



# INSIGHTS

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ISSUED QUARTERLY

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## Solutions to Canada's Health Care

### Found in collaboration between family doctors and specialists

The problems facing Canada's healthcare system will not be solved by just spending more money, Health Minister Jane Philpott said in Vancouver in August, as she promised the country's doctors the federal government is committed to finding innovative solutions. Ongoing talks about a new health agreement with the provinces and territories is an opportunity to set healthcare on a new course, she told the Canadian Medical Association's annual meeting. She said solutions can be found in encouraging better collaboration between family doctors and specialists, using digital technology to keep records and through the sharing of information.

Part of that solution will involve greater use of telemedicine – the idea is to connect more patients with the care they need by reducing the need to step foot in a medical office. Telemedicine is, in part, the use of apps, on-line courses and video conferencing with face-to-face meetings where patients are connected with nurses, doctors and specialists to receive the care they need. It boosts accessibility and timeliness of care, especially for those who live in rural areas, have mobility issues or suffer from mental health problems.

That's the good news. Ontario's doctors recently rejected a four-year deal with their province – some 68% voting against it. Although the vote leaves much unresolved, it does reveal a few stark truths. It makes plain the depth of physicians' anger at the current state of affairs, rejecting a deal

even after more than two years without one. It also highlights the deep divisions within the medical community. Leading up to the vote, both the Ontario Medical Association and a faction opposed to it waged intense campaigns. But, in the end, only 55 percent of the province's 42,000 physicians, medical students and residents bothered to cast ballots, compared to about 84 percent the last time Ontario doctors voted on a settlement.

The agreement would have increased the \$11.5 billion physician services budget by 2.5 percent a year. It also would have prevented unilateral fee cuts. On the surface, that seems like a reasonable offer. It certainly is much more than the 1.2 percent increase that both a facilitator and a conciliator suggested earlier in the process.

Opponents said it was a paltry increase, when one considers factors

such as inflation, population increases and an aging population. But the reality is that the province faces severe financial challenges, spiralling health costs and shrinking federal health transfers. Doctors' pay currently accounts for 10 percent of the total provincial budget.

The public's interest is in getting the best possible health care at a reasonable price. Doctors should be well compensated – they have specialized skills, acquired after long years of study and practice, they work long hours and they do very important work. But the debacle of this vote shows that the medical association must work harder to increase its transparency, to ensure doctors feel listened to and heard.



**The public's interest is in getting the best possible health care at a reasonable price.**

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## Basic Physician Facts

### Canadian Physician Resources - 2016 Basic Facts

#### Physician supply

- Number of active physicians (excluding residents) as of January, 2016 = 80,544.
- There are 2.40 physicians per 1,000 population.

#### Physician mix

- 52% are family physicians; 48% are specialists of other disciplines.
- 40% (31,837) are aged 55 or older.
- 40% are female; 60% are male. Two thirds (65%) of family physicians under age 35 are female.
- 75% graduated from a Canadian medical school, 23% graduated from a foreign medical school, 2% not stated.

#### Physician distribution

- Less than 10% of physicians practise in rural areas whereas about 19% of Canadians live in rural areas. The figure for family physicians is 14% compared to 2% of specialists.
- There is a higher concentration of foreign medical graduates in Saskatchewan (53%

of all physicians) and Newfoundland (38%) than in provinces such as Quebec where only 11% graduated outside Canada.

- 74% of Canadian graduates practise in the province where they graduated.

#### Physicians in training

- First year enrolment in undergraduate medical schools in 2014/15 was 2,921. This is an 85% increase since 1997/98.
- 56% of first year medical students in 2014/15 were female; 44% were male.
- Total enrolment in 2014/15 was 11,610; number of graduates in 2015 was estimated at 2,817.
- Number of residents in postgraduate programs in 2015/16 was 16,200. Of these, 12,841 were Ministry-funded positions.

#### Physician migration

- 198 physicians moved abroad in 2014. In the same year, 208 returned from abroad for a net gain of 10. Net gains have occurred for the past decade.



- 755 physicians moved to another province/territory in 2014 (excl. residents). Net gains occurred in QC (25), ON (33), AB (16) and BC (46).

#### International comparison

- Canada has 2.6 physicians per 1,000 population (including residents) compared to the Organization for Economic Co-operation and Development average of 3.3.
- Canada's phys/pop ratio ranks 28 out of 35 nations ahead of the US, Japan, Poland, Mexico, Korea, Chile and Turkey.

Source: CMA Physician Data Centre, Canadian Medical Assoc. 07.2016

## Vaccines: Why We Need Them



If you're a parent, you may wonder if you and your children need all the vaccinations available from your provincial or territorial health agency. Simply put, vaccines are the best way to prevent diseases that can cause pneumonia, meningitis, other serious illnesses, and even death.

Why are vaccines still needed for rare diseases? Immunization has saved more lives than any other public health measure, according to Immunize Canada.

But beyond our borders some diseases are still common, and travellers can be exposed to or bring these diseases into our country.

Even an infant's body can handle a tiny amount of antigen; without it, the body may be too weak to fight the disease. Remember, not immunizing puts children at risk for contracting and spreading disease.

Good to know: The Public Health Agency of Canada recommends vaccinations, but provinces and territories set their individual

immunization schedules. Learn more at your province's or territory's health plan website.

The best time to get vaccinated against seasonal flu is autumn. Your protection starts in 1 to 2 weeks and generally lasts at least 6 to 8 months. Health Canada recommends a yearly flu vaccine for nearly everyone 5 months or older. Influenza can make even healthy people very sick and leads to thousands of hospitalizations and deaths every year. Note: Talk to your health care provider if you have a history of allergic reactions to the vaccine components, or you are moderately or severely ill. The vaccine is not approved for children less than 6 months old.

Don't avoid vaccination for your children out of fear or forgetfulness. Keep your family immunized, and on schedule.

Questions? Learn more from your child's health care provider.

Source: Body Bulletin Canada - August 2016

#### Solutions to Health Care ... continued from reverse

The province, for its part, must act reasonably. It should not impose unilateral fee cuts, as it has in the past year. It should avoid the tactics seen this spring, when it revealed that more than 500 Ontario doctors billed more than \$1 million in 2015. Such tactics do little to advance the discussion, and obscure the real issues.

We all understand there is only so much money to go around. The province must carefully assess its fiscal priorities. If healthcare is one of them, as it should be, given the public's consistent voice saying so and aging population, then the government may well have to sacrifice in other areas in order to fund it adequately. Finding new innovative ways to use technology will be a start.

Until next time...

Source: The Waterloo Region Record / CBC Health