Choosing a Specialty: Resources to Consider

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As medical students, we often hear statements about the difficulty many newly trained specialists have in securing employment, but are they true? Physician employment trends are important to heed as we move forward and seek to meet the future demands on our medical system. Here we review key resources on which to keep an eye.

In October 2013, the CEO of the Royal College of Physicians and Surgeons, Dr. Andrew Padmos, released a message around the most recent 2013 Employment Report, "What's Really Behind Canada's Unemployed Specialists."[1] Namely, the report found there is a 16% unemployment rate among specialists and subspecialists compared to a 7.1% unemployment rate experienced by all Canadians.[2] Other notable findings of the report included the following:

- Between 2011 and 2012 there was 4% rise in unemployment issues for specialists.
- Employment issues are most pronounced in resource-intensive disciplines including, but not limited to, critical care, general surgery, neurosurgery, radiation oncology, urology, gastroenterology, and ophthalmology.
- Over half of new specialist respondents reported receiving no career counseling.

The report cited three reasons why these problems may worsen in the future. Firstly, a weakened economy has delayed retirement for physicians, making new-graduate entry challenging. Secondly, interprofessional healthcare is less reliant on physicians for treatment, which slows job growth. Thirdly, new factors for today's specialists, such as an older age of entry, lead to relocation and job-finding difficulties.[2] The 2013 National Physician Survey shows us here in BC, family practitioners report a 2.9% underemployment rate versus 6.3% in other specialties.[3]

The National Physician Employment Summit held in Ottawa in February 2014 brought together hundreds of medical associations to address these very problems. The delegation strongly supported creating a pan-Canadian strategy to better match physicians to population needs to address employment issues.[4] This was in addition to the Canadian Medical Association (CMA)'s existing 10-Point–Plan intended to address employment, education, and training.[5]

These sentiments were in agreement with a 2011 report from the Doctors of BC who recommended collaboration between the Health Authorities and the Ministry of Health to create a provincial Physician Workforce Planning Committee for BC, which would include the Faculty of Medicine and the Royal College of Physicians and Surgeons.[6] The 2011 Doctors of BC report, "Doctors Today and Tomorrow," explains the difficulties in projecting physician supply, and notes that currently in BC, resource planning occurs at the regional, and not provincial, level. Individual Health Authorities develop physician human resource plans, however the plans have shortcomings in comprehensiveness, methodologies, and levels of implementation. Additionally, there is limited availability of high-quality physician workforce data with which to plan. At present, provincial, regional, and national databases report different numbers of physicians, but no source is able to provide comprehensive information on the services physicians provide or their perceived workload.[6]

> **So how do you navigate this changing landscape? As a student, book an appointment with the Career Planning Program of the Faculty of Medicine.**

Dr. Cunningham, President of the BC Medical Association (BCMA) and the Doctors of BC, was able to provide a statement around the employment projections for physicians – "[both groups] expect in the near future that students and physicians will have access to a national resource plan." Current support from the BCMA includes a speed networking event in addition to their 2011 report[7].

So how do you navigate this changing landscape? As a student, book an appointment with the Career Planning Program of the Faculty of Medicine. For basic information, be sure to check the websites of the National Physician Survey, the Royal College of Physicians and Surgeons, the CMA, and the Doctors of BC.

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Nurse Practitioner's Role in Canadian Healthcare

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The current role of registered nurses (RPNs) is a physician's aide who ensures patient treatment is carried out according to physician orders.[1] However, the climate in Canada has necessitated a shift towards nurses having more responsibility in the medical setting. This has produced a specific role within nursing known as a nurse practitioner.

Nurses in very remote areas are often required to perform duties outside of their job description.[2] The recently certified profession of nurse practitioner (NPs) allows nurses to diagnose and treat illnesses, order tests, and prescribe medication. This change in the roles and responsibilities of nurses is a type of task–shifting—a tactic that has gained attention over the past ten years, particularly in low-resource settings.[3] The goal of task–shifting is efficient use of human resources in a healthcare setting to achieve optimal patient health. Studies report that in specific environments, NPs can effectively diagnose and treat particular diseases and perform surgery with outcomes comparable to those of trained physicians.[2,4]

In 2002, a Cochrane review was conducted to survey the literature and determine patient views of NPs and synthesize data regarding clinical outcomes. This review reported that patients were more satisfied with NP visits than physician visits, as the consultations were longer and more detailed. Furthermore, patient outcomes were comparable between the two groups.[5] Although the studies examined in the review provided sparse data and had a large degree of heterogeneity, research still suggests NPs are competent at performing basic physician tasks. However, a source of contention lies in where NP responsibilities end and clinician responsibilities begin.

It is generally accepted that there will be overlap depending on the healthcare setting and resources available. However, too much overlap will create a two–tiered system where a portion of patients will be treated by NPs and another portion treated by 'more qualified' clinicians. As usual in medicine, the answer does not lie on one extreme or the other.

Although NPs provide support in duties that can be shifted vertically, the major aspects of specialist duties remain with highly trained clinicians. The implication is that there will always be limits on the roles of NPs. On the spectrum of responsibility; nurse practitioners must lie between a nurse and a clinician, with a margin of flexibility.

There have been multiple NP clinics opening across the country, indicating the task–shifting mentality that is pervading the policy landscape. Until there is evidence to the contrary, current use of NPs in Canadian healthcare provides an efficient means of reducing physician workload and costs while improving health outcomes. Further context–specific pilot projects in low–resource settings will facilitate further appropriate use of nurse practitioners.

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