

Issue in Focus

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Training Saskatchewan's Doctors

The College of Medicine at the University of Saskatchewan is the only medical school in the province. In 2010, 848 students applied to the College of Medicine and 84 of them were accepted. 80 of those students accepted were recognized as Saskatchewan residents with the remaining four coming from outside of the province. This breakdown reflects the College of Medicine's policy of reserving 90% of first year seats for Saskatchewan residents. The College also has a policy of reserving 10% of first year positions for qualified, self-identified First Nations, Métis, and Inuit students through its Aboriginal Equity Program, but these seats are included within the 90% allocated to Saskatchewan residents. The College of Medicine has a rigorous pre-acceptance process and therefore, barring exceptional circumstances, the graduation rate is 100%. Therefore, the same 84 students will be present in each of the four years of study. There are currently 108 first year residency seats in the province.

The number of training seats in the College of Medicine has increased over the last few years and the provincial government has a publicly stated goal of having 100 undergraduate seats and 120 residency positions by 2011.

Prior to being admitted to the College of Medicine, students must take a minimum two years of prerequisite study. After being accepted into the College of Medicine, students are required to undertake an additional 4 years of education. After medical school, students must complete post-graduate residency requirements prior to becoming a certified physician. Residencies typically range from 2-5 years. The length of a residency program is dependent on what type of physician a student wants to become. Specialist physicians are required to complete a residency training program in a specific area of specialty. This is usually a five year program, although it can be longer. Additionally, students are required to complete national specialist exams and may follow a residency program with additional specialty training through a fellowship, depending on the discipline.

The funding of the College of Medicine is very complex. The support the College receives from government comes from both the Ministry of Health and Advanced Education, Employment and Immigration. The College funds the undergraduate medical program, post graduate residency program, biomedical science undergraduate and graduate programs and the School of Physical Therapy, as well as clinical operations, all from government support. The interrelatedness of these teaching, research, and clinical activities makes it very difficult to identify the funding that is specifically directed toward physician training seats. However, for each of the incremental undergraduate medical seats being introduced in 2011-12, the government is providing an additional \$93,000/seat/year. For the new residency seats the incremental increase in funding will be \$46,000/seat/year.

Residency locations are very significant because evidence shows that new doctors are most likely to set up practices at or near the location of their training and/or residency. In 2010, less than 45% of Saskatchewan medical graduates stayed in the province for their residency program. Historically, uncompetitive wages have been presented as one of the primary reasons for Saskatchewan’s low residency retention numbers. However, progress has recently been made on increasing the attractiveness of Saskatchewan’s residencies, with the last contract ratified in May 2011 increasing wages, benefits, and on-call stipends. Due to a lengthy period without a signed contract, the current contract with the Professional Association of Interns and Residents of Saskatchewan expires in December 2012. Currently, for a first year resident in Saskatchewan the annual salary is \$53,642 with an incrementally increasing rate that reaches \$77,772 in year 6. Comparatively, in Alberta a first year resident earns \$54,857 and in the sixth year earns \$81,093.

Salaries of Residents in Post-Graduate Years 1-6		
	Saskatchewan (Jan 2011)	Alberta (July 2011)
Gross annual PGY-1 salary	\$53,642	\$54,857
Gross annual PGY-2 salary	\$58,501	\$60,828
Gross annual PGY-3 salary	\$60,685	\$65,592
Gross annual PGY-4 salary	\$65,315	\$70,360
Gross annual PGY-5 salary	\$69,910	\$76,325
Gross annual PGY-6 salary	\$77,772	\$81,093

The College of Medicine is solely responsible for the education of physicians in Saskatchewan. Once students complete their residency, it is the province’s Regional Health Authorities, in conjunction with the Ministry of Health, who are primarily responsible for recruiting physicians to Saskatchewan.

To further help attract doctors to Saskatchewan, the Physician Recruitment Agency of Saskatchewan (known as “Saskdocs”) was created in 2010 with a commitment of \$3.5 million from the Ministry of Health. During its first year of operation, the Agency has introduced several initiatives to help attract and retain Saskatchewan doctors, including the Rural Externship Program. The Program provides medical students between their second and third years of study with a summer work experience in a rural or remote community.

Saskdocs has also established a Regional Recruiters’ Network which is made up of physician recruiters from all of the Regional Health Authorities, the Saskatchewan Medical Association, the Saskatchewan Cancer Agency and Northern Medical Services. The Network provides a harmonized physician recruitment process across the province. While this network is growing stronger, the Agency has also hired a private recruitment firm, Global Medics/Calian, to help immediately fill some physician shortages across health regions.

The province is also working to more effectively facilitate and streamline the recruitment of foreign-trained doctors. Currently, close to 45% of all physicians practising in Saskatchewan are foreign-trained. In rural areas, this number is closer to 75%. Effective January 1, 2011, Saskatchewan introduced a new assessment process designed to recruit more foreign-trained physicians to the province. Saskdocs is currently focusing its recruitment efforts on Canadians

studying medicine in other countries, with particular emphasis on ex-pats in the United States as well as physicians in the United Kingdom and Ireland.

All foreign-trained physicians must be licensed by the College of Physicians and Surgeons of Saskatchewan. This statutory, self-regulating body is responsible for licensing properly qualified medical practitioners, developing and ensuring the standards of practice in all fields of medicine and investigating, and disciplining all doctors whose standards of medical care, ethical or professional conduct are questioned. The College of Physicians and Surgeons of Saskatchewan requires completion of the Medical Council of Canada Evaluating Exam before foreign-trained physicians can practice in Saskatchewan. Physicians who completed their medical education outside of Canada must take steps to be included in the Physician Credentials Registry of Canada and if they are working outside of a group practice, must also complete the Saskatchewan International Physician Practice Assessment. Access to the Saskatchewan assessment process includes a return-of-service agreement and family medicine foreign doctors receive compensation while being assessed. Graduates of accredited family medicine training programs in Australia, Ireland, the UK, and the US who have qualified with their respective professional organizations may be eligible to apply to the College of Family Physicians of Canada (CFPC) to be awarded Certification in the CFPC without examination.

Once a foreign-trained physician has a job offer from a Saskatchewan Health Region, it takes a minimum of four months for them to receive a work permit although it can take much longer depending on what country they are coming from. Additionally, assuming a physician provides all of the necessary documentation, it takes several weeks for the College of Physicians and Surgeons of Saskatchewan to screen an application and provide the doctor with a letter of ruling outlining whether they are eligible for licensure and for what type of license.

In 2000 there were 1,567 doctors practicing in Saskatchewan. In December 2008, there were 1,860 physicians licensed to practise in the province and in November 2011 the College of Physicians and Surgeons of Saskatchewan reported that it had 2191 physicians registered in Saskatchewan. Of these 2191 physicians, 725 were trained in Saskatchewan, 310 were trained in Canada (excluding Saskatchewan) and 1156 were trained internationally. In 2011 the average annual physician salary in the province was \$246,700.

According to the Ministry of Health, it is difficult for Saskatchewan to forecast for the number of physicians the province will require into the future. This is because in Saskatchewan, family physicians do not all practice at the same level or rate. Family physicians provide a different number of services that range anywhere between 1,300 and 13,000 services a year depending on a number of variables including how health services are organized in their location and the extent other health providers are available and utilized.

Nevertheless, the Ministry of Health has done some analysis. In 2009-10, approximately 7.26M primary health services were utilized by Saskatchewan's population and these services were provided by family physicians and Nurse Practitioners. Based on projected changes to the population, and assuming Saskatchewan's population continues to use the same rate of primary health services, the Ministry has projected there will be a demand for 7.8M to 8.4M primary health services in 2020. However, as noted above, the number of family physicians required to

meet this demand will be influenced by how physicians practice and the mix health service professionals available. The Ministry of Health has indicated that it will be doing further work with physician leaders, health regions, and Saskdocs on physician planning with a focus on forecasting the number of family physicians and Nurse Practitioners needed based on the various primary health care service delivery models.

Physician retention continues to be a serious issue for rural Saskatchewan. The annual turnover rate of physicians working in rural areas is 18% compared to 12.5% in urban areas and 11% in Regina and Saskatoon. According to the Saskatchewan Medical Association, a series of grants have been introduced to try and improve physician attraction and limit turnover.

- **Rural Practice Establishment Grants**
The Rural Practice Establishment Grant provides \$25,000 to physicians establishing a practice in rural Saskatchewan. In return, physicians must practice in a rural Saskatchewan community for a minimum of 18 months.
- **Rural Practice Establishment Grant for Foreign-Trained Physicians**
This grant provides \$25,000 to a foreign-trained family physician that establishes a practice for 18 months in a rural Saskatchewan community (having met all eligibility criteria).
- **Regional Practice Establishment Grant**
This grant provides \$10,000 to an eligible family physician who establishes a practice in a regional Saskatchewan community (Swift Current, Moose Jaw, Prince Albert, North Battleford, Lloydminster or Yorkton) for a minimum of 18 months.

In addition, Regional Health Authorities (RHAs) and Northern Medical Services offer a wide range of financial incentives such as guaranteed minimum income contracts, loan forgiveness, and signing bonuses. Furthermore, there is limited support for things such as bursaries for medical students, salary adjustments while studying, etc. A total package value for the first year of service can range from \$0 to an estimated \$55,000 with an average RHA package being valued at approximately \$20,000.

Added to this, many Saskatchewan communities are working aggressively to recruit and retain physicians by offering a wide variety of other incentives. While there is no standard database or method for evaluating community incentive packages, a survey by Saskdocs found that the total package value for a first year of service can range from \$6,000 to an estimated \$145,000 with an average community package being valued at approximately \$42,000.

The success of using financial incentives to attract and retain physicians is not guaranteed. Research shows that financial incentives can help attract physicians to rural areas, but that over the long term these effects are limited. According to the 2007 National Physician Survey, the most important criteria used by physicians to choose where they practice include availability of a practice opportunity, an appealing location, personal family reasons, and availability of medical/support system resources. In the survey Saskatchewan general practitioners ranked financial and recruitment incentives to be the eighth most important location selection factor.