An Internal Review of General Internal Medicine Specialty Services in Newfoundland and Labrador and an Action Plan to Address Critical Shortages

Dr. Julia C. Trahey, MD, FRCPSC, CPSO

December 21, 2009
Preamble

The Canadian population is aging with seniors making up the fastest growing age group. This trend is expected to continue for the next several decades. In 2003 an estimated 4.6 million Canadians were 65 years of age or older. This number is expected to double in the next 25 years. By 2041 about 1 in 4 Canadians is expected to be 65 or over. Regionally it is expected that by 2031, the Atlantic provinces will have the highest proportion of seniors in the country. (Statistics Canada)

In adults those aged 18-44 years have an average of 2.8 chronic medical problems. Those aged 65 and older have an average of 6.5 chronic medical conditions. (Health Council of Canada, HCC)

High impact chronic conditions as identified by the HCC are as follows:

1. Hypertension
2. Diabetes Mellitus
3. Mood Disorder
4. COPD
5. IHD
6. Arthritis
7. Cancer

General Internal Medicine specialists have broad based knowledge and skills in the delivery of adult complex interdisciplinary care. As evidenced by the recent Royal College of Physicians and Surgeons of Canada’s national summit considering subspecialty recognition for those pursuing advanced training in General Internal Medicine, there is an increasing need for Generalist Specialists across Canada. At present approximately 80% of Canadian Internal Medicine residents pursue subspecialty training in areas other than General Internal Medicine (See Slide #1).
The numbers of GIM specialists in practice compared to medical subspecialists from other fields in practice reflects the same overweighting towards subspecialty training (See Slide #2).

If you consider the aging of the physician workforce in Canada, with over 40% of practicing GIM specialists over the age of 55 and almost 20% over the age of 65, projected losses in the GIM workforce due to death or retirement is not matched by current numbers of trainees entering GIM specialty training programs (See Slide #3).
Rural and remote communities are being disproportionately affected by these converging trends. In communities less than 100,000 population, specialty medical care is provided for the most part by GIM specialists (See Slide #4).
The Newfoundland and Labrador Perspective

The Faculty of Medicine, Memorial University of Newfoundland offers Internal Medicine training consisting of a 3 year “core” program with the option of a 4th year in GIM training. Over the history of the program the vast majority of trainees opted for subspecialty training. From 2004-2009 only 12 R4 residents from MUN were successfully certified by the Royal College as GIM specialists. Of these only 2 remained in practice in Newfoundland and Labrador. From 2004-2009, 154 residents from MUN went on to subspecialty training in fields other than GIM. The Newfoundland and Labrador GIM specialist workforce also mirrors the aging seen on the national landscape with 51.5% between the ages of 45 and 54 years and 24.2% over the age of 65 years.

In September 2009, in my role of GIM R4 Program Director for the Internal Medicine Residency Training Program at Memorial University, I reviewed the current status of GIM specialty services in Newfoundland and Labrador. To do this I surveyed the four Regional Health Authorities (Labrador, Western, Central West, and Eastern Health). I spoke with the following individuals to develop an understanding of the current and projected needs and priorities as relates to General Internal Medicine:

1. Dr. Kenneth Jenkins, GP, VP, Western Health Authority
2. Dr. Michael Jong, GP, VP, Labrador Health Authority
3. Dr. Michael Zuckerman, OB/GYN, VP, Central West Health Authority
4. Dr. Kevin Beamont, GP, Medical Leader, G.B. Cross Hospital, Clarenville
5. Dr. Gerry Baker, General Pathology, Medical Leader, Carbonear
6. Dr. Justice Arthur, OB/GYN, Medical Leader, Burin

I asked them the following questions:

1. What are the needs for GIM? What are the specific deficits?
2. What are the barriers to recruitment?
3. Is turnover a problem? What are the issues for retention?
4. What would improve the ability to recruit and retain?

The response was unanimous. GIM recruitment and retention is the number one priority for the regional health authorities at this time. It was expressed that there needs to be a recruitment drive for General Internal Medicine. The consensus was that it is vital to train our own graduates to meet the health needs of the Newfoundland and Labrador population. Graduates need to be proficient in critical care, dialysis, exercise stress testing, echocardiography, and ultrasound. They need expertise in chronic complex disease management for hospital inpatient care and ambulatory care for the outpatient population.

Over the last decade most GIM specialists recruited to work in Newfoundland and Labrador completed Internal Medicine in the United States. Internal Medicine training in the U.S. is distinctly different from that in Canada, the UK, and Australia. The trainees who have completed the 3 year American Internal Medicine Program (ABIM) have a
limited scope of practice, are deficient in critical care training, and are uncomfortable to practice where there is no backup. The general consensus is that these physicians are better suited to adult Primary Care. Currently most recruits come from the IMG workforce, many of whom have not met Canadian standards for GIM training and are provisionally licensed. Many health authorities are no longer offering jobs to physicians with this training because they know that they won’t meet the health authorities and population needs. High turnover is a major problem with an average stay of 2 years. This negatively impacts on stability and continuity of care. From a safety perspective reliance on locum coverage and short term fixes leads to error from miscommunication, inadequate transfer of care from physician to physician, and from hospital to community. This leads to increased risk of adverse events, errors, and patient harm. When gaps in care occur, patients who need medical specialist care are transferred to other centres where the services can be provided. This often necessitates travel over long distances with the attendant risks of patient harm and poor outcome during or as a result of the transfer.

In terms of specific GIM specialist needs currently across the province, the situation is as follows:

In Corner Brook, there are 8 internists who operate on a fee for service basis and 2 salaried GIM specialists at the Sir Thomas Roddick Hospital in Stephenville. They are actively recruiting for a GIM specialist to replace a recent graduate from Memorial who has left to pursue specialty training in oncology. The relative stability in Corner Brook is a result of the success in recruiting local graduates who tend to stay longer.

In Grand Falls and Gander, there is a need for 5 positions at each site. There are 3 physicians in Grand Falls. There has been some instability in Gander because of health issues for one of the physicians. As of September, they had 4 positions filled but now are searching for locum coverage.

There are no GIM specialists in Labrador and a need for 6 physicians to meet the population needs.

In Carbonear, there are 5 funded positions and 2 are filled at present.

In Clarenville, there is a need for 4 or 5 positions. There is one permanent fee for service GIM specialist, and otherwise gaps are covered by locum physicians or patients are transferred to St. John’s and other centres.

In Burin, there is a need for 2 or 3 positions of which 2 are funded. Currently both funded positions are vacant.

St. John’s needs at least 6 additional GIM positions at the Health Sciences site and an equal number at the St. Clare’s Mercy Hospital site to provide minimal service delivery. Appended emails are a small sample of GIM specialty service gaps in Eastern Health during 2009 which are then covered by General Internal Medicine and Internal Medicine specialists in St. John’s.
Mary Connors called on January 23, 2009, re a message from Dr. John Guy stating that there would be no Internal Medicine coverage at the Burin Health Care Centre from 0800 hours January 26 to 0800 hours February 2, 2009. There is no locum available in that area as well.

Sherry Dawe  
Secretary, Room 1384  
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Health Sciences Centre  
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Telephone: 777-8652  
email sherry.dawe@easternhealth.ca
From: Mary Connors
Sent: February 26, 2009 2:54 PM
To: Sherry Dawe; 'Sean Murphy'; 'Dr. John Fardy'
Subject: No Internal Medicine Coverage at Burin

Hi there,

Please refer to the attached regarding the gap in Internal Medicine Coverage for the Burin Health Care Center.

Sherry, if you could pass this along to both Dr. Trahey and Dr. Tong.

Thank you.

Mary

From: Janet Templeton
Sent: Thursday, February 26, 2009 12:25 PM
To: Mary Connors; Elizabeth Kennedy
Subject: Fw: No Internal Medicine Coverage at Burin

FYI
Have a nice day,
Janet Templeton
Director, Medicine Program
St. John's Hospitals

From: Terence O'Brien
To: Janet Templeton; Harry Edstrom; Elizabeth Kennedy; Scott Wilson; 'Scott'
Sent: Thu Feb 26 10:00:38 2009
Subject: FW: No Internal Medicine Coverage at Burin

Memos attached with respect to lack of internal medicine coverage in Burin March 2-9/09.

Terry

Terry O'Brien
Administrator, Medical Services
Eastern Health
General Hospital Site, 300 Prince Philip Drive
St. John's, NL, A1B 3V6
Telephone: 709-777-7951
Fax: 709-778-6307
Hi Terry

I am attaching the memo re the lack of internal medicine coverage at the Burin Peninsula Health Care Centre for the period of March 24th at 0800 hours to March 9th at 0800 hours. Could you forward the memo to the appropriate Chiefs in St. John's?

If you have any questions, please contact me.

Thanks

Esther Banfield
Administrative Officer
Medical Services Department
Burin Peninsula Health Care Centre
Telephone: 709-891-3377
E-Mail: esther.banfield@easternhealth.ca

Julia Trahey

From: Sherry Dawe
Sent: Friday, June 12, 2009 2:26 PM
To: Julia Trahey

Mary Connors called there will be no internal medicine coverage from 0800 to 0800 on June 15 to 0800 on June 22, 2009 in Burin.

Sherry Dawe
Secretary, Room 1384
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email sherry.dawe@easternhealth.ca

Dr. Tong:

Mary Connors, Medicine Program called, she had a message saying the Burin Health Care Ctr. had a lack of coverage for Internal Medicine for July 27, 0800 hrs to Aug 5, 2009, 0800 hrs.

She had your name down to do call for July 29.

Valerie
Hi

Monique called from St. Clare's Medicine to let you know on Thursday, September 3, there will be no internal medicine coverage at G.B. Cross Mem. Hospital in Clareville.

Sherry

Hi

Mary Connors called from Medicine Program. There is no internal medicine coverage for the following dates: Sept. 14, 18, 22, and 26.

Sherry

SENT TO: AMY TONG, DR. JULIA C. TRAHEY

Julia Trahey

From: Sherry Dawe
Sent: Friday, September 25, 2009 11:03 AM
To: Julia Trahey, *iram_anees@yahoo.com*

Hi

Mary Connors called to let you know that there is a lack of internal medicine coverage for Carbonear Hospital from Sept 28 – Oct 4/09.

Sherry Dawe
Secretary, Room 1384
Dept. of Internal Medicine
Health Sciences Centre
St. John's, NL A1B 3V6
Telephone: 777-8652
email sherry.dawe@easternhealth.ca
Hi

Mary Connors called re there is a gap in internal medicine coverage at G.B. Cross Memorial Hospital in Clarenville from November 18-27, 2009.

Sherry Dawe  
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Health Sciences Centre  
St. John's, NL A1B 3V6  
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email sherry.dawe@easternhealth.ca

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Hi there,

Please refer to the attached memo regarding a gap in Internal Medicine coverage for the Burin Health Care Center for the period November 23rd – January 5th.

There is also a gap in coverage at the Burin Health Care Center for the period of November 18th – 27th, for those who are on-call for this period your office was notified of the same.

Thank you.

Mary Connors

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From: Sherry Dawe  
Sent: Thursday, November 19, 2009 3:49 PM  
To: Julia Trahey  
Subject: IM Coverage Clarenville

From: Mary Connors  
Sent: Friday, November 20, 2009 9:52 AM  
To: Pradip Joshi; 'fbursey@mun.ca'; 'Dr. M. Paul'; Jennifer Leonard; 'Dr. M. Hannaford'; Julia Trahey; 'Dr. Brendan Barrett'; 'Dr. George Fox'; 'Dr. B. Curtis'; Amy Tong; 'Dr. S. Murphy'; 'Dr. J. Hiscock'; 'Dr. T. Aher'; 'quddusanwar@hotmail.com'; 'Dr. Bharati Reddy'  
Subject: Revised Memo- Internal Medicine Coverage - Burin

From: Julia Trahey  
Sent: Monday, December 21, 2009 2:28 PM  
To: Julia Trahey  
Subject: FW: Revised Memo- Internal Medicine Coverage - Burin  
Action Plan

GIM has a central role in medical education, in research, in delivery of care, in health economics, in evidence based medicine, and in medical administration. More than any medical subspecialty, GIM embraces the values of life time learning, flexibility, adaptability, polyvalence, team work, and generalism (Canadian Society of Internal Medicine, CSIM 2008).

The current crisis in GIM specialist services in Newfoundland and Labrador is reflective of what is happening on the national scene. In recognition of the current and growing need for GIM specialists, the Ontario government has mandated that at least 15% of all ministry funded residency positions be allocated to GIM. I should also point out that 8 out of the 12 residents who completed GIM training at MUN since 2004 have relocated to Ontario. Furthermore the Ontario government has capped Cardiology and Gastroenterology ministry funded residency positions because of an over supply of subspecialists in these areas. If you look at the projected need for specialty areas (Slide #5), then compare the projected need against the residency match for training positions (Slide #6), it is apparent that the GIM service needs nationally are not being met by the current number of trainees entering the specialty area.
Comparison of income by specialty/subspecialty (See Slide #7) to residency selection for subspecialty training positions (Slide #8) identifies one explanation for the under supply in GIM specialty training and over supply in others.
Educational and governing organizations have a responsibility to be prudent but also to act (CSIM 2008).

From the educational perspective there is the potential to build a centre of excellence for the training of GIM specialists at Memorial University that will not only meet the needs of the people of Newfoundland and Labrador but also of the greater Canadian society. I propose a ministry funded 2 year subspecialty training program in General Internal Medicine following the 3 core years of Internal Medicine training that currently exists at Memorial University. The “core” training must maintain the strong generalist focus. Rural rotations should be provided early in the core years. The GIM training program must provide flexibility to fit the needs of academic and community settings in Newfoundland and Labrador. GIM training needs to be able to access the resources for technical skills training which are needed in community and other settings.

To support this there must be focused recruitment of General Internal Medicine Faculty in St. John’s, and Community Faculty/preceptors in rural Newfoundland and Labrador. As part of the medical school expansion, provision should be made for teaching space dedicated to General Internal Medicine. Simulation needs should be prioritized to include procedural skills supports for those learners pursuing GIM training.

Action needs to be taken to address recruitment and retention of GIM specialists over the short term to respond to the critical deficiencies in GIM specialty service in Newfoundland and Labrador as identified by the Regional Health Authorities. There needs to be money invested in competitive salaries and other incentives for GIM. Over the mid to long term education with a strong supported training program will provide well trained specialists in General Internal Medicine for both the community and
academic centres in Newfoundland and Labrador and the rest of Canada. Such action will improve continuity and integration of care, improve quality of care, and cost effective health care delivery.

Respectfully submitted,

[Signature]

Dr. Julia C. Trahey  
General Internal Medicine Specialist  
GIM R4 Program Director, Memorial University of Newfoundland and Labrador  
Assistant Professor of Medicine, Memorial University of Newfoundland and Labrador

cc. Dr. Wayne Gulliver  
Dr. Oscar Howell  
Robert Ritter