Recruitment to Geriatric Medicine: the Canadian Perspective

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Disclosure

No competing interests in regards to the content of this presentation.
Objective

Upon completion, you will be able to:

- Discuss the opportunities and challenges of recruitment to Geriatrics in Canada.
Aging Demographics in Canada

- More than 13% of Canadians are over 65 years of age.
- The first cohort of the baby boomers turned 65 years old in 2011.
- These seniors have increased health care needs that require skilled medical care.
Providers of Geriatric Care

Multiple providers:

- General care: Family Medicine (including Health Care of the Elderly and Palliative Care), Internal Medicine, Psychiatry, Surgical specialties.
- Specialized care: Geriatric Medicine, Geriatric Psychiatry.

These physicians require the skills to care for older patients in inter-professional teams in the community, acute care and rehabilitation settings.
Training in Geriatric Medicine

- Royal College Certification (3 core years Internal Medicine + 2 subspecialty Geriatric Medicine years).

- Residency in Geriatric Medicine must include:
  - 1 year clinical senior residency in Geriatric Medicine.
  - 1 year further residency of 6-12 months clinical residency in Geriatric Medicine, or 6-12 months clinical/laboratory research training.

Excerpted from the Royal College of Physicians and Surgeons of Canada website.
Training in Health Care of the Elderly

- College of Family Physicians Certification in Family Medicine (2 years).
- 6 months of enhanced skills training in Health Care of the Elderly (HCOE).
- No certification examination at the present.
Determinants of Internal Medicine
PGY4 Match Choices

Figure 1 Visual representation of number of comments for each theme.

Daniels VJ, Kassam N. BMC Medical Education 2011, 11:44
### Table 2: The five most important factors to residents in making career decisions

<table>
<thead>
<tr>
<th>Factor</th>
<th>Group 1* (N = 49) Mean (SD)</th>
<th>Group 2f (N = 38) Mean (SD)</th>
<th>Group 3g (N = 23) Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent with personality</td>
<td>3.61 (1.11)</td>
<td>3.97 (0.91)</td>
<td>4.26 (0.62)</td>
</tr>
<tr>
<td>Intellectual stimulation</td>
<td>4.08 (0.81)</td>
<td>4.42 (0.79)</td>
<td>4.09 (0.73)</td>
</tr>
<tr>
<td>Diversity of clinical spectrum</td>
<td>4.06 (0.96)</td>
<td>4.24 (0.85)</td>
<td>3.87 (0.97)</td>
</tr>
<tr>
<td>Challenge of diagnostic problems</td>
<td>3.86 (0.96)</td>
<td>4.03 (0.97)</td>
<td>3.78 (1.00)</td>
</tr>
<tr>
<td>Opportunity to do procedures</td>
<td>4.14 (0.94)</td>
<td>2.37 (1.30)</td>
<td>2.57 (1.16)</td>
</tr>
<tr>
<td>Satisfaction among staff physicians</td>
<td>3.69 (0.87)</td>
<td>3.84 (0.86)</td>
<td>3.74 (0.96)</td>
</tr>
<tr>
<td>Predictable working hours as a staff</td>
<td>3.00 (1.08)</td>
<td>3.45 (1.01)</td>
<td>3.83 (0.78)</td>
</tr>
<tr>
<td>Time for leisure as a staff</td>
<td>3.22 (1.03)</td>
<td>3.47 (1.01)</td>
<td>4.17 (0.72)</td>
</tr>
</tbody>
</table>

**Bolded values refer to the 5 most important factors to trainees.** *Group 1: procedural specialties; fGroup 2: non-procedural specialties; gGroup 3: non-procedural specialties with declining interest.*
## Geriatric Recruitment Issues Study (GRIST)

<table>
<thead>
<tr>
<th>Factors</th>
<th>Influence</th>
<th>Specialists (n=50)</th>
<th>Specialty Residents (n=9)</th>
<th>Core Residents (n=50)</th>
<th>Med Students (n=140)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residency choice</td>
<td>Most</td>
<td>Patient type</td>
<td>Lifestyle</td>
<td>Administration</td>
<td>Research</td>
</tr>
<tr>
<td>Attractiveness of Geriatrics</td>
<td>Least</td>
<td>Debt load</td>
<td>Procedures</td>
<td>Research</td>
<td>Practice location</td>
</tr>
<tr>
<td>Recruitment effectiveness</td>
<td>Most</td>
<td>Intellectual challenge</td>
<td>Intellectual challenge</td>
<td>Work hours</td>
<td>Perception of Geriatrics</td>
</tr>
<tr>
<td></td>
<td>Least</td>
<td>Perception of Geriatrics</td>
<td>Research</td>
<td>Administration</td>
<td>Administration</td>
</tr>
</tbody>
</table>
Exposure in Undergrad Education

Core Competencies (Learning Outcomes) for Medical Students in Canada

Excerpted from the CGS website: http://canadiangeriatrics.ca.
Challenges in Undergrad Education

- Variable implementation at university medical schools.
- Teacher capacity limited by small to medium size academic staff.
- Limited faculty development.
Exposure in Postgrad Education

- Clinical rotations are available across Canada, and can be elective or mandatory.
- Geriatrics content included in the Internal Medicine examination blueprint.
- Core competencies at postgraduate level need to be developed.
Postgraduate Entry Positions

- National expansion of Family Medicine and Internal Medicine PGY-1 entry positions, including expansion into distributed medical education sites in many jurisdictions across Canada.

- However, expansion is not the only answer and not all positions are being filled.
Postgraduate Entry Positions

For example in the CaRMS Medicine subspecialty match, positions in Geriatric Medicine increased from 25 in 2010 to 31 in 2011. Eight of these filled in 2010 (32%) and 13 in 2011 (42%).

In contrast, many Medicine subspecialties had an 85% or greater match rate in both years.
Postgraduate Entry Positions

Even though Geriatric Medicine training positions have expanded and are protected in some provinces to ensure healthy numbers of entry annually, subspecialty training in Geriatric Medicine has not been sufficiently attractive to Internal Medicine residents.

This is a multifactorial issue that will need to be addressed in collaboration with the Ministries of Health and other stakeholders.
Training and HHR

In some jurisdictions in Canada, a formal needs-based model for PGME planning has been implemented.

In many provinces the Ministries of Heath and the Faculties of Medicine actively discuss Human Health Resources and focus expansion on areas of need such as the aging population.

Stakeholders (CGS, AFMC) interested in HHR planning for Geriatric Care in Canada.
CGS and HHR Planning

Specialist Physicians in Geriatrics—
Report of the Canadian Geriatrics Society
Physician Resource Work Group*

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Role Models in Scholarly and Research Work

Sample of role models (in alphabetical order):

- Acute care for elders: Roger Wong
- Bone health: Alexandra Papaioannou
- Cancer care in the elderly: Shabbir Alibhai
- Delirium: Jane McCusker
- Dementia and cognitive impairment: Howard Bergman, Howard Chertkow, Howard Feldman, Ron Keren, Christopher Patterson, Kenneth Rockwood
- Diabetes: Graydon Meneilly, Daniel Tessier
- Driving: Malcolm Man-Son-Hing, Frank Molnar
Role Models in Scholarly and Research Work

Sample of role models (in alphabetical order):
- Falls: Karim Khan, Manuel Montero Odasso
- Frailty: Kenneth Rockwood, Howard Bergman
- Heart physiology: Kenneth Madden
- Incontinence: Adrian Wagg
- Nutrition: Jose Morais
- Pain syndromes: David Lussier
- Polypharmacy: Paula Rochon
- Quality of life: Gary Naglie
- Vaccination: Janet McElhaney
CGS Journal of CME
Geriatrics Interest Groups

Aim is to improve the image of aging and caring for seniors among trainees.

- National Geriatrics Interest Group (NGIG) for medical and health care students.
- Resident Geriatrics Interest Group (RGIG) that is spearheaded by medical residents who are interested in the field.

NGIG and RGIG comprise of local chapters, with support from CGS.
NGIG and RGIG

- NGIG organizes student focused activities (e.g. research workshops).
- RGIG actively delivers health advocacy programs to seniors in the community on a volunteer basis.
- Both NGIG and RGIG organize social events to raise awareness and offer peer support among trainees who share a common interest in a career of Geriatrics.
Geriatrics Recruitment Strategies

- Increased exposure to Geriatrics in undergrad and postgrad medical education.
- Increased residency seats in Geriatric Medicine and Health care of the Elderly.
- Increased exposure to role models through scholarly and research work.
- Increased engagement of prospective trainees through Geriatrics Interest Groups.
- Align recruitment with HHR needs.