

Briefly . . .

Membership in the CMA has surpassed the 65 000 mark for the first time. End-of-February data show that membership stood at 65 247 on Feb. 28, an increase of 4.3% since February 2006, when there were 62 531 members. Included are 42 308 practising physicians, 6203 residents and 8009 medical students.

With the recent opening of regional offices in Trois-Rivières, Que., and Peterborough, Ont., MD Management now has 48 of the offices, which employ more than 180 financial consultants in its 17 regions. The first regional office opened in Montreal in 1983, followed by Toronto and Vancouver in 1984.

Meeting the members



CMA President Colin McMillan (right) discusses issues facing the medical profession with Drs. Hal Irvine (left) and Sinclair Cox during a "Conversations with Colin" session that Cox hosted at Alberta's Olds Hospital. The cross-country meetings kicked off in March with 6 sessions throughout Alberta that attracted more than 50 physicians, as well as an address before more than 100 members of the Alberta Medical Association during its Mar. 9 Representative Forum. Although numerous issues were raised, the most common concerns McMillan heard in Alberta involved recruitment problems in rural areas and the declining popularity of general medicine among new graduates. Physicians who wish to participate in a session can visit www.cma.ca/conversationsvp.

Canada in "uniquely dismal" GI-treatment position

Concern among Canada's gastroenterologists is growing because of data projecting rapidly depleting ranks within the specialty.

"We tend to be longer in the tooth than other internists," says Dr. William Paterson, president of the Canadian Association of Gastroenterology (CAG), who notes that 18% of Canadian GI specialists are 60 or older. He made the comments during a recent meeting of the committee representing the CMA's 45 affiliated societies. The meetings are designed to help representatives from specialist and other medical groups discuss mutual concerns.

Paterson said Canada has about 550 gastroenterologists, and one-third are expected to retire within 10 years. CAG projects that 179 GI specialists will retire during that period, and there will be only 110 new ones to replace them. And as numbers decline, says CAG, patient wait times will head in the other direction. "Based on international comparisons, Canada's position is uniquely dismal," a CAG report warns. The country currently has 1.83 gastroenterologists per 100 000 population, compared with 3.90 in the US.

Paterson said a recent CAG analysis involving 181 GI specialists and 5400 patient referrals painted an "alarming picture" of the impact HR problems are having on GI patients' wait times. Although a 2005 CAG consensus conference concluded that patients with "alarm symptoms" — those that may indicate a serious underlying disease such as cancer — should be assessed within 2 months, its wait-time analysis concluded:

- Twenty-five percent of patients with a positive fecal occult blood result wait more than 5 months for assessment.
- Although the consensus conference concluded that patients whose symptoms point to significant active inflammatory bowel disease should be seen by a GI specialist within 2 weeks, half of these patients wait for 4 months, 25% for 7 months.
- In Ontario, 25% of patients with alarm symptoms such as a positive result for fecal occult blood wait 19 weeks from initial referral to procedure or test.

Paterson said CAG is worried that wait times could be stretched even further by the growing emphasis on areas such as screening for colorectal cancer. "I suspect we'll see a balloon effect within the specialty," he said, referring to the fact that expansion in one treatment area may affect availability of care in other areas.

Paterson said the HR and wait-time issues surrounding GI disease are serious because these diseases "have an enormous, yet largely unrecognized" economic impact. "Gastrointestinal diseases are responsible for 15% of the total direct economic burden of Canadian health costs," he said. Not only are the health care costs high, since digestive disease often strikes the young, but there is also a \$1.14-billion impact on productivity.

In order to "avert the forthcoming crisis," Paterson said CAG has proposed several options, including training nurse endoscopists and using physician assistants. He concluded that the situation "is only going to get worse unless we have additional trainees entering the specialty."

Send your letters and comments for posting online to the editors at cmanews@cma.ca or by telephone at 800 663-7336, x2700.

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