

A LOOK INTO THE EMPLOYMENT CHALLENGES OF NEW CERTIFIED MEDICAL SPECIALISTS IN CANADA

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ost planning approaches attempt to produce the right mix and number of physicians based on society's health needs. But that is only part of the picture. Many specialty medical and surgical disciplines require specific resources such as operating room time and hospital beds to function efficiently. With health care spending on the decline, specialists often have limited access to such resources, which affects the number able to practice as well as how much work each specialist can undertake which has led to specialist unemployment & underemployment.

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PURPOSE/OBJECTIVES

To gain further insight into reported employment challenges, complementary follow-up crosssectional study, referred to as the employment "cohort" study, was launched in 2014. This study further probes those certificants who reported employment challenges in the initial survey to determine if there has been a change in their employment status what factors, if any, contributed to this change.

FINDINGS/IMPACT/OUTCOMES

Of the 169 eligible study participants, 72 responded (43% response rate). Of these, 58% reported that they had secured a position. Of those, approximately one-third were either temporary or locum positions. Finding a position after obtaining Royal College certification varied from 8 weeks to 75 weeks, with surgical specialists experiencing the longest delay. The study also revealed that employment in certain disciplines calls for additional qualifications beyond certification, such fellowships, creating an additional barrier employment postcertification.

Willingness to relocate, additional training/fellowships, recruiters and contacts were often cited as employment enablers. Of those who had yet to secure a position (n=30), 47% indicated that they were pursuing additional training (e.g., fellowship or sub-specialty) and 20% reported still being unemployed. While data collection for the 2014 cohort is still ongoing (54% response rate at time of submission), there is a similar pattern emerging.

CONCLUSIONS

As we continue to gather data over time, we aim to build a comprehensive view of trends about time required to employment by specialty/subspecialty, barriers and enablers related to physician employment, type of job secured, and qualifications post-certification required for employment by spec/sub and setting. Findings will help elucidate career choice, workforce planning, research and decision-making in an area where no other pan-Canadian data is currently available.