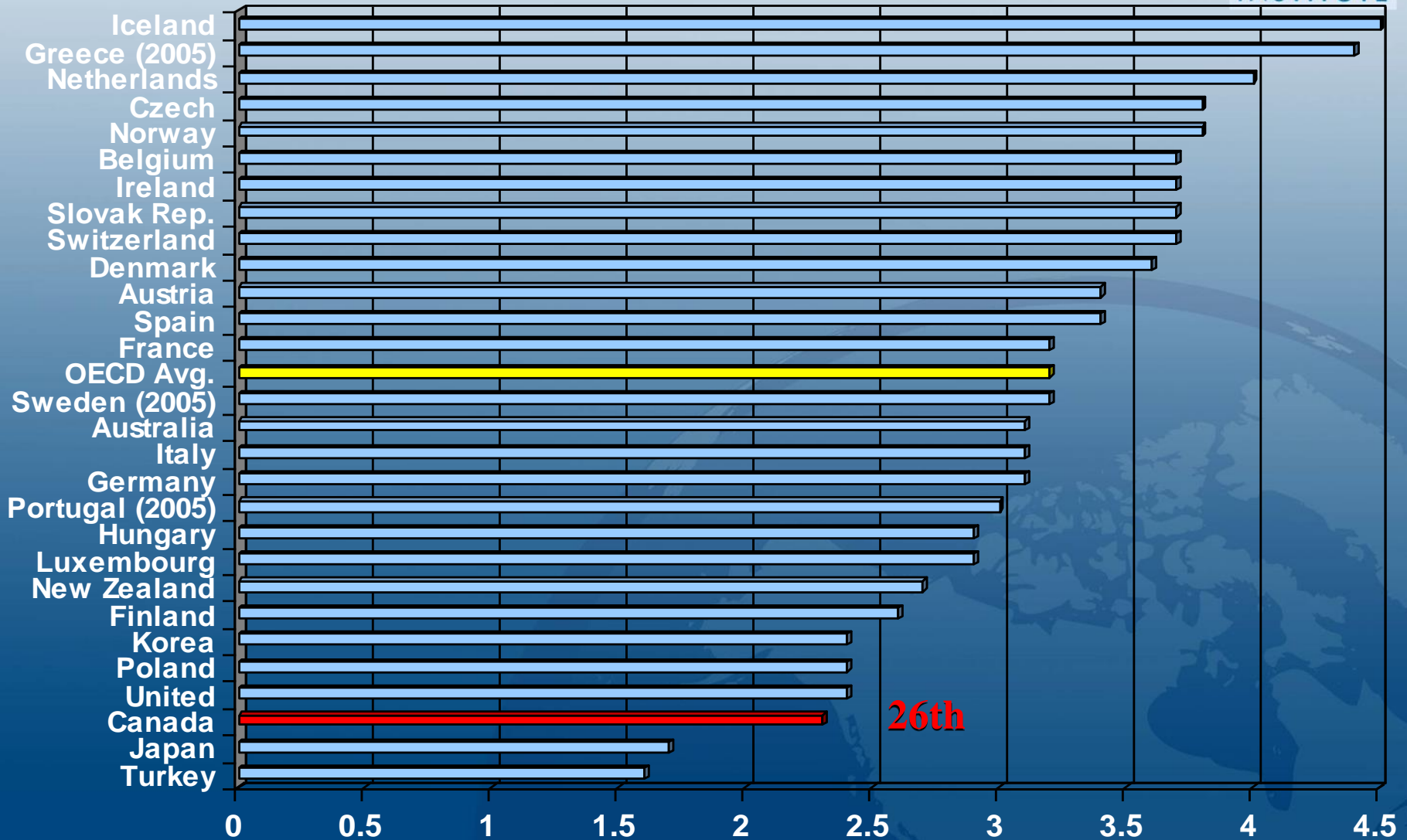
- Nadeem Esmail
- Sr. Fellow
- 2011 CASPR Conference
- Wednesday, May 11, 2011

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Too Few Physicians



Doctors in the OECD



Doctors per 1000 population (Age Adjusted, 2006)

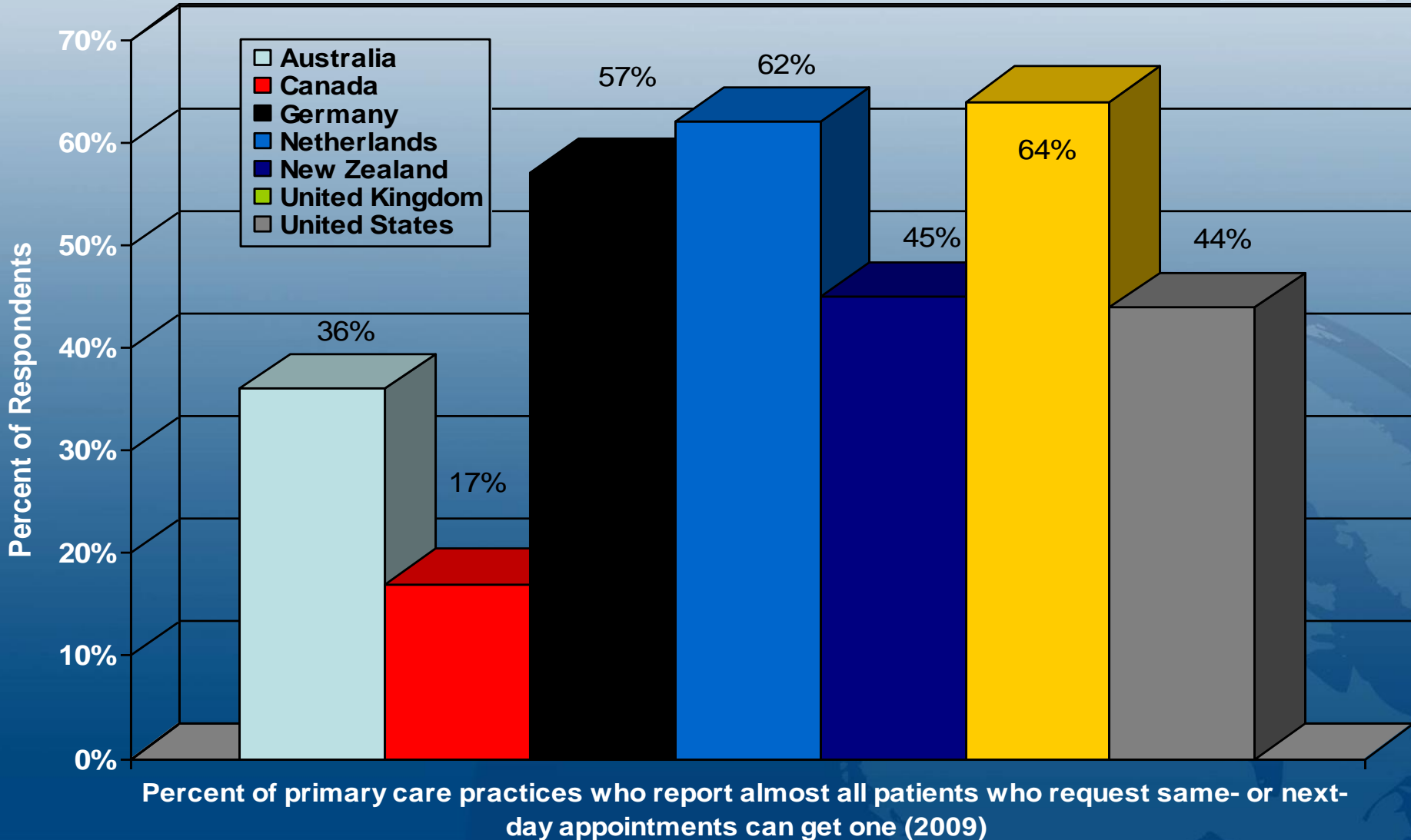
Signs of Insufficient Supply

- Almost 1.7 million Canadians (6%) aged 12 or older reported being unable to find a regular physician in 2007 (*Statistics Canada, 2008*)
- 6.6% of Canadians aged 12 or older reported being without a regular doctor and unable to find one in 2009 (*Statistics Canada, 2010*)
- 14% of Canadians in 2007 were without a family doctor, more than 41% of whom were unsuccessful in trying to find one (*CFPC, 2007*)

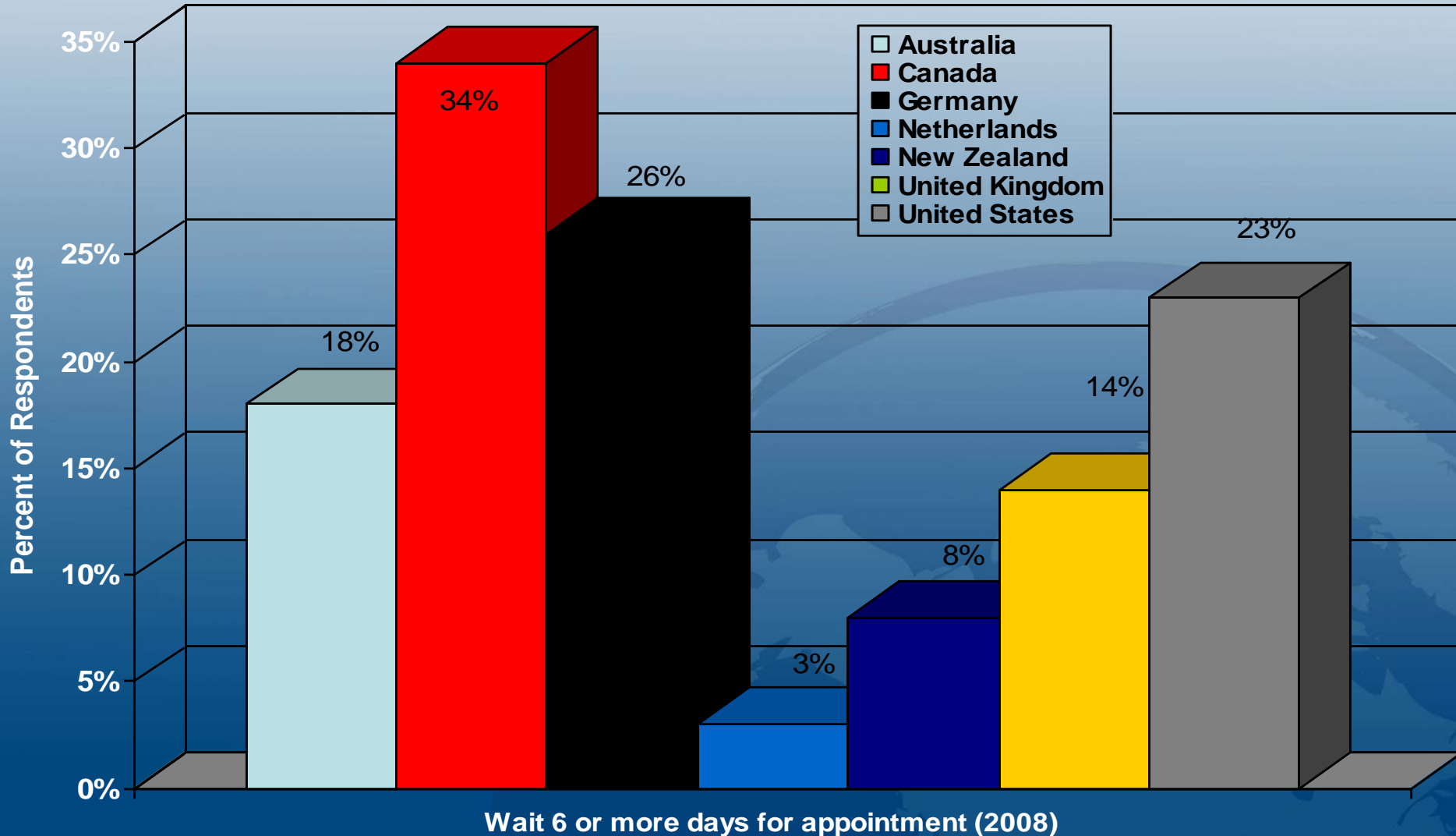
Signs of Insufficient Supply

- Increased spending on physicians has been related to lower wait times for treatment in Canada (*Esmail, 2003; Barua and Esmail, 2010*)
- The median wait for consultation with a specialist was 8.9 weeks in 2010, 141% longer than the 3.7 weeks experienced in 1993 (*Fraser Institute, 2010*)
- 17.6% of urban physicians and 35.7% of rural physicians were accepting new patients in 2007 compared to 21.3% and 37.7% in 2004 (*CIHI, 2010*)

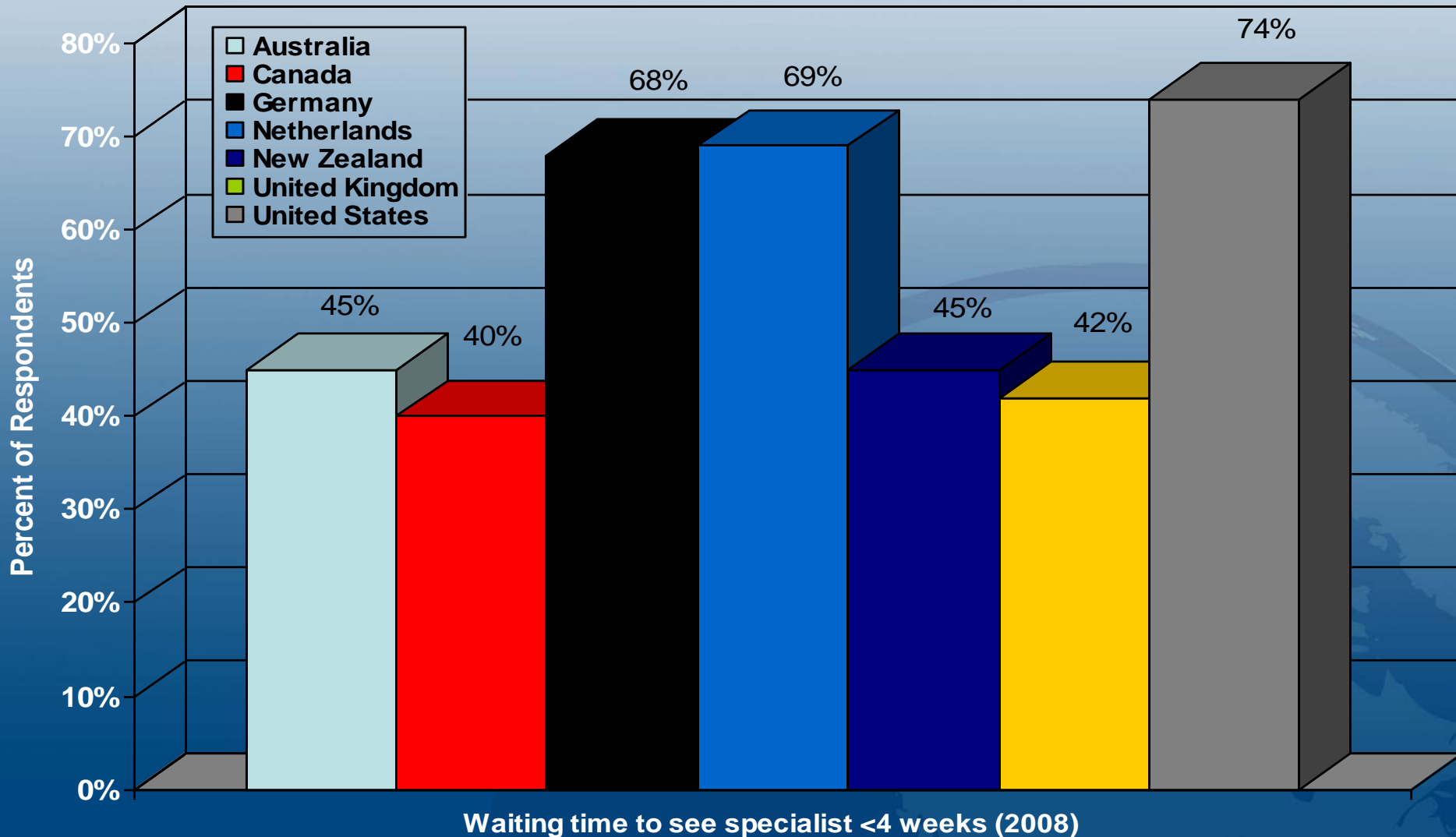
Signs of Insufficient Supply



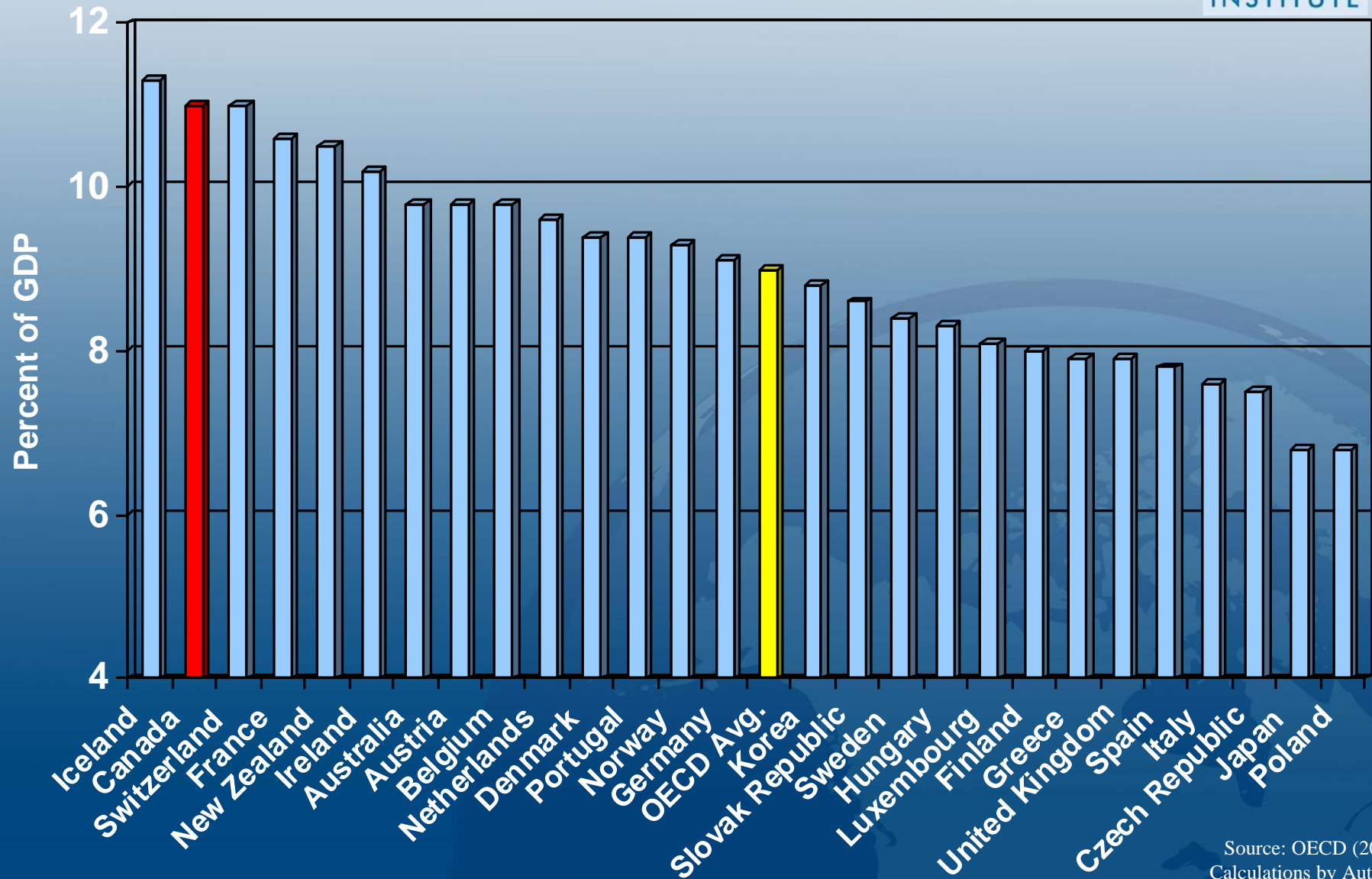
Signs of Insufficient Supply



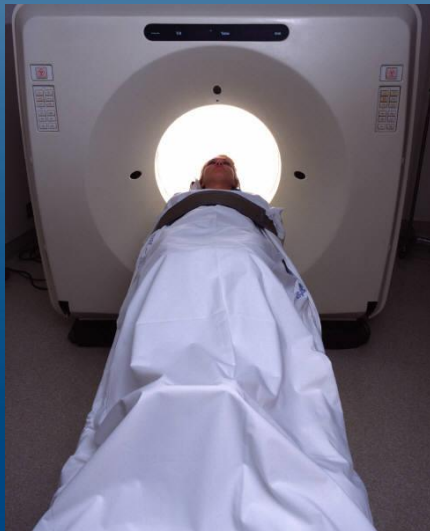
Signs of Insufficient Supply



Age-adjusted Health Spending in the OECD 2005



The Benefits of Greater Physician Supply



Benefits

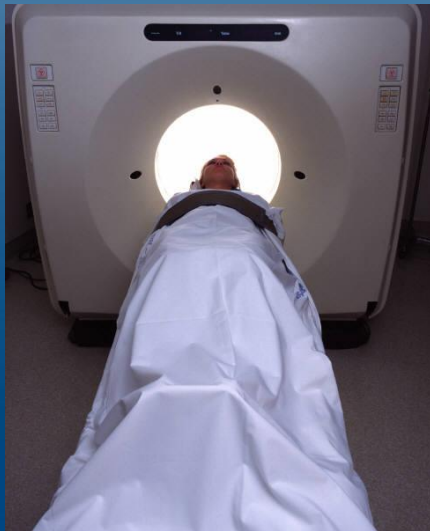
- Among a small sample of countries for whom data is available, there exists a statistically significant relationship between higher physician-to-population ratios and lower waiting times for surgery (*OECD, 2006*)
- “increasing doctor numbers have been strongly and significantly associated with lower mortality after allowing for other determinants of health status for which we have data.” (*Zeynep Or, OECD, 2001*)
- Increases in the physician-to-pop. ratio are related to reductions in premature mortality, increases in life expectancy at age 65, and reductions in infant and perinatal mortality (*OECD, 2001*)

Benefits

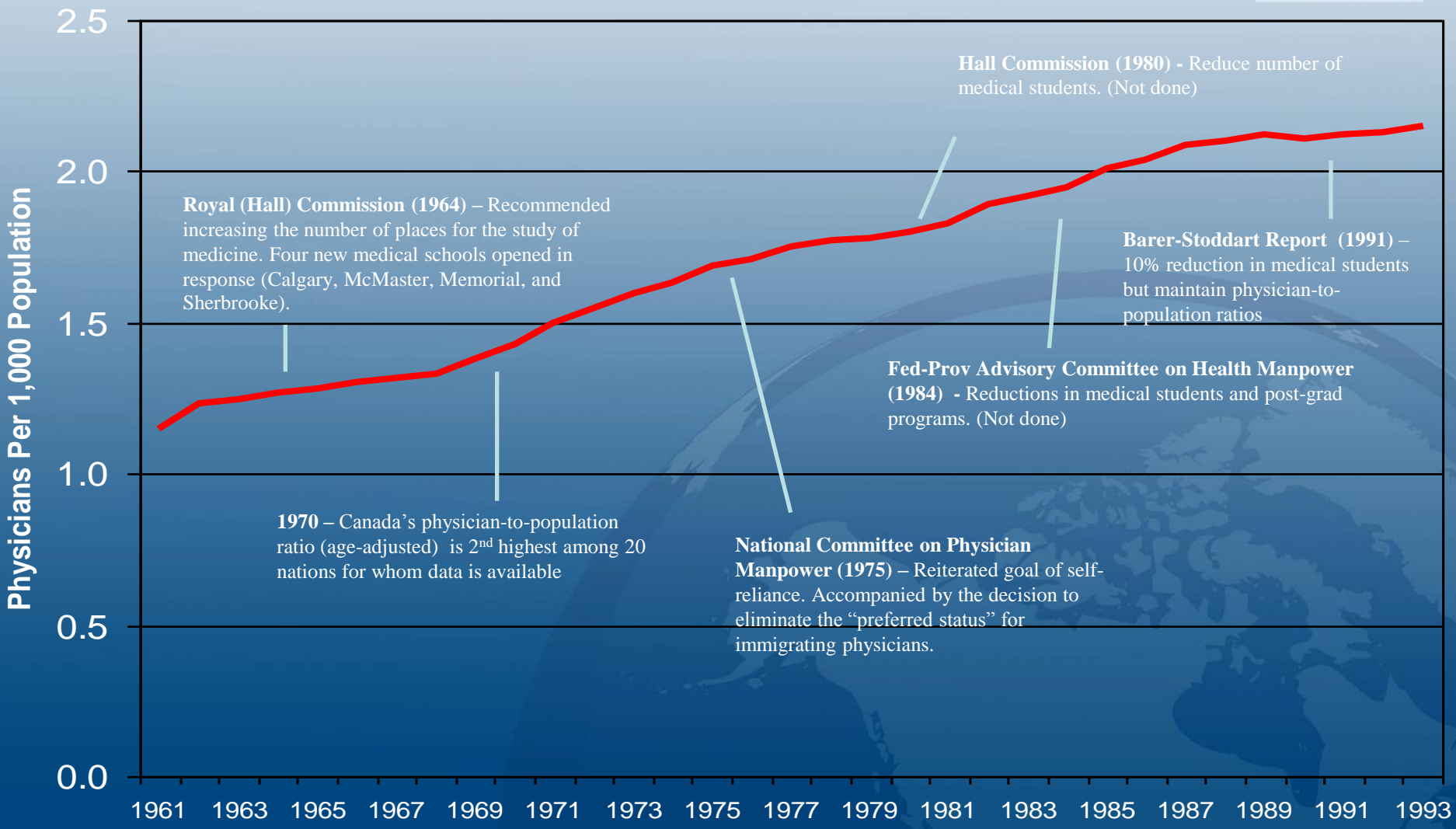
- The number of physicians in a population is strongly related to lower mortality rates [controlling for income, education, unemployment, elderly populations, poverty, location inside or outside a metropolitan area, and racial differences] (*Starfield et al., Health Affairs, 2005*)
- More specifically, higher primary care physician-to-population ratios are related to lower rates of all-cause mortality and lower rates of heart disease mortality. (*Starfield et al., Health Affairs, 2005*)

A Brief History

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1961-1993

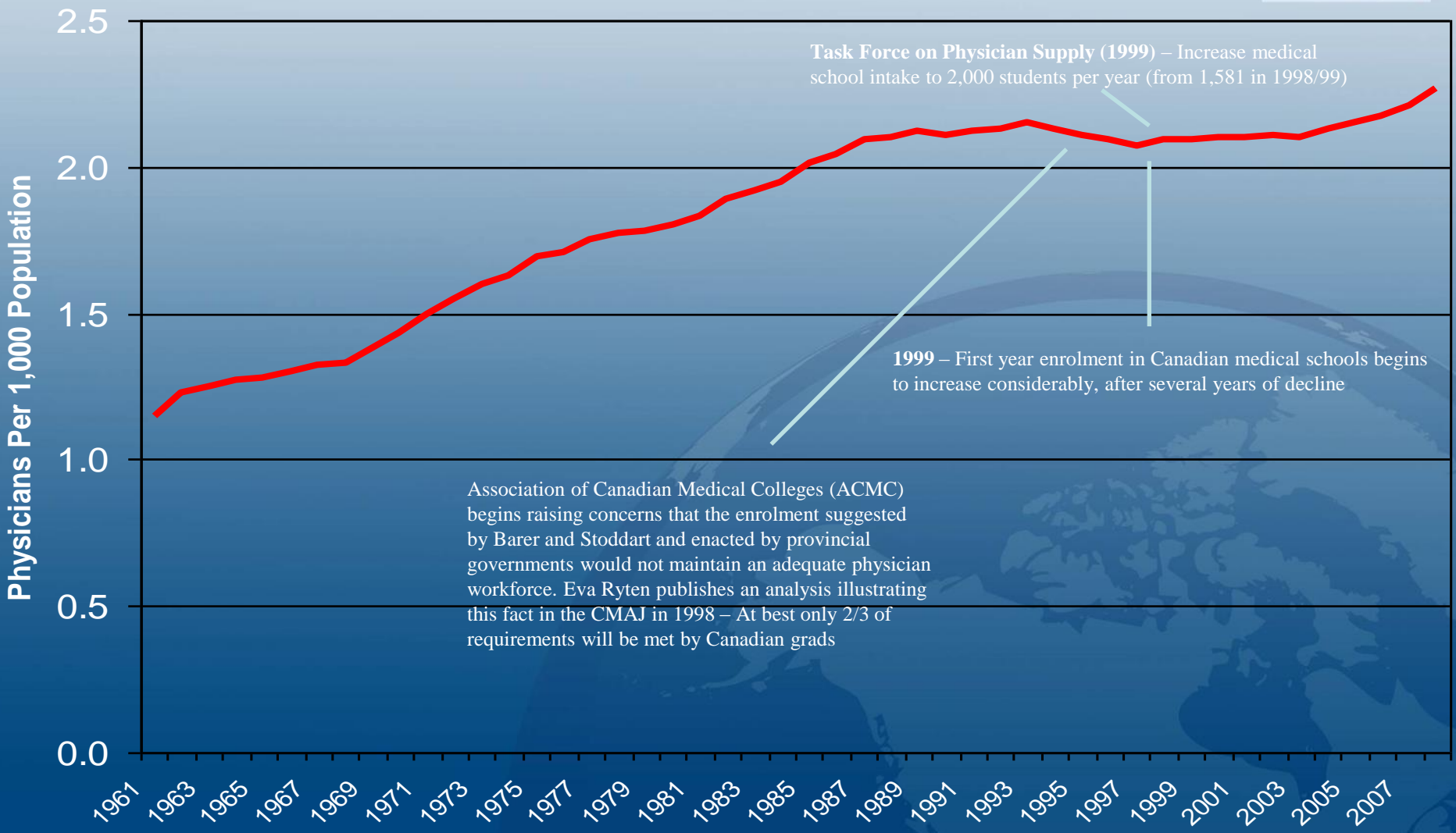


The Barer-Stoddard Report

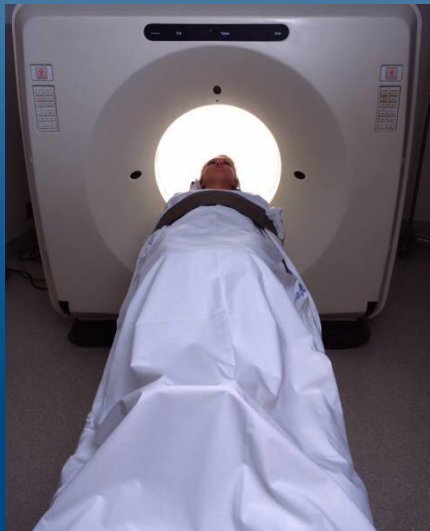


- Recommends reducing undergrad enrollment by 10% in order to approximately maintain physician-to-population ratio in Canada; reducing the number of provincially funded post-grad training positions by 10% to meet the needs of students graduating with MDs in Canada; and reducing Canada's reliance on foreign trained doctors over time.
- Provinces respond in 1992 by accepting all three recommendations.

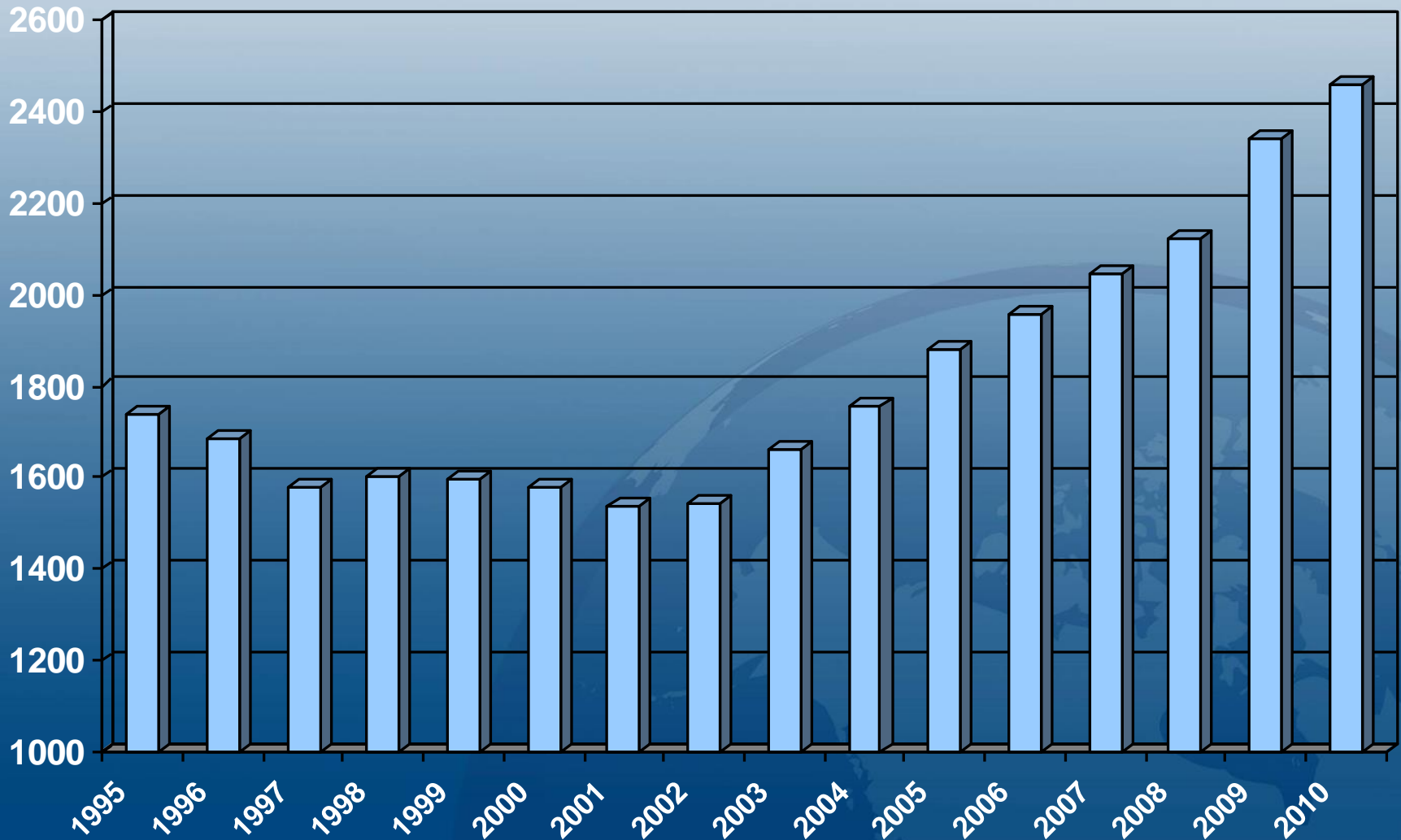
1961-2008



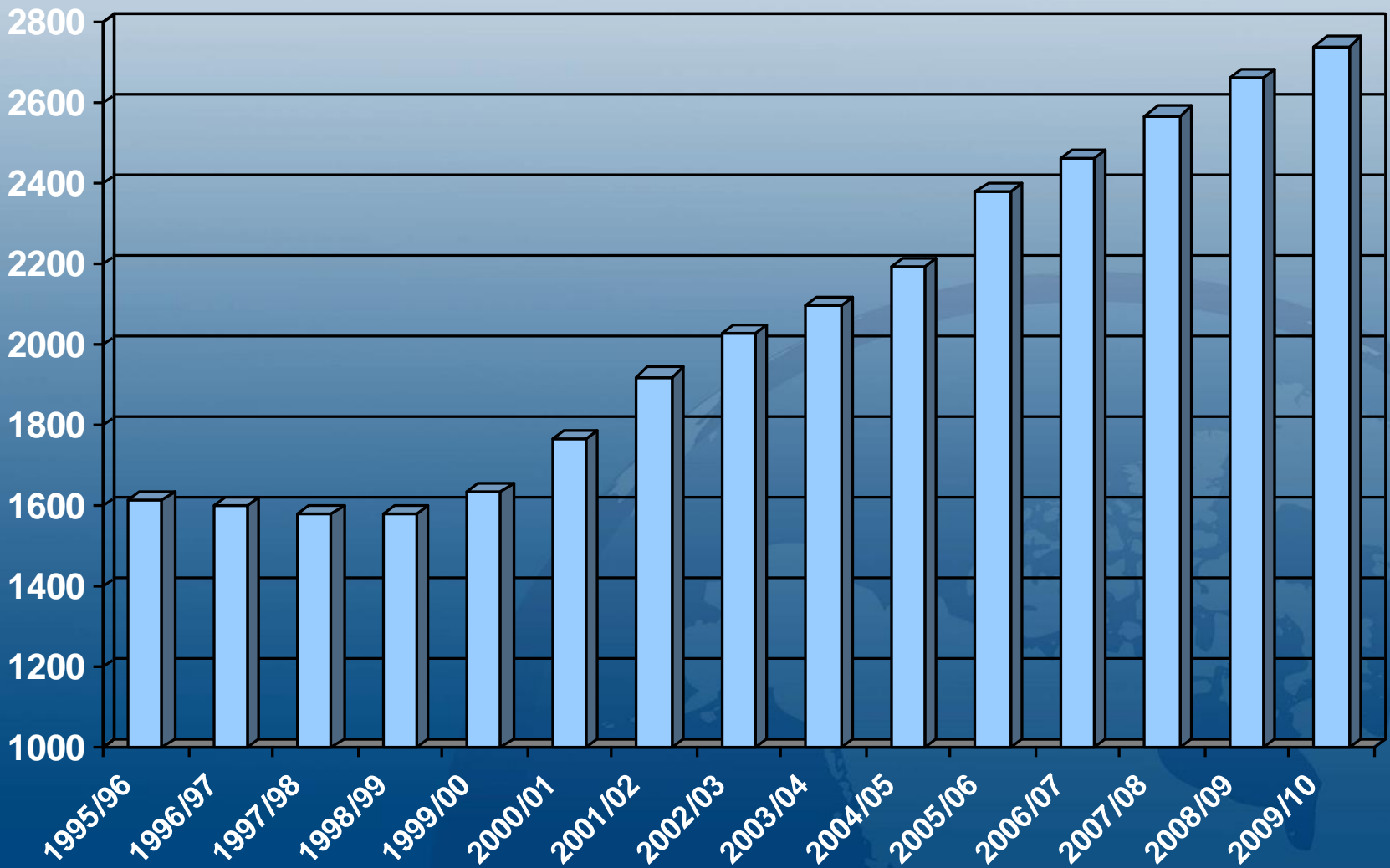
Forecasting to 2020



MDs Awarded by Canadian Faculties of Medicine



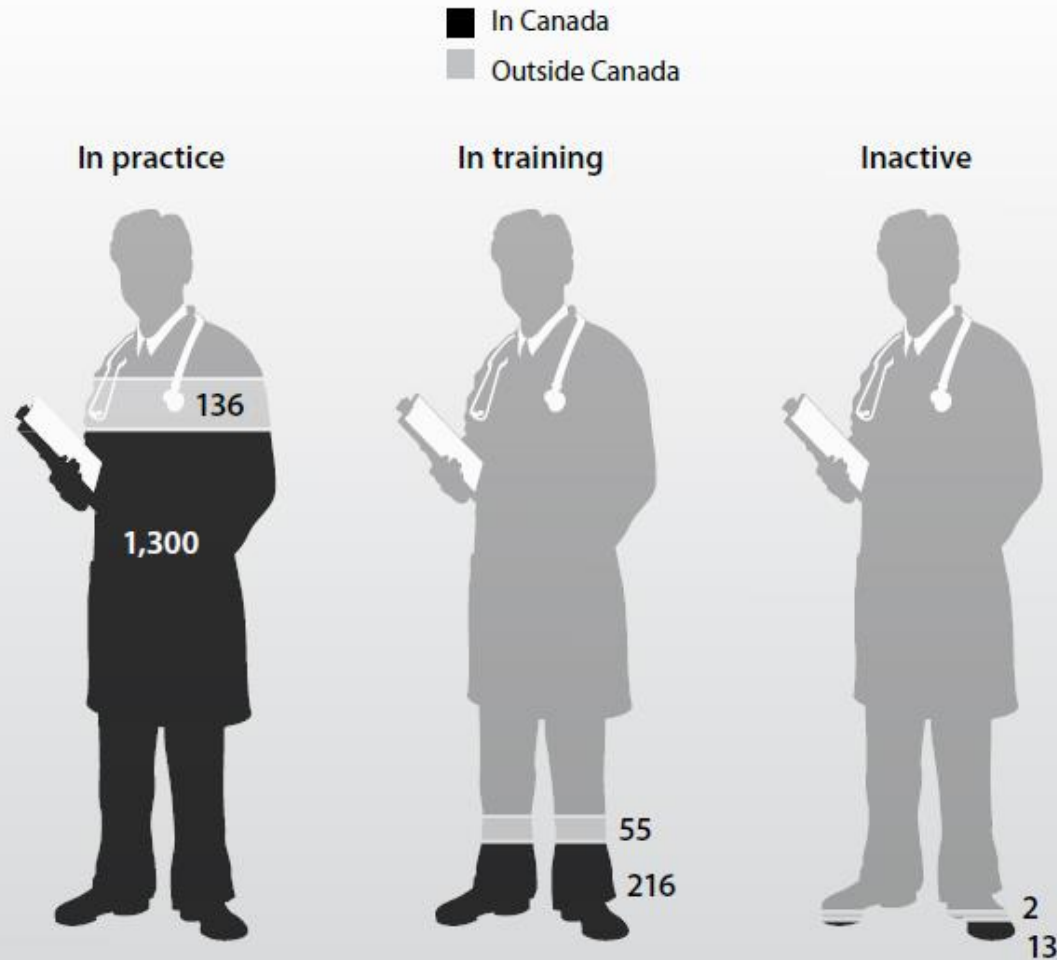
First-Year Enrollment in Canadian Faculties of Medicine



Source: AFMC (2010)

Forecast Assumptions

Figure 3: Location and professional activity of Canadian medical school graduates from 1989, as of 1995-1996



Source: Ryten et al. (1998).

Forecast Assumptions

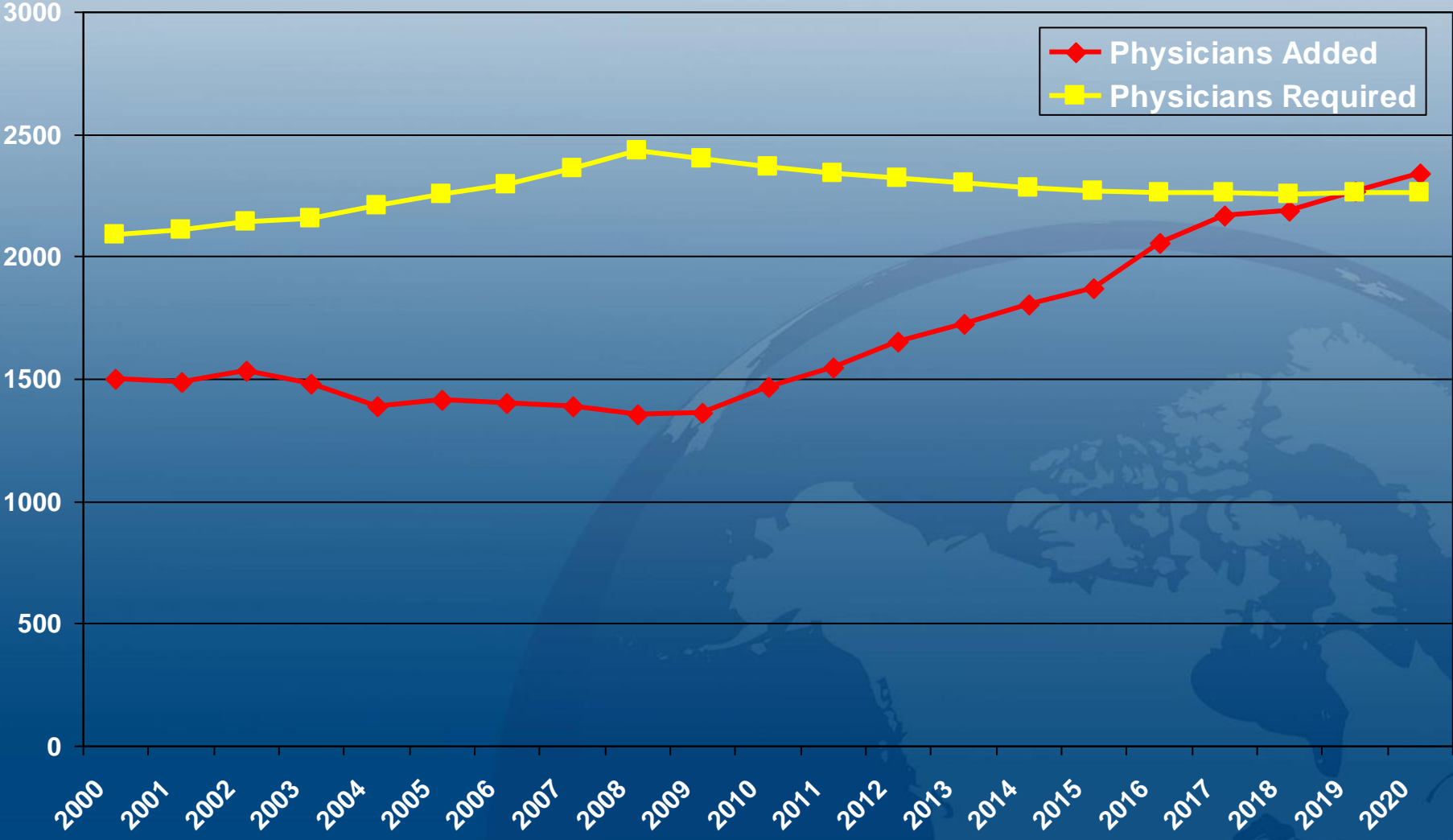
- Growth rate required to maintain ratio was 3.1% to 3.6% in the mid-1990s:
 - 650 to 750 physicians needed to keep up with population growth
 - 900 to 1,100 needed to replace those who retired or died
 - 300 to 350 needed to replace those who left Canada

(Ryten et al., CMAJ, 1998)
- Conservatively assuming 3.2% for the future
- Using the medium growth rate forecast by Statistics Canada for population

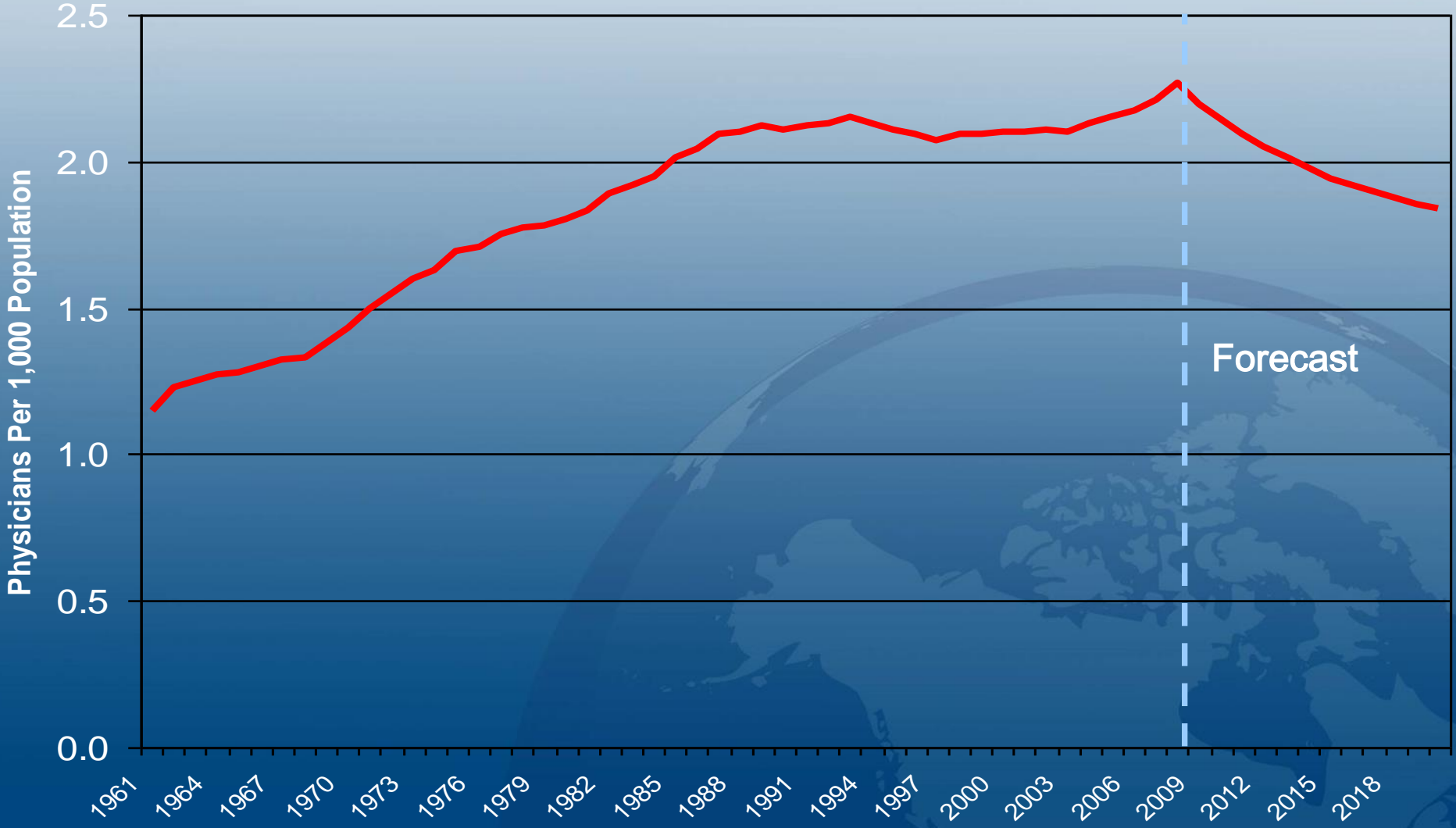
A Conservative Forecast

- Tyrrell and Dauphinee (1999) used an estimate of 3.5% for physicians leaving practice in Canada annually.
- The forecast does not account for changing physician demographics and the impact this will have on the supply of physician services.
- The forecast does not account for the advancing age of Canada's physician population. In 2010, approximately 38% of Canada's physicians were aged 55 or older.

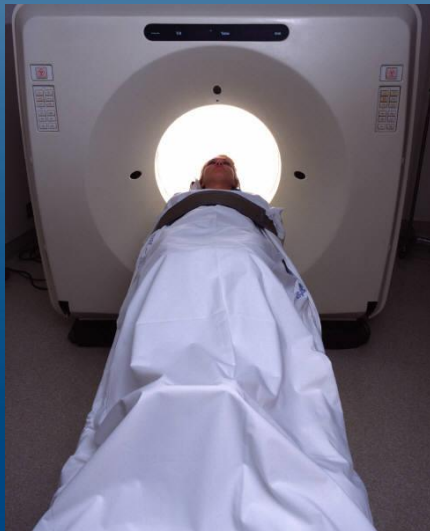
Physicians Added & Required



Canada's Physician to Population Ratio: 1961-2020



Where To From Here?



The Shortfall

- The shortage of services is not the result of a market failure or the result of happenstance.
- Rather, it is the direct result of government intervention in the health care marketplace.

Let Canadians Treat Canadians



- Allow Canadian students to acquire the education and training necessary to become physicians able to practice in Canada.
- Nations that allowed the market to determine the number of domestically-trained physicians have enjoyed greater access to physicians than those nations that, like Canada, have tried to actively manage physician supply. (*Simoens and Hurst, OECD, 2006*)

Don't Encourage (or Discourage) Migration of IMGs




- Canada should not be relying on IMGs to make up for the shortfall while turning away capable Canadian students.
- Encouraging immigration by under-supplying physicians has the effect of reducing access to physicians in other parts of the world.
- Programs that assist IMGs with retraining and certification are of value, but the training and examination costs must be borne by the IMGs themselves and not subsidized by taxpayers.

Getting from Here to There

- Canadian governments should not institute short-sighted policies with regard to the introduction of IMGs.
- Apprenticeship-type arrangements for IMGs should be permitted. Better use of non-physician health professionals to expand the volume of services delivered should also be permitted, at the physicians discretion.
- Halt further departures from fee-for-service funding.

Getting from Here to There

- Monetary tools such as increases in the value of fees billed for services may be useful. A reduction in the rate of taxation for middle and upper income earners will have a similar effect.
- Reducing the cost of labour time through options such as better access to locum tenens coverage and compensation for daycare services for female physicians with children should also be considered.

A faint, blue-tinted globe of the Earth is visible in the background, showing the continents of North and South America.

More information at
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