



## Impatient for Patients

Picture this. While millions of Canadians can't find a doctor, thousands of foreign physicians cannot get a licence to practise medicine here. According to the College of Family Physicians of Canada, 4.5 million people had trouble finding a family physician in 2002. We lack at least 3,000 family doctors, and the situation is getting worse.

Specialists are also in critical short supply. We need cardiovascular specialists, anesthetists, psychiatrists, radiologists and obstetricians. Hospitals have to turn patients away because of a shortage of emergency room physicians. In January 2000 Joshua Flewelling, 18, suffered a serious asthma attack in Scarborough. Because the nearest hospital could not accept any more patients, the ambulance took him to another hospital, where he died. The coroner's inquest listed the acute shortage of physicians in local emergency departments as one of the causes of his death.

Canada produces fewer physicians now than it did a decade ago. Most communities in Canada need physicians. Patients, health professionals and administrators are all frustrated by the doctor shortage. How has this happened and why is it not improving? Read on.

Canada's doctor shortage is partly rooted in a 1991 report commissioned by the provincial deputy ministers of health. In that document, two health economists predicted that Canada was facing a physician surplus. In response, provincial governments, scrambling to save money, cut first-year enrolment to Canadian medical schools by about 10 percent.

In 1999 the Medical Council of Canada calculated that Canada needed to recruit 2,500 new doctors a year. This would cover both physicians retiring or leaving the country and population growth. Our own graduates cannot fill the void: medical schools graduate only 1,500 new doctors a year.

A major problem is the shortage of residency openings. The provincial colleges of physicians and surgeons, which grants doctors their licences, requires that after medical school, doctors complete a residency: at least 2 years of hands-on training, usually in a hospital. An American residency is treated on a par with a Canadian one, but residencies in other countries are not. Therefore, the majority of immigrant doctors have to complete a residency here. The snag is getting the training. You can pass all your exams, but you still can't get into a training program.

Foreign doctors can compete with Canadian medical school graduates for residency positions, but in order to do so, they have to register with CaRMS (Canadian Resident Matching Service). And there is a catch: foreign doctors will only be considered after Canadian-trained graduates have found residency positions. They can compete in the second round - for the leftovers. The competition is stiff. In 2003, 625 international graduates competed. Only 67 - about 10% - found a position.

In every province the situation regarding residency positions varies: the number of positions available, the rules about how to get them and how long a doctor has



to train. Each province sets aside a few positions for foreign doctors, but in no province is the number of residencies available equal to the number of doctors seeking to fill them.

Admitting qualified doctors makes economic sense. If a foreign-trained doctor requires additional training to come up to Canadian standards, it is far cheaper to provide it than to educate a doctor entirely from scratch. In Alberta, it costs taxpayers about \$300,000 to put a student through 3 years of medical school. This would be saved if immigrants who already have medical degrees were accepted for residencies.

Ontario has between 2,000 and 4,000 immigrant doctors looking for a practice - doctors with thousands of dollars of training and experience. They have a right to be assessed, and if found to be qualified, they should be allowed to practise their profession. To do otherwise is a shameful waste of their expertise.

Until next time...

Sources: Position Paper on Physician Workforce Policy and Planning

"A Public Dialogue on Health Care" Ontario Medical Association

### In This Month's Issue...

**Flu Shots: A Simple  
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# RUDENESS

*On the Rise*



Rudeness in the workplace may be impacting the health of employees according to a University of Michigan study. Rudeness can cause not just hurt feelings, but also anxiety, depression, sadness, moodiness, and increases in insomnia and minor illnesses like colds and flu.

Workplace violence, including verbal abuse, is a growing problem, according to The Canadian Initiative on Workplace Violence.

We can't eliminate stress and tension on the job, but common courtesy - whether face-to-face, on the phone or via email - can prevent conflicts before they escalate to abusive language and distress, or worse.

## Watch Your Back on the Job

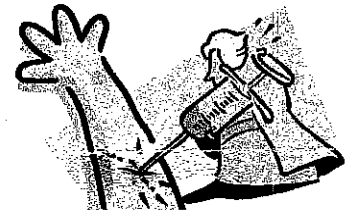
Whether you sit at a desk or move freight for a living, your back gets a workout every day. The first step to preventing or reducing back-ache is to stay aware of how you are using your back. Review your habits...



- I avoid slouching when sitting or standing.
- I avoid leaning forward while working at my desk or standing at a work station, such as a counter.
- I avoid extended periods of bending over low objects
- While sitting or driving for long periods, I use some type of lumbar cushion to support my lower back
- Before lifting, I test the weight by lifting a corner of the object.
- When moving an object, I let my leg muscles do the work, and push rather than pull.
- I wear supportive, cushioned shoes when work involves prolonged standing on a hard surface.
- I include a regular stretching routine in my exercise program to build strength and flexibility in my spine.

## Flu Shot Facts for Everyone

*As the weather cools, boost your immunity.*



The Canadian Coalition for Immunization Awareness and Promotion (CCIAP) recommends the flu shot for most everyone past the age of 6 months. The vaccine is especially helpful for those at high risk for flu complications, including:

- ◆ people with lung disease and other chronic medical conditions
- ◆ people age 65+
- ◆ pregnant women\*
- ◆ children age 6-23 months
- ◆ health care workers and others with heavy public exposure

\* The shot is considered safe and may be beneficial for pregnant women at all stages of pregnancy and for breast feeding mothers

The best time to get vaccinated is from October through November. The flu season can range from November through April. Your body needs about 2 weeks to develop antibodies after vaccination, but shots after November will offer some protection. It's important to get a shot every year, since flu viruses change regularly.

Disclaimer: The comments contained herein represent the opinions of the author and should in no way be construed as being official or unofficial policy of RWAM Insurance Administrators Inc. If legal or other expert assistance is required, the services of a competent professional should be sought.

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