



The Canadian Orthopaedic Association *L'Association Canadienne d'Orthopédie*



ORTHOPAEDIC GRADUATE UNEMPLOYMENT

Position Statement

The Canadian Orthopaedic Association recognizes that Canada's high rate of unemployment among orthopaedic graduates poses a serious threat to the profession and its ability to serve society. Continued high unemployment among graduating orthopaedic surgeons is an unacceptable state of affairs. This situation is all the more acute, since Canada's population already has great difficulty gaining access to timely orthopaedic evaluation and treatment. The COA believes governments and hospitals, which together fund and manage the health-care system, should allocate their hospital-based resources more effectively to better serve Canadians who need musculoskeletal care. The COA urges its members to educate themselves further about this issue and **to take steps to help manage this situation.**

Background

Research by the Canadian Orthopaedic Association and others has concluded that Canada, given its population size and demographics, continues to experience a longstanding deficit in practicing orthopaedic surgeons - a factor that causes unacceptable wait times for patients. As recently as 2006, Canada's shortfall in orthopaedic surgeons was estimated at around 400. In response to this shortage, governments and educational institutions strongly supported increasing the number of orthopaedic training positions. In 2002, a total of 35 orthopaedic residency positions were available and filled nation-wide per year. This number was increased to 82 positions in 2011, and subsequently was decreased to 59 positions in 2015 due to recent developments. **This net increase in orthopaedic surgeons should have had a profoundly positive effect on wait times and the quality of orthopaedic care for Canadians.**

Unfortunately, there has been no commensurate increase in resources to hire this new generation of orthopaedic surgeons. As a result, patient access and optimal outcomes continue to be a concern, and this is why addressing the unemployment issue is of paramount importance. Currently, Canada has a surplus of orthopaedic graduates who cannot find funded hospital positions. New graduates are forced either to languish in serial fellowship training or to seek chronic locum experiences or work abroad. All of these scenarios have a significant negative impact on quality of orthopaedic care in Canada. New surgeons are denied an opportunity to practice and patients must wait overly long for treatment. There is a risk that graduates that have obtained skills gained through extensive training will lose these skills by not practicing them.



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Potential solutions

1. The main reason for high unemployment among Canadian orthopaedic graduates is a fundamental disconnect between timely access to musculoskeletal care and resource allocation. At present, public funding falls far short of the minimal threshold needed to invest in new permanent orthopaedic positions, as well as the hospital-based resources required to support them. These resources are crucial to successfully decreasing wait times for orthopaedic evaluation and definitive care. Patients face an access-to-care problem that will continue to worsen as demand increases. Meanwhile, available, well-trained and newly qualified Canadian orthopaedic surgeons cannot find full-time employment to provide the needed services. Timely access to quality orthopaedic care is not being provided with the number of hospital positions that currently exist.

The COA recognizes that additional health-care dollars are limited not only in Canada but also globally. Other countries have managed to allocate appropriate resources to ensure timely musculoskeletal care. A well-articulated plan is required that considers resources, surgeon numbers and new models of care to improve access.

2. In light of the unemployment crisis, traditional definitions of a full-time position need to be reconsidered with a focus on late-career practice changes. If trauma work is performed by new graduates in locum positions, then there should be linkage to scheduled surgical resources. We strongly encourage senior surgeons to plan for job-sharing when transitioning towards retirement in order to allow younger surgeons to smoothly move into full-time positions. However, the COA will not impose a specific retirement age, since deciding when to retire is a personal decision. Job sharing could be mutually beneficial and a real opportunity both for older and younger surgeons. Senior surgeons who opt out of surgical practice could be instrumental in reducing wait times by setting up screening, triage and non-operative care clinics in conjunction with the traditional orthopaedic practices.
3. Transparency in the process of hiring surgeons should offer equal opportunity for all qualified surgeons in Canada. Where qualifications for a job opportunity are equal, the COA hopes that the hiring process will prefer Canadian citizens or permanent residents, to maximize job opportunities for Canadians.



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4. Immediate steps need to be taken to curb current orthopaedic residency training levels. Confronted with a growing unemployed workforce and the absence of new practice resources, Canada is clearly training too many orthopaedic surgeons for the current hospital resource environment. It is time to temporarily decrease enrolment in orthopaedic residencies, and this should be done in a coordinated fashion with input from the COA, university chairs and program directors, the Royal College and government. Critical evaluation suggests a substantial reduction in orthopaedic residency numbers is urgently required. Moreover, new models need to be developed to account for work traditionally done by residents. Some progress has been made in this area. Given the eight-year period required to recruit and train orthopaedic surgeons, a comprehensive national health human resources plan is needed and must be regularly assessed.

Roles and Responsibilities of Orthopaedic Surgeons

- Educate yourself about the issue of unemployed orthopaedic graduates.
- Recognize that call obligations do not necessarily cease at a certain age, and cessation of call responsibilities must not be interpreted as allowing unfettered access to scheduled surgical resources.
- Prohibit locum positions that do not allow for quality and continuity of patient care because of patient safety issues.
- Acknowledge the risks to new graduates that serial fellowships and chronic locum positions pose to their overall skillset and practice readiness.
- Ensure that job availability and creation of new positions take place in a transparent process.
- Encourage late practice transition planning.
- Encourage the addition of a new orthopaedic surgeon to a group practice where possible.

Comments? Please contact policy@canorth.org.

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