So We Stood Up and Got Counted... Now What?

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In 2015, the CRA launched the first national rheumatologist workforce survey in Canada, called Stand Up and Be Counted [1]. The survey highlighted regional disparities in the number of rheumatologists across Canada and also a current shortage of rheumatologists. This shortage is anticipated to worsen given that one-third of rheumatologists surveyed planned to retire within the next five-to-ten years[1]. As response rates were excellent but not complete, Canadian Medical Association (CMA) data were used to develop estimates of the number of rheumatologists per a population of 75,000, after adjusting the CMA raw numbers based on a national estimate of the amount of time rheumatologists devoted to patient care from the workforce survey. Using these parameters there is a current deficit of between one and 77 full-time equivalent (FTE) rheumatologists per province/territory to meet the CRA benchmark, with the most underserviced regions including Canada's territories as well as the provinces of Saskatchewan and Prince Edward Island, followed by Alberta, Manitoba, New Brunswick and Newfoundland.

There were a number of challenges to this work. First, it was difficult to determine who the rheumatologists in Canada were, as not all rheumatologists in Canada are members of the CRA. Prior to launching the workforce survey, we conducted a review of the literature to identify all published resources about rheumatologists available in Canada[2]. At a national level, there were three identified databases with information on numbers: The Canadian Institutes of Health Information (CIHI), the CMA and the Royal College of Physicians and Surgeons of Canada (RCPSC), which all had slightly different estimates, with some differences accounted for by the time of year the estimates were produced. However, none of these sources had an estimate of the number of FTE rheumatologists, highlighting the importance of the workforce survey.

Recently, the American College of Rheumatology (ACR) disclosed the results of the ACR workforce study conducted in 2015[3]. The report describes a number of methods used to estimate the rheumatology workforce including supply-based, demand-based, needs-based and integrated methods. The ACR study also demonstrated regional maldistribution of rheumatologists in the United States (U.S.), with the greatest shortages of adult rheumatologists projected for the South Central, North Central and Northwest regions[4]. Similar to the CRA data, in the United States there were high rates of projected retirements (upwards of 50%) which will worsen access to care in the near future. The ACR study also postulated that additional factors may reduce workforce capacity, including the number of women in rheumatology and a workforce shifting from baby boomers to millennials.

In Canada, it is hard to determine what effect these shifting demographics may have on our workforce. Recently, additional analysis of the Stand Up and Be Counted data, presented at the 2017 CRA Annual Scientific Meeting (ASM), suggests that age is not a predictor of rheumatologist-work volumes but that location of practice is a major factor associated with rheumatologist-work volumes, with community-based rheumatologists seeing significantly greater volumes of patients than rheumatologists based in a university practice. Physician gender had a smaller effect on practice volumes[5].

Understanding the distribution and work characteristics of rheumatologists is important to plan for projected workforce shortages. Additional work is underway to better assess supply and demand for rheumatology care based on more detailed data about the location of rheumatologists and rheumatology patients in Alberta (Canadian Initiative for Outcomes in Rheumatology Care [CIORA]-funded project: Principal Investigators [PIs] Claire Barber and Deborah Marshall). Based on this work, we anticipate a better understanding of whether the benchmark of one rheumatologist per population of 75,000 is appropriate based on the demand for rheumatology services. Furthermore, some

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workforce shortages may be addressed by implementing different models of care to increase capacity. To that end, Stand Up and Be Counted Too! is a survey of extended-role health discipline professionals working in advanced musculoskeletal care that is planned for launch in 2017 (PIs Katie Lundon and Rachel Shupak). The primary objective of this study is to estimate the number and location (and FTE status) of advanced- or extended-role health discipline professionals working in arthritis and/or musculoskeletal care in Canada. The ultimate goal is to gather this information to enable the future development of a network of arthritis-care health professionals working with rheumatologists across Canada.

Overall, the Stand up and Be Counted survey was a valuable endeavour that gave us detailed information on our workforce, which has been of use to the CRA (including the Human Resources Committee), as well as regional stakeholders. We are planning to repeat the rheumatologist workforce survey in 2020 to evaluate the impact of demographic changes over time.

References:
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