



CANADIAN ASSOCIATION OF GASTROENTEROLOGY L'ASSOCIATION CANADIENNE DE GASTROENTÉROLOGIE

CAG/ACG National Office, 2902 South Sheridan Way, Oakville, Ontario L6J 7L6 CANADA

Telephone: 905-829-2504 Fax: 905-829-0242 Toll Free: 1-888-780-0007

E-mail: cagoffice@cag-acg.org Website: <http://www.cag-acg.org>

President/Président

William G. Paterson, MD
Kingston, ON
Ph: 613-544-3400 x 2332
Fax: 613-544-3114
President@cag-acg.org

President Elect/Président Désigné

Ronald Bridges, MD
Calgary, AB
Ph: 403-210-9356
Fax: 403-220-8747
PresidentElect@cag-acg.org

Past President/Président Sortant

Desmond J. Leddin, MB
Halifax, NS
Ph: 902-473-7833
Fax: 902-473-4406
PastPresident@cag-acg.org

V-P Clinical Affairs/V-P Affaires Cliniques

Alan Barkun, MD
Montreal, QC
Ph: 514-934-8233
Fax: 514-934-8375
ClinicalAffairs@cag-acg.org

V-P Finance/V-P Finances

Carlo Fallone, MD
Montreal, QC
Ph: 514-843-1616
Fax: 514-843-1421
Finance@cag-acg.org

V-P Secretary/Secrétaire

Mary H. Perdue, PhD
Hamilton, ON
Ph: 905-525-9140 x 22585
Fax: 905-522-3454
Secretary@cag-acg.org

V-P Treasurer/Trésorier

Derek McKay, PhD
Calgary, AB
Ph: 403-220-7362
Fax: 403-210-8119
Treasurer@cag-acg.org

Committee Chair/Président(e)s de Comités

Admissions: Nathalie Vergnolle, PhD
Archives: Noel Williams, MD
Communications: David Morgan, MD
Education (Acting): Alaa Rostom, MD
Endoscopy: David Armstrong, MD
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Executive Director

Paul Sinclair, MSc

Canadian Journal of Gastroenterology, Editor

Paul Adams, MD

September 20, 2006

Dr. Colin McMillan
President, CMA
CMA Head Office
1867 Alta Vista Drive
Ottawa, ON K1G 3Y6

Dear Dr. McMillan,

I read with interest the article written by Patrick Sullivan titled "General Internists Face Recruiting Crisis" which was recently posted on the CMA website and circulated to our Association. While we have no doubt that there are significant human resource shortages in General Internal Medicine in Canada, such problems are clearly not confined to any one group, inclusive of specialty medicine and general practice. For many years now the Canadian Association of Gastroenterology (CAG) has been deeply concerned about patient access to gastroenterology (GI) consultation and endoscopic services. Accordingly, our Association has completed three separate but interrelated initiatives, namely: 1) A detailed manpower analysis including a census of who is providing digestive healthcare in Canada, expected number of upcoming retirements, and current number of physicians in GI training; 2) A nationwide practice audit, which has accurately quantified wait times for consultation and endoscopic services based on specific diagnoses; 3) A consensus conference, which established target maximal wait times for digestive healthcare services based on reason for referral.

These three projects have finally provided us with comprehensive, objective data concerning access issues to GI care in Canada. The results are quite disturbing; in most instances wait times for consultation and endoscopic services far exceed established target wait times for all areas of digestive disease. Alarming is the fact that patients with serious gastrointestinal disease, i.e. suspected Inflammatory Bowel Disease as an example, are waiting many months before consultation, diagnosis and treatment. Although this in part relates to restrictions in access to hospital endoscopic facilities, an equally serious problem is the shortage of Gastroenterologists in Canada. Currently, we estimate there to be approximately 1.8 Gastroenterologists per 100,000 population, which is one of the lowest ratios in the western world. Furthermore, similar to the data provided by Internal Medicine group, the age distribution of practising Gastroenterologists is weighted towards individuals over the age of 55. Our studies indicate that approximately one third of the current Gastroenterologists in Canada will be retiring within the next ten years. Based on the number of individuals entering training programs, it is clear that we will not be able to replace those retiring let alone increase our numbers. In fact, unless the number of training physicians in Gastroenterology is increased immediately, we anticipate experiencing a 10% reduction in the number of Gastroenterologists over the next 10 years. Given that we are unable to provide timely service to Canadian patients at present, the situation will clearly become untenable very soon.

Although our Association may be one of the few groups that has thus far objectively quantified human resource and wait time problems, it is likely that other specialty groups have similar problems. We are therefore concerned about the current approach taken by Government, and apparently endorsed by the CMA, whereby specific priority areas are identified to guide resource distribution. The access problems faced by Canadian patients are not disease or specialty specific. We therefore believe it is critical that the CMA advocates on behalf of all patients and physician groups.

We would be happy to share the details of our GI human resource initiative with you, as we believe such objective data can only serve to help the CMA in its advocacy role.

Yours sincerely,

A handwritten signature in black ink, appearing to read "W. G. Paterson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

William G. Paterson, M.D.,
President, CAG

Cc: Dr. Blake Woodside, Chairman of the Board, Federation of National Specialty Societies of Canada
Regional Representatives, CAG
Federal and Provincial Health Ministers