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Editorial
Éditorial

Physician shortage

The growing shortage of physicians in Canada is a matter of public record. Over the past several years, physician groups have been lamenting the decline in the numbers of medical school graduates and postgraduate training positions and the lack of appropriate practice opportunities for young physicians. With the medical workforce being unable to meet increasing clinical pressures brought on by an enlarging, aging population, access to physician services is even more difficult now than it was in recent years.

Several strategies have been promoted to deal with the issue of too few physicians and too many patients. Federal and provincial governments have targeted high profile areas (e.g., cataract surgery) to address wait times for these procedures. Generally, this strategy has been successful in alleviating some of the political pressure and partially stabilizing or, rarely, decreasing the number of patients waiting (and the time they wait) for treatment.

The broader perspective is less encouraging. According to published news reports a million people in Ontario cannot access family physician services on a regular basis. Wait times for nontargeted surgical procedures remain stagnant or are increasing. With the recognition that training a physician from scratch to be a competent specialist will take 10 years (on average), governments are increasingly turning to international medical graduates (IMGs) who are fully trained in family or specialty medicine to make up the shortfall.

Many provincial ministries have promoted programs by which IMGs can undergo a practice assessment or some additional training and then be credentialed to work as specialists within that provincial jurisdiction.

It is imperative that the final assessment of competence and credentialing of these individuals remain within the medical profession. Credentialing is a complicated issue involving certification of specialization from the Royal College, credentialing by the hospital in which the physician works and demonstrating appropriate training to the provincial college, which then licenses a physician to practise within that province.

Experience with this process in other countries has not been positive. To address significant wait list issues, government agencies have taken over the credentialing process and the issuing of temporary licences to overseas physicians who work in facilities performing surgical procedures. These surgeons then return to their country of origin, leaving the patients to have their follow-up care and complications treated by the full-time surgeons working in that community.

This situation only occurred because the profession did not insist on retaining all aspects of credentialing; by allowing a government body to assume this important role, credentialing became a political rather than a professional issue.

I do not suggest this is about to happen in Canada, but I do suggest that the political pressures to address our medical needs are mounting; IMGs are a valuable source of physician manpower to address these mounting needs; we must be prepared to participate in IMG evaluation and training, and, finally, we must maintain our ability to credential them to provide medical care for all Canadians.

James P. Waddell, MD
Coeditor

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