





**AFMC**

# Canada's Faculties of Medicine

## **Tripartite Mission:**

- **Produce doctors and health scientists for Canada**
- **Lead Canada's health research enterprise**
- **Provide world-class clinical care**



## Faculty of Medicine

## Year Organized

McGill University	1829	
Université Laval	1853	
Queen's University at Kingston	1854	← 1867 – BNA Act
Dalhousie University	1868	
Université de Montréal	1877	
University of Western Ontario	1878	
University of Manitoba	1883	
University of Toronto	1887	← 1894 – 1 <sup>st</sup> Stanley Cup
University of Alberta	1913	
University of Saskatchewan	1926	← 1921 – Agnes Campbell Macphail elected
University of Ottawa	1945	
University of British Columbia	1950	
Université de Sherbrooke	1961	← 1961 – SK Medical Care Insurance Bill
McMaster University	1965	
University of Calgary	1965	1970 – Thunder Bay Created
Memorial University of Newfoundland	1967	←
Northern Ontario School of Medicine	2003	



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# Training Tomorrow's Doctors

- Graduate over 2300 MDs a year
- 10,148 undergraduate medical students in training
- 12,453 postgraduate trainees
- 21,687 full and part-time faculty members



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# Leadership in Health and Biomedical Research

**Canada's faculties of medicine  
received \$2.6 billion  
(\$2,607,386,000) in health research  
in 2007-08**



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## Vision and Mission

**Vision: National and international leadership in health education, research and care to meet the needs of all Canadians.**

**Mission: To ensure the health of Canadians by promoting and supporting excellence in health education and research.**



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## About AFMC

- **Founded in 1943**
- **Represent Canada's 17 Faculties of Medicine and are the voice of academic medicine in this country**
- **Support medical education, health research, and clinical care in our Faculties of Medicine**



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## Strategic Goals

- To be a leading advocate and an expert voice on issues relating to health education, health research and clinical care.
- To respond to changing societal needs with innovative educational programs.
- To provide leadership in the development of a health human resource plan.



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## Strategic Goals (cont'd)

- To define and advocate for appropriate funding to achieve the education and research missions of the Faculties of Medicine.
- To enable and sustain academic careers for health and biomedical researchers through capacity building, education and funding.
- To provide leadership in enhancing our accreditation programs and in developing a world class Canadian Conference on Medical Education.



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The Association of Faculties  
of Medicine of Canada

# Is there a federal role in health human resource planning?

**Dr. Nick Busing**

**President & CEO, The Association of Faculties of Medicine of Canada**

2009 Deans on the Hill



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*The term “HHR” encompasses all those involved in the delivery of health care, such as physicians, nurses, technologists, therapists, and the wide spectrum of other health care providers.*

- Health Canada, Pan-Canadian Health Human Resource Strategy, 2004-2005 Annual Report.



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# Many Individuals and Organizations Have a Hand in HHR Planning

**Provincial/Territorial Governments**

**Federal Government**

**Health Quality Councils**

**Health Care Research , Information & Service Agencies**

(CIHI, CHSRF, CHEPA, CHSPR, MCHP, CaRMS, OPHRDC and many more)

**Individual Patients & Practitioners**

## **HHR Planning**

- The establishment of goals, policies, and procedures to direct all those involved in the delivery of health care.
- An orderly arrangement of the wide spectrum of health care providers.
- Having in mind an orderly arrangement of all health care providers.

**Health Care Facilities**  
(clinics, hospitals, nursing homes, etc)

**Training Institutions**  
(colleges, universities, etc)

**Teaching Hospitals**

**Regional Health Authorities**

**Regulatory Authorities**

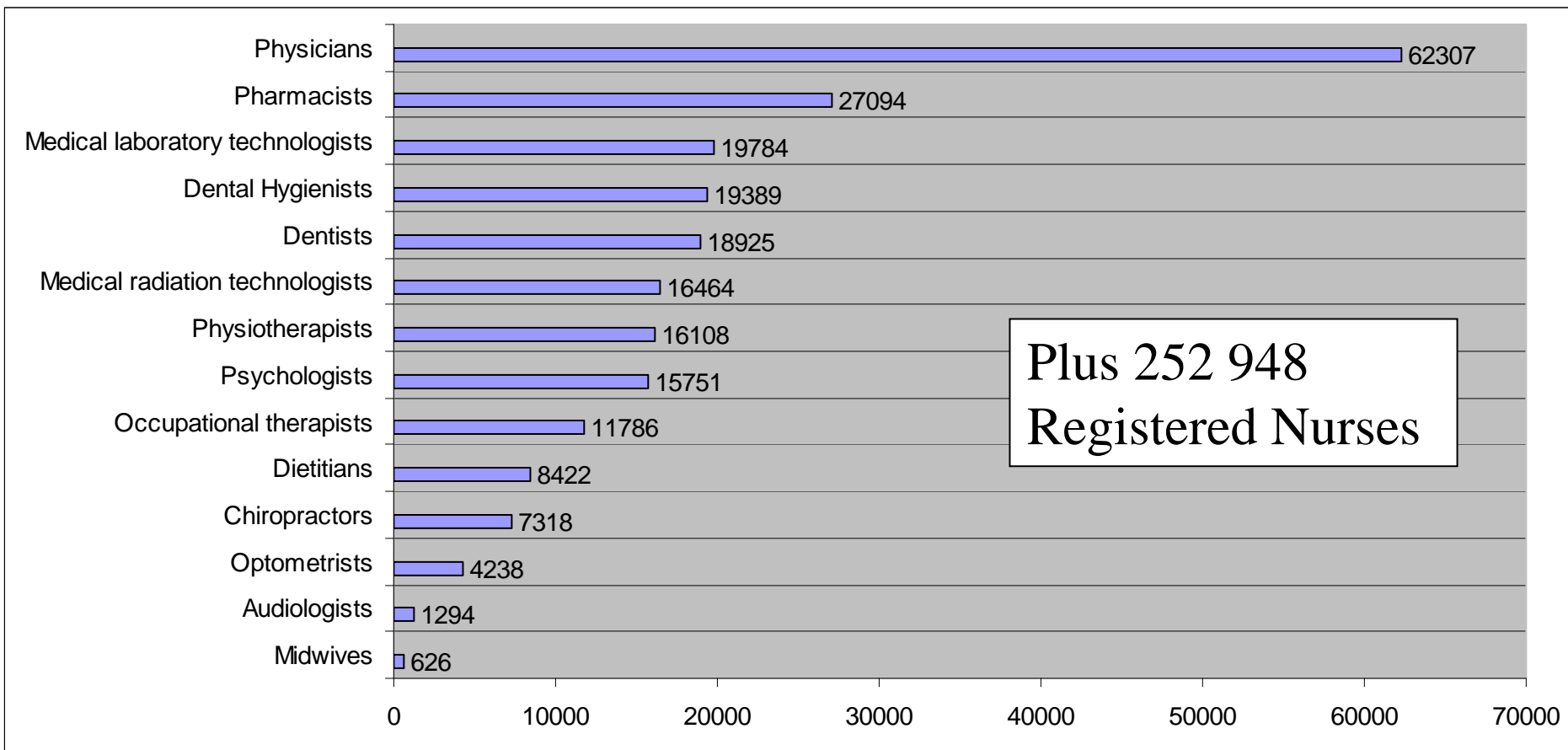
**Professional Associations**  
(membership, certifying & accrediting agencies, etc)



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# Number of Health Care Providers, Canada, 2006

(most current data presently available)

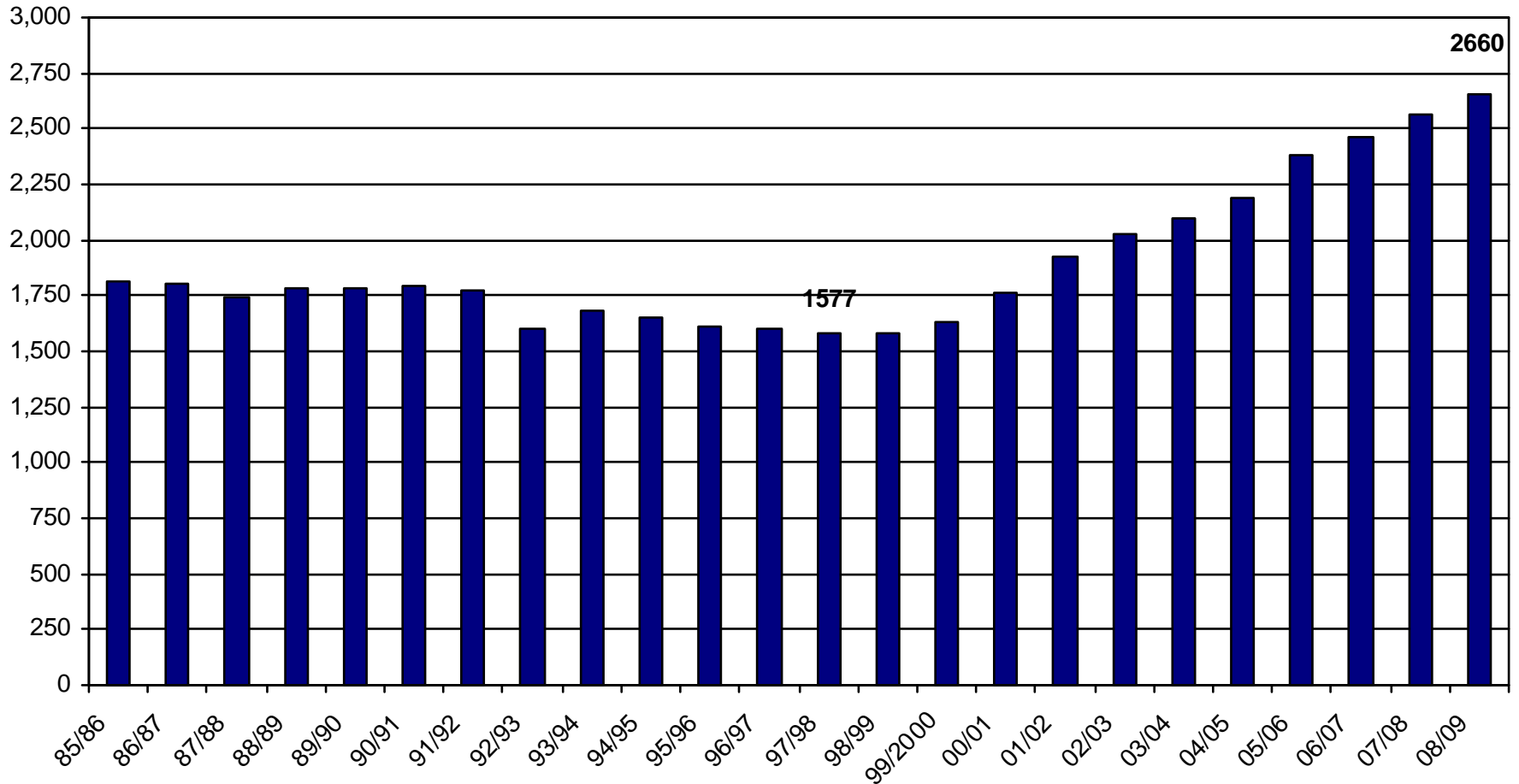




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# First Year Medical Students

First Year MD Program Enrolment, Canada, 1985/86 - 2008/09



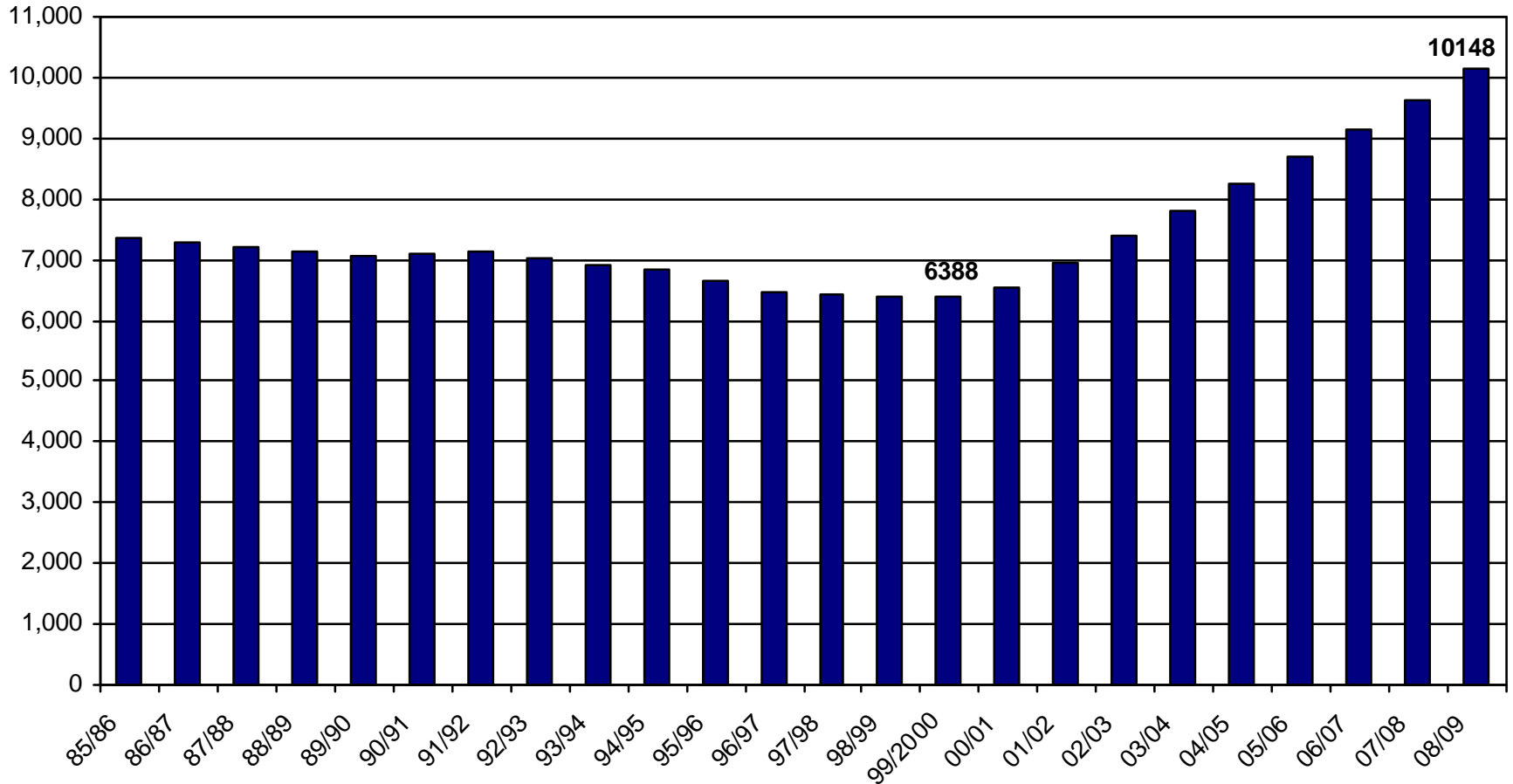
Source: AFMC ORIS, 2009



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# Total undergraduate enrolment

MD Program Enrolment, Canada, 1985/86 - 2008/09



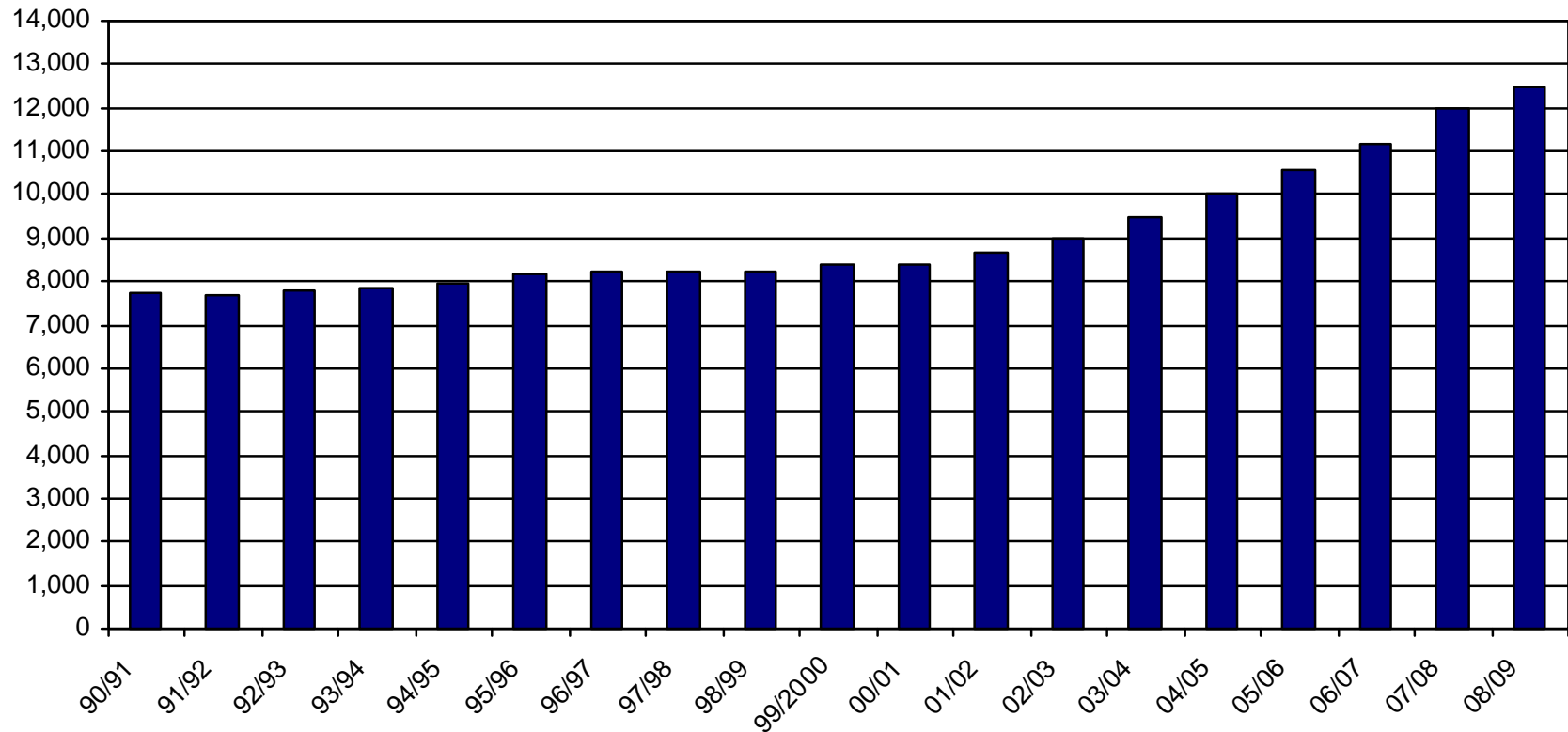
Source: AFMC ORIS, 2009



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# Post-MD Enrolment

Total Post-MD Enrolment, Canada, 1990/91 - 2008/09



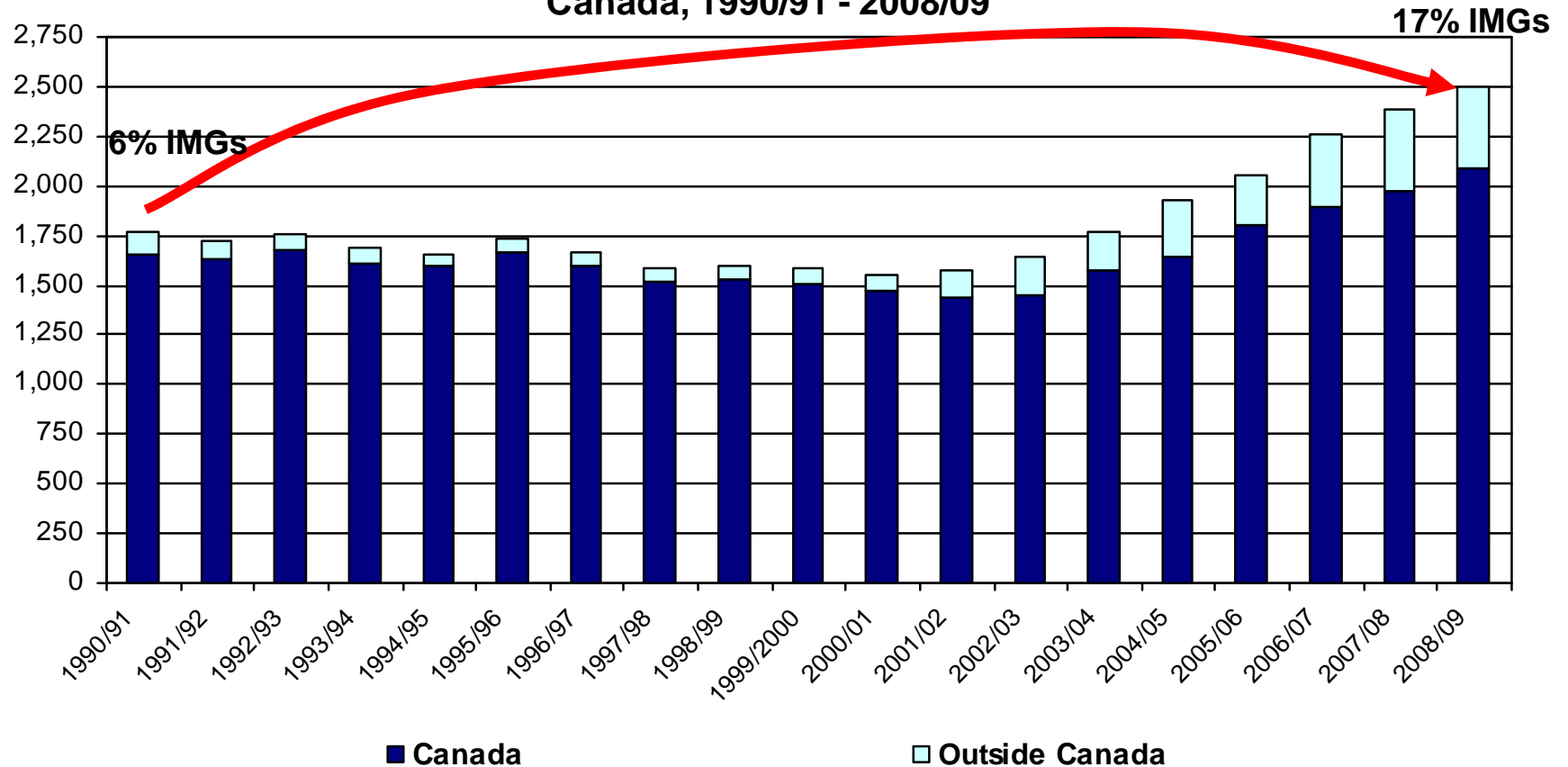
Source: CAPER, 2009.



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# IMG Post-MD Enrolment

First Year Post-MD Trainees by Place of MD Graduation,  
Canada, 1990/91 - 2008/09



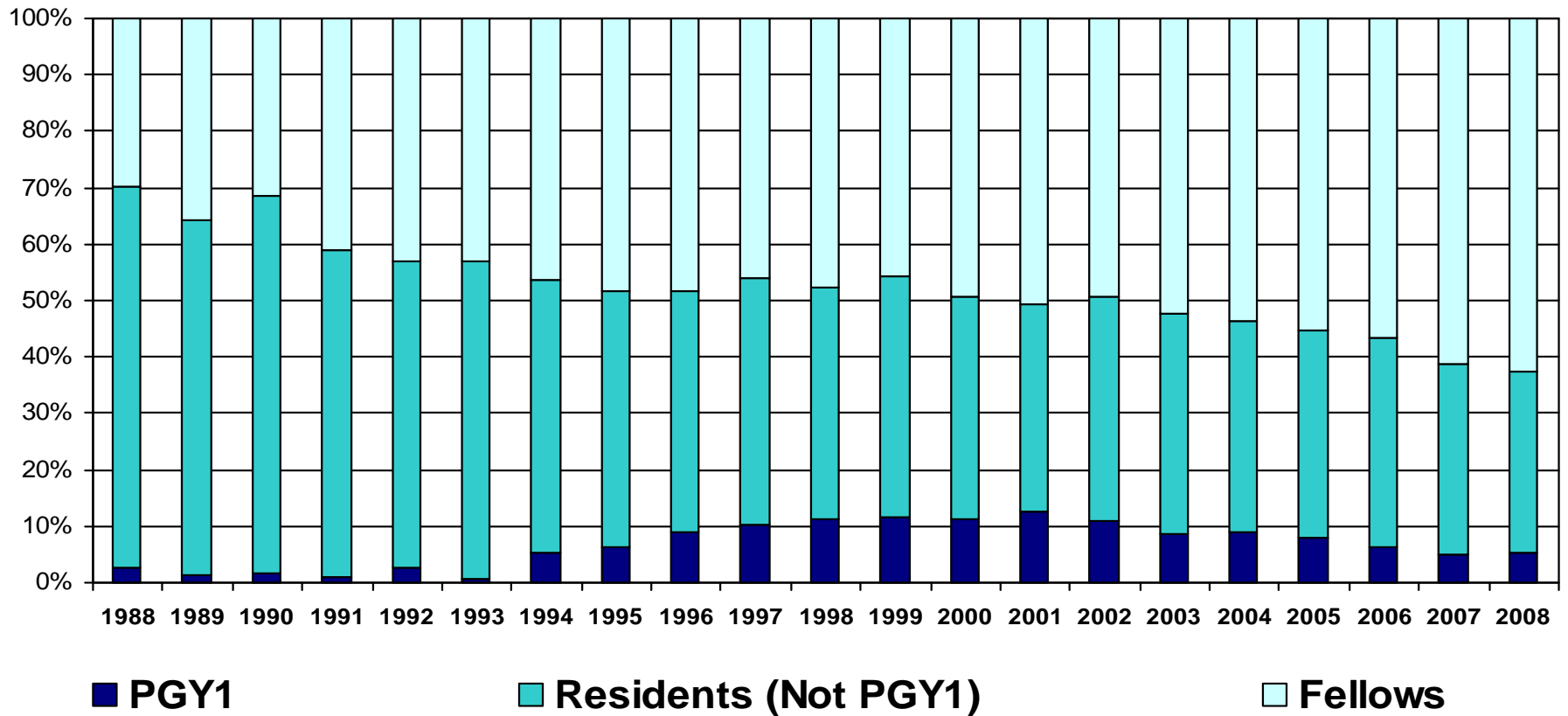
Source: CAPER, 2009. Note: Excludes visa trainees.



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# Post-MD Visa Trainees

Percent Distribution of Visa Trainees by Post-M.D. Training Level, 1988 - 2008

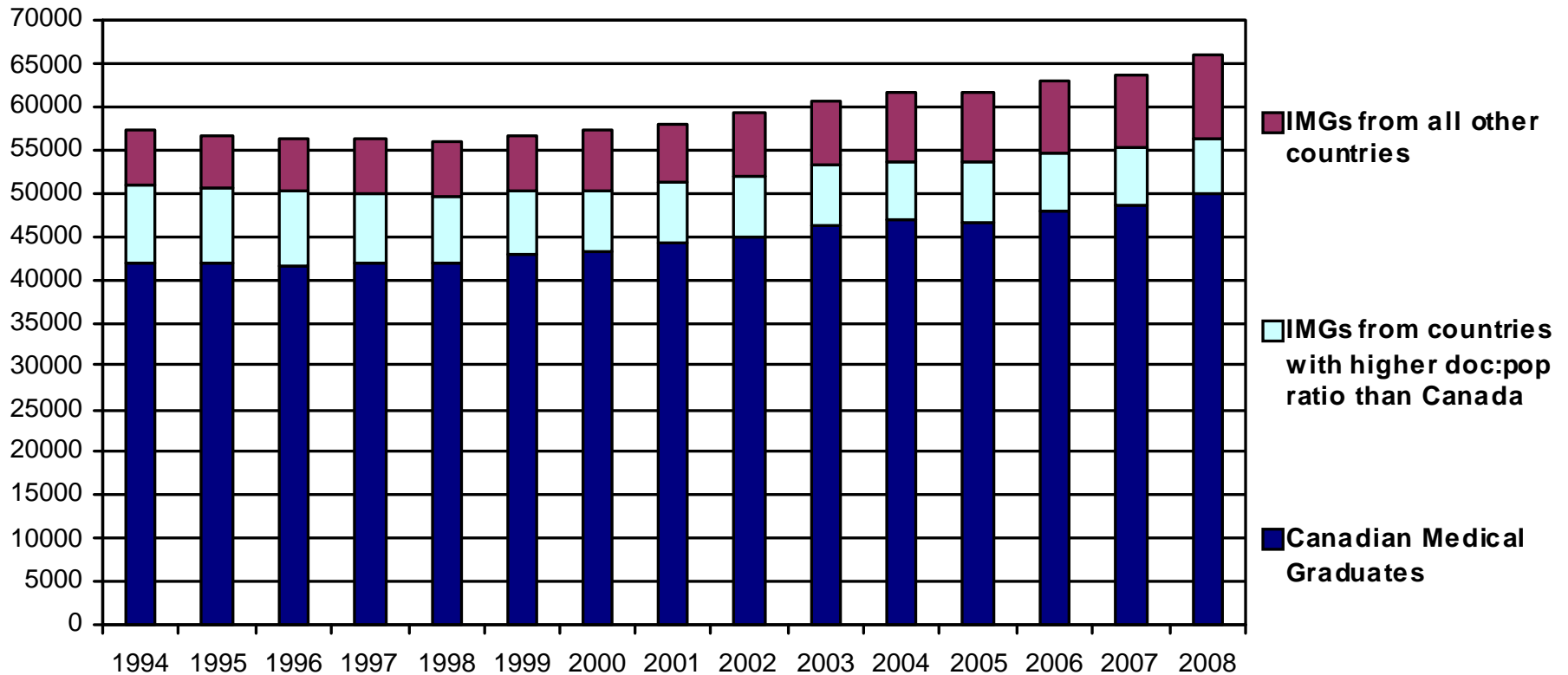


Source: CAPER, AFMC, 2009



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Figure 1: Number of Active Physicians in Canada by Place of MD Graduation, 2008

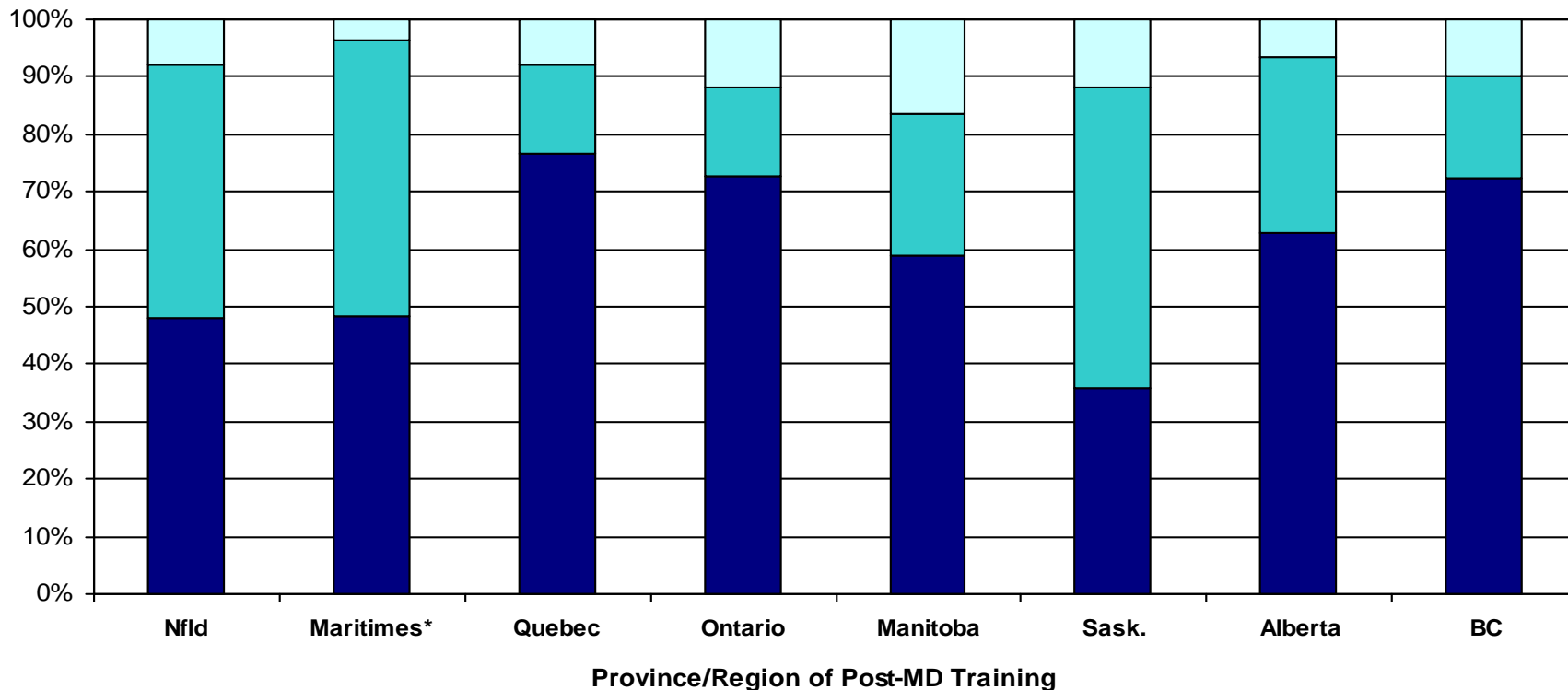


Sources: Physician counts are based on the Canadian Medical Association Masterfile as of January 1 of each year. Canadian medical graduate counts are included within a single category. International medical graduate counts are divided into two categories based on doctor to population ratios published by the Organization for Economic Cooperation and Development and the World Health Organization.



# Practice Entry Cohort

2009 Practice Location of Post-MD Trainees Who Exited Training in 2004  
(5 Year Practice Location)



■ Within Prov/Region of Post-MD Exit

■ Inside Canada, Outside Prov/Region of Post-MD Exit

■ Outside Canada or Not Located

\*Includes Dalhousie post-MD graduates practising in PEI, Nova Scotia and New Brunswick;

\*\* Excludes visa and re-entry trainees. Source: CMA Masterfile, CAPER, 2009



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## The many challenges of HHR planning

- F/P/T environment means multiple jurisdictions and areas of responsibility
- Many professions involved
- Lack of consistent data collecting mechanisms across the country



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## Issues in HHR planning for Medicine

- Undergraduate Admission Levels
- Postgraduate Admission Levels
- International Medical Graduates
- International Recruitment
- Domestic mobility and the AIT
- Need for federal leadership
- Support for health/biomedical researchers



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## Question 1

What level of undergraduate admissions is enough to meet Canada's needs?



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## Question 2:

How many post-graduate positions do we need in order to ensure enough positions for Canadian Medical Graduates?

How many post-graduate positions do we need in order to ensure enough positions for international medical graduates?



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## Question 3:

How much should Canada rely on internationally trained physicians?

How do we ensure that our recruitment efforts are ethically sound?



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## Some Questions (Cont'd)

How can we mitigate against the negative effects for some provinces of inter-provincial mobility?

What will the effect of the Agreement on Internal Trade be on physician mobility in Canada and the ability for all provinces to maintain an adequate supply of physicians?



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## The federal role: HHR observatory

- Facilitate, in partnership with provinces, the creation of an HHR observatory to:
  - Consolidate existing data
  - Generate new data where needed
  - Analyze data and make evidence-based, needs-based HHR recommendations
  - Must be pan-Canadian and inter-professional