

Physician shortage in canada (british columbia)

[Countries](#), [Canada](#)



etc. to support themselves. Many of them end up changing their profession entirely due to these reasons.

Another major contributor to the physician shortage in Canada is the migration of doctors to other countries, especially the U. S., which seems to have easy going policies and looser rules when it comes to physicians. The CIHI (2000-2007) states that out of the doctors who are leaving Canada, more than 60% chose to go to the U. S. which is renowned for luring more physicians than any other country.

According to Buske, female physicians in most western countries work lesser hours than their male counterparts and in Canada this difference is about 15% (7-8 hours per week). Currently, there is evidence that it is not just females that are working fewer hours, but both male and female physicians aged 55 years or younger are reporting fewer working hours than they did almost 20 years ago (2007).

Some experts argue that this trend will be reversed in the coming years and the future will be brighter for the struggling doctors as well as Canadians who are in need of a family physician. Others argue that even if there is a loss of a handful of physicians each year, over time these losses will add up and produce a negative result. It has been found by a recent study that the estimated supply of Canadian-trained physicians will only create a small increase in the physician-to-population ratio—rising from 2.74 physicians per thousand population in 2015 to 2.84 in 2030 (Globerman et al, 2018). Moreover, even if the supply of internationally-trained doctors continues to increase as it has in the last 5 years, the ratio will only improve from 2.74

physicians per thousand population in 2015 to 2.97 in 2030. An aging population will further increase the problem.

This problem involves the Canadian Medical Association, provincial and federal governments and the policy-makers as a whole who should focus on co-ordinated national recruitment and retention strategies to retain and sustain the physician supply in all regions of Canada (Mythbusters, 2008).

Statement of Problem & Problem analysis:

Canada being the world's second largest country area wise has 240 doctors per 100,000 people (Canadian Institute for Health Information (2015)). With such wide difference, we are struggling hard for the population to meet its needs. Every problem needs a solution but before that we need an analysis to arrive at the solution. For the shortage of doctors, we have couple of reasons and for finding a solution we can take the help of the SWOT analysis.

Strength: Canada with large area and great infrastructure has been attracted by large number of immigrants over the few years. Its wide levied policies and high standard of living is one the strengths of Canada.

Weakness: With the leverage of the express entry, the entry of quality people has not been updated as people with professional skills still prefer United States of America. Although vast land, most of the lands is not sustainable for human survival. Hence the areas occupied are quite populated, therefore people prefer to move to other places regarding in shortage of doctors. The number of residency positions are also less which force the doctors to give up their dream of pursuing the medical career. Since

most of the general practitioners want to become specialist, we have shortage of general practitioners most of which work in hospitals to get wages on daily basis. The fees system is outdated as the laws have not been changed since two decades. The increasing workload forces doctors to reduce the timings of the work which increases the shortage of doctors more.

Opportunities: With the help of the Canadian government, the services provided to the doctors is subsidized as the attachment to the pharmacies is their own will. They can be affiliated to any pharmacy they want.

Threats: The United States government has recently due to increasing cost of healthcare has lowered down the cost of living as well as the reforms for the incoming doctors. This has increased the influx of doctors moving from Canada to United States.

Analysis drawn:

With this analysis, we have drawn that more people have been moving away from Canada because of the opportunities to United States. The residency deficiency also gives up the hope of lot of future doctors along with salary deficiency.

Solution:

We need to create more residency positions. We need more Physical doctors in immigrant category. The influx of other streams should be scrutinized. We need more reform for the doctors so that they stay back to help Canadian government and denizens along with fees up-gradation.

Find Alternatives and solutions of current problem (Decision Making Steps):

One measure that can be taken is to improve the treatment of doctors, including economic treatment and social treatment. Doctor should have a more reasonable income in the economy and maintain a more decent life. A doctor is a profession that helps patients improve their health and should be respected by people. If we can improve the doctor's social status, and people are more respectful of the doctor's occupation, more and more college students will choose this occupation. Besides, it can reduce the loss of existing doctors so that the doctor's team will definitely grow.

When doctors become a high-income, dignified and prestigious profession, it is inevitable to absorb more talents to learn and practice medicine, thus increasing the total supply of doctors. In this way, the difficulty of the shortage of doctors will gradually ease.

“ Payments to Canadian physicians reached \$20. 2 billion in 2010–2011, up 6% from the previous year. This increase was smaller than the one seen in 2009–2010 (7. 9%) and 2008–2009 (9. 7%)” (Collier, 2013). In fact, Canadian doctors have already made a lot of money and have been greatly respected, so this is not an effective way to solve the problem for Canada. In Canada, medicine is one of the highest income occupations in all other occupations. Canadian health insurance will also not result in a loss of doctor's income. On the contrary, doctors' income is growing faster than other Canadians and is quite large (Duffin & Jacalyn, 2011).

Another way is to further expand the scale of lifelong cultivation. In the 1990s, due to concerns about the surplus of doctors, medical schools

increased the restrictions on admission, but the current output of medical doctors does not fully meet the needs of doctors' retirement and death and the continued growth of the population (Kondro, 1998). Doctor generally take a long time to learn and are under great pressure to work in the future. On the one hand, college medical school is very critical to admit students. It not only examines knowledge and skills, but also examines social welfare and sense of responsibility. On the other hand, students are not willing to choose this career. The government should pay attention to the shortage of doctors, and hope that more collage will open medical-related majors and continuously expand the scale of student training. The government can give incentives to students applying for physiology, and appropriately reduce tuition fees. This way will attract more young students to join the field.

According to Dr. Calvin Gutkin, the executive director and chief executive officer of The College of Family Physicians of Canada, the enrollment rate of medical schools has increased in recent years, but more space is needed. The limited resources, such as hospitals and teachers, are available for medical students to interns, which limits the possibility of large-scale recruitment to a certain extent. In addition, we should not lower the quality of medical graduates because we need them. This has led to a shortage of qualified doctors who graduated from college. There should be a balance between large-scale enrollment and graduate quality.

Canada also can introduce more doctors from abroad. The government can encourage international students to choose physiology. Through local education, students can fully adapt to the Canadian environment and ensure

their future work in Canada. In addition, restrictions on the practice of overseas doctors in Canada will be relaxed to attract more people who receive medical education in other countries. When students receive a medical degree in another country, the Canadian government should allow them to work quickly, either directly or through short-term training.

In Canada, international medical graduates, or graduates of medical schools not in their current country, account for 23-28% of the total labor force of doctors (Wong & Lohfeld, 2008). This problem can be solved to a certain extent by attracting overseas workers, but Canadian society itself must consider the fundamental solution. Doctors from abroad still need cost to train. International medical graduates also need to overcome some difficulties such as language and culture. A study from St. Michael's Hospital shows that about half of Canadian international medical graduates are currently working as doctors because of fierce competition in residential positions. International doctors found that despite international completed medical training in Canada, but it is difficult to find training positions.

Future steps and opportunities of regulatory modification should be focused by Health Canada:

Canada is facing shortage of physician in most of the provinces mainly British Columbia because more physician are at retirement age and some of them already left practice. In the very near future, this concern will become worst as less numbers of physician added in medical work force and regulation system is pathetic and lengthy compare to other para medical fields so students are less interested to be physician in Canada (Southern Medical Journal, 1998).

Rural physician shortage is the biggest issue for Canada for an instance, 94 family physician are there for 100000 Canadians. Additionally, physicians don't want to remain contractual for rural area as they have minimum number of cases in small town therefore, it is very hard to find those experts to work in town and this is the main problem that create shortage (Eggertson, 2015). There is one appropriate solution to relieve this pain, Eggertson (2015) stated that international medical graduates (IMGs) should be given more licensing to be a bridge between shortage of demand of physician and supply of Canadian graduates. Full license is the main obstacle for international medicine experts as they have to fulfill post graduate medical training in Canada but, some of the provisionally licensed graduates allow to IMGs to pursue their dream to work with health Canada (Eggertson, 2015).

Historically, it has been proved that Canada relied on foreign trained physicians then Canadian medical graduates though, one more option to recover this shortage is to encourage the Canadian students to be a physician with several grants and benefits so that, they will select their career in medical field (Dove, 2009). Moreover, they suggested the best alternate about paid internship for those medical graduates who are doing their study with reputed university. Dove (2009) added that, it is ethical and sustainable to provide paid training and favorable environment to IMGs to cut of the barrier in physician need.

In British Columbia, 700000 or 15 percent of population don't have family doctor however, this situation has been handled by medical council of

Canada by providing more medical graduates but, the main concern with them is post physician exam to get license in B. C (CANADIAN, 2017). They observed that, big challenge is not about lack of doctors but it is the about the less number of physician willing to work as a family physician. Medical graduates mainly focus on hospital based work or want to be an expert as it has more money and ease to do practice however, some of them believe that this field is all about service to the society and therefore, family physician term is required to be more broad for them (Busing, 2007). As per the Canadian Institution of Health Information, 56 percent Canadian have to wait till a month to meet their specialist and this physician shortage can be solved by medical school by allowing medical graduates to assist main physician and this training will be recognized by special appreciation in written and good pay scale.