

CURRENT AND PROJECTED FUTURE PHYSICIAN AND MIDWIFERY SUPPLY - FOR MOTION 1B - DRAFT

KEY MESSAGES

The availability of skilled clinicians is critical to the performance and sustainability of a service delivery system for newborns, children and expectant mothers.

Paediatrics:

- The two hospitals report a total 46 paediatricians at Scarborough facilities; 23 have Active or Associate privileges.
- 54% are female and 28% are over the age of 55.
- There are several subspecialties at both RVHS and TSH.
- On-call responsibilities and the relative attractiveness of private community-based practice are factors in recruitment.
- Provincial forecasts (2010) suggest that there might be a slight shortage of paediatricians over the next 10 years.

Obstetrics:

- The two hospitals report a total of 34 obstetricians/gynecologists at Scarborough facilities; all have Active or Associate privileges.
- 59% are female and 44% are over the age of 55.
- Provincial forecasts (2010) suggest that there will likely be more than enough obstetricians/gynecologists to meet population need over the next 10 years.
- In the future, threats to the ability to recruit include the declining volume of births in Scarborough, the availability of operating room time and clinic time/space, cuts to provincial health care spending and clarity of vision at the regional level.

Midwifery:

- The two hospitals report a total of 21 midwives; all have Active or Associate privileges.
- All of the midwives are female and only one is over the age of 55.
- Sage-Femmes Midwives practice at RVHS' Centenary site and Ajax site. Diversity Midwives practice at both TSH sites.
- The midwifery groups are not experiencing any recruitment challenges at the present time but recognize the importance of proactive succession planning.
- The number of births attended by midwives in Ontario has been increasing each year since regulation. According to the College of Midwives of Ontario, last year approximately 10% of all births in the province were attended by midwives.
- Over the next five to ten years, recruitment may be difficult if it is not possible to attain hospital privileges as midwifery practices grow but there is confidence that there will be an adequate supply of midwives in Scarborough.

CURRENT AND PROJECTED FUTURE PHYSICIAN AND MIDWIFERY SUPPLY - FOR MOTION 1B - DRAFT

The availability of skilled clinicians is critical to the performance and sustainability of a service delivery system for newborns, children and expectant mothers. This section addresses the current and projected future supply of paediatricians, obstetricians and midwives in Scarborough. (Data for the Ajax site of RVHS is not included). The content in this section was provided by physician and midwifery leaders, medical affairs databases, literature and the Ontario Physician Human Resource Data Centre.

Paediatrics

The table below provides a profile of the paediatricians currently practicing at RVHS Centenary Site and TSH. The two hospitals report a total 46 paediatricians. 54% are female and 28% are over the age of 55.

Hospital-Based Paediatricians as of August 2014												
Primary Site	Gender		Age Group					Privilege Category			Sub-Specialties (Type/Number)	Recruitments in Progress
	M	F	25-35	36-45	45-55	56-65	66+	Active	Associate	Courtesy		
RVHS-RVC	8	12	2	5	5	7	1	5	5	10	Neonatology (3 active), Cardiology (1 Active, 1 Courtesy), Respiriology (1 courtesy), Endocrinology (1 Active), Allergy & Immunology (1 associate and 3 courtesy), Neurology (1 Courtesy), Genetics (1 Courtesy), Nephrology (1 active and 1 Courtesy), Gastroenterology (2 Courtesy), Haematology (2 Courtesy), Rheumatology (2 Courtesy), Infectious disease(1 courtesy), Adolescent Medicine (1 courtesy), Child Psychiatrists (5 active)	7
TSH-B	5	8	3	4	3	3	0	6	0	7	Neonatology (1 Active, 1 Courtesy), Cardiology (2 Courtesy), Nephrology (1 courtesy), Behaviour (1 Courtesy)	2
TSH-G	8	7	3	3	6	2	1	6	1	8	Cardiology (1 active/ 2 courtesy), Neonatology (1 Active, 1 Courtesy), Neurology (2), Infectious Diseases (1), Allergy (1)	3-Developmental Pediatrician, Acute Care Specialist, Allergist
Total	21	25	8	12	12	12	1	17	6	23		

Notes: There are also 2 neonatologists based at the RVHS Ajax site who also work at the RVHS Centenary site.

There are no significant recruitment issues for paediatricians at the present time and Scarborough hospitals have been successful at recruiting new paediatricians.

Ensuring comprehensive on-call coverage is a challenge. This is not just an issue related to retirement, but is also an issue for new paediatricians joining the hospital, starting call, then developing private practices and deciding to decrease their on-call responsibilities.

In the future, it is anticipated that there will be ongoing difficulties attracting pediatricians to provide hospital on call services. Factors include strong competition from other hospitals with a variety of incentives including direct added payments, clinic activity, specialty clinic development, etc. Hospital based paediatrics supports ED and surgical care teams (especially ENT and dentistry). The number of pediatric admissions will continue to decrease; with the result that the number of pediatricians taking call will decrease since it does not compensate well. Other means of financial support to retain paediatricians may have to be explored.

Group discussion within the department with a focus on providing on call coverage drives recruitment planning. RVHS also has a corporate Clinical Prioritization Committee, which anticipates future needs for medical human resources and requires impact analyses for all new or replacement positions. The two Scarborough hospitals have no formal rules regarding retirement age or guaranteed call reductions with age.

Whether or not there will be an adequate supply of physicians over the next 5 to 10 years is dependent on a number of factors including role and activity levels of each hospital site, payment plan options and the relative attractiveness of office-based practice.

Obstetrics

The table below provides a profile of the obstetricians/gynecologists currently practicing at RVHS Centenary Site and TSH. The two hospitals report a total of 34 obstetricians/gynecologists. 59% are female and 44% are over the age of 55.

Obstetrician/Gynecologists												
Primary Site	Gender		Age Group					Privilege Category			Sub-Specialties (Type/Number)	Recruitments in Progress
	M	F	25-35	36-45	45-55	56-65	66+	Active	Associate	Courtesy		
RVHS-RVC	5	7	0	5	2	3	2	11	1	0	Urogynecology -2	2
TSH-B	5	5	0	0	3	6	1	10	0	0	MFM 1	5
TSH-G	4	8	2	5	2	3	0	12	0	0	MIS x1	0
Total	14	20	2	10	7	12	3	33	1	0		7

Currently, the supply of obstetricians/gynecologists at the hospitals in Scarborough is not an issue. Hospitals have the ability to offer locum privileges to potential candidates to assess organizational fit before finalizing an offer. Recruiting for specific skill sets or characteristics (e.g. sub-specialties or particular language capacity) can be more challenging.

In the future, threats to the ability to recruit include the lack of availability of operating room time and clinic time/space, cuts to provincial health care spending and clarity of vision at the regional level.

Hospitals in Scarborough use a number of approaches for proactive planning for obstetricians. For example, TSH regularly has Obstetrics/Gynecology residents doing electives in the hospital which gives medical leadership a chance to assess abilities and dialogue with possible candidates. New recruits could potentially come from this pool of people. RVHS has a corporate Clinical Prioritization Committee and requires impact analyses for all new or replacement positions. TSH has a corporate Performance Improvement Committee and requires and impact analysis for all new or replacement positions.

There are currently no department-specific rules regarding retirement or reduced call-obligations. However, RVHS Centenary site is exploring guidelines about reduced call responsibilities, especially night call, for high risk specialties such as Obstetrics after a certain age.

Leaders at the two Scarborough hospitals believe that there will be an adequate supply of obstetricians/gynecologists in Scarborough in the next 5 to 10 years. However, in light of the decreasing number of deliveries in the Scarborough cluster in recent years RVHS and TSH are actively engaging in the repatriation of Scarborough deliveries.

Midwifery

The table below provides a profile of the midwives currently practicing at RVHS Centenary Site and TSH. The two hospitals report a total of 21 midwives. All of the midwives are female and only one is over the age of 55.

Midwives												
Primary Site	Gender		Age Group					Privilege Category			Sub-Specialties (Type/Number)	Recruitments in Progress
	M	F	25-35	36-45	45-55	56-65	66+	Active	Associate	Courtesy		
RVHS-RVC	0	10	0	7	3	0	0	5	5	0	NA	1
TSH-B and TSH-G	0	11+ 1 (Oct 2014)	3	5+1	2	1	0	11	+1	0	NA	1
Total	0	21	3	12+1	5	1	0	16	5+1	0		1

NOTE: Sage-Femmes Midwives practice at RVHS' Centenary site and Ajax site. Diversity Midwives practice at both TSH sites.

The midwifery groups are not experiencing any recruitment challenges at the present time but recognize the importance of proactive succession planning.

The number of births attended by midwives in Ontario has been increasing each year since regulation. According to the College of Midwives of Ontario, last year approximately 10% of all births in the province were attended by midwives.

Over the next five to ten years, recruitment may be difficult if it is not possible to attain hospital privileges as midwifery practices grow. The future service delivery model may have an impact on this. Recruitment planning is based on client demand in the community, funding that is given to the practice by the Ministry of Health and succession planning requirements. There are no specific rules regarding retirement or reduced call-obligations.

There is confidence that there will be an adequate supply of midwives in Scarborough in the next five to ten years. Given that there are two practices in Scarborough and the quarterly reports generated by both practices to the Ministry do not suggest that there is a large number women who cannot receive care from a midwife. Both practices can continue to gradually grow as they have been and continue to effectively cover the demand for midwifery.

Demographic Trends

Both paediatricians and obstetricians/gynecologists exhibit similar patterns with a larger proportion of males in higher in the older age brackets, and a larger number of females in the younger age brackets. This is consistent with the current distribution of students entering and graduating from Canadian Medical Schools and subsequently entering the workforce; approx. 58% of MD Degrees have been awarded to women by Canadian Universities since 2005¹. (AFMC 2013: "Graduates of MD Programs in Canadian Faculties of Medicine")

Female physicians exhibit different practice patterns, and may not assume the same level of full-time practice as male counterparts. They are more likely to take parental leave or leaves of absence, take less call and see fewer patients while on-call². Females may also be retiring at a younger age, as there are fewer of them over the age of 55 than males. There is a very small proportion of doctors under 35 (only 1 out of 91 Obstetricians & Paediatricians practicing in Scarborough in 2012). There are limited vacancies and openings in hospitals, so many younger doctors may be working part time as locums, or women are taking time off after graduating to start families before fully establishing their practice.

Obstetrics & Gynaecology is a specialty that is dominated by women, with the greatest proportion between the ages of 35 and 54 (accounts for approximately 49% of Obstetricians & Gynaecologists practicing in Scarborough). This reflects medical school graduate patterns and the increasing demand for female Obstetricians. The number of female paediatricians is low in the 54-64 and the 45-54 age brackets.

Projections

The Ontario Population Needs-Based Physician Simulation Model was developed in 2010. It is a planning tool for planners and policy makers to understand the impacts of health population trends and health policies on physician supply and need. This model is one of many pieces of evidence available to support health human resource planning and the results should always be combined with other evidence (both qualitative and quantitative). The final report includes the following caution: “Simulating the future in health human resources through modelling is not an exact science. Results will never be completely accurate; however the direction and magnitude of observed trends can provide insight into potential future circumstances.”

The table below shows the projected annual variance between the supply of physicians in Central East LHIN and estimated population need. A negative value represents a shortage.

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Obs/Gyn	-2	-2	0	0	0	1	2	2	4	5	5	6	7	7	7	7	8	8
Paeds	-1-	-1	-1	-1	-2	-2	-2	-1	-1	-1	-1	-1	-2	-2	-2	-3	-3	-4

Note: The paediatric estimates do not include Pediatric General Surgery, Pediatric Respiriology, Pediatric Rheumatology, Pediatric Nephrology, Pediatric Infectious Diseases, Pediatric Hematology, Pediatric Gastroenterology, Pediatric Endocrinology & Metabolism, Pediatric Critical Care, Pediatric Clinical Immunology, Pediatric Cardiology and Pediatric Neurology.

This data suggests that, in Central East LHIN, there will likely be more than enough obstetricians/gynecologists to meet population need but there may be a shortage of Paediatricians over the next 10 years.

References:

1. "Graduates of MD Programs in Canadian Faculties of Medicine". 2013 Canadian Medical Education Statistics.
2. N Weizblit, J Noble, & MO Baerlocher, "The Feminisation of Canadian Medicine and its Impact upon Doctor Productivity." *Medical Education* 43:5 (May 2009): 442-448.
3. MOHLTC & OMA Simulation Report, Oct. 2010