

# Evolution of the Canadian Rheumatology Workforce

By Stephanie Kulhawy-Wibe, MSc, MD

The future of rheumatology in Canada will undoubtedly be shaped by the feminization of our workforce. Our specialty is already more than half female, but this female predominance will become even more pronounced, as women now account for 75% of rheumatologists under 45 years of age.<sup>1</sup> This has implications for workforce planning, but also has the potential to evoke positive change in how rheumatology is practiced. This trend also exists in the United States, but we are about 10 years ahead in Canada, which presents us with the opportunity to become leaders in supporting women in the workforce in novel and bold ways.<sup>1,2</sup> Below are a few areas where we might better support women in the rheumatology workforce:

- Gender inequity is still an issue in our field: women make less money, publish fewer first- and last-author publications, get less grant funding, and are less likely to be promoted to associate or full professor than their male counterparts.<sup>3,4</sup> So, how can we rethink remuneration for services? How can we better support women to publish and attain grant funding? What are the barriers to promotion?
- Half of rheumatologists in Canada report burnout, and women are disproportionately more affected. Women are also less likely to perceive their workplace as supportive.<sup>5</sup> Historically, rheumatology prided itself on being a happy specialty, but we now report among the highest levels of burnout of all medical specialties.<sup>6</sup> What are the modifiable drivers of burnout? How can we address this critical issue to protect and retain our current workforce?
- Female rheumatologists have different work patterns. They are more likely to work part-time, and even when working the same number of hours per week, they see fewer patients.<sup>3,5</sup> This could affect our ability to keep up with the already high demand for rheumatology services. Are there creative ways to meet service demands without necessarily working more hours?
- Women are more likely to take leaves of absence.<sup>7</sup> How can we help with transitions around leaves? And how can it not penalize their long-term goals and future career trajectory?
- Similarly, taking a maternity leave during residency has become more acceptable and common in recent years. However, some residents may not be able to afford to defer their staff salary any longer. Furthermore, each year your salary is deferred, you are giving up not your first, but your last earning year which typically accounts for a greater proportion of lifetime income. With the introduction of competency by design, could there be some flexibility for earlier advancement if competency standards are met?

Rheumatology in Canada is not yet equitable, but the feminization of our workforce provides an impetus for change. Together we can shape a future that provides equitable opportunity for professional advancement, compensation, and wellness for all members of our diverse workforce.

#### References:

1. Canadian Medical Association (CMA). Canadian Specialty Profiles – Rheumatology Profile. Available at [surveys.cma.ca/en](https://surveys.cma.ca/en). Accessed February 16, 2022.
2. Battafarano DF, Dittmyer M, Bolster MB, et al. 2015 American College of Rheumatology Workforce Study: Supply and Demand Projections of Adult Rheumatology Workforce, 2015-2030. *Arthritis care & research*. 2018; 70:617-26.
3. Widdifield J, Gatley JM, Pope JE, et al. Feminization of the Rheumatology Workforce: A Longitudinal Evaluation of Patient Volumes, Practice Sizes, and Physician Remuneration. *J Rheumatol*. 2021; 48(7):1090-1097.
4. Jorge A, Bolster M, Fu X, et al. The Association Between Physician Gender and Career Advancement Among Academic Rheumatologists in the United States. *Arthritis Rheumatol*. 2021;73(1):168-172.
5. Kulhawy-Wibe S, Widdifield J, Lee J, et al. Results from the 2020 Canadian Rheumatology Association's Workforce and Wellness Survey. *J Rheumatol*. In Press.
6. Kane L. "Death by 1000 Cuts": Medscape National Physician Burnout & Suicide Report 2021. Available at [www.medscape.com/slideshow/2021-lifestyle-burnout-6013456#1](https://www.medscape.com/slideshow/2021-lifestyle-burnout-6013456#1). Accessed February 16, 2022.
7. Weizblit N, Noble J, Baerlocher MO. The feminisation of Canadian medicine and its impact upon doctor productivity. *Med Educ*. 2009; 43:442-8.

Stephanie Kulhawy-Wibe, MSc, MD  
R5 Rheumatology,  
Cumming School of Medicine  
University of Calgary  
Calgary, Alberta