

Introduction

Revalidation, in the Saskatchewan context, means that all physicians will be required to take part in meaningful (i.e. accredited) continuing professional learning activities for the maintenance of their licensures. This raises the following questions for the Division of Continuing Professional Learning (CPL):

- Will revalidation result in an increase in the attendance at accredited continuing education programs developed by CPL?
- If there is an increase in CPL attendance, when during the first five year cycle will it happen?
- Which type of accredited continuing education events will experience the most significant changes?
- In what areas of the province will the changes in attendance be most noticeable?

Population Demographics

Saskatchewan Physician Licensure

Continuing Professional Learning (CPL), under an Ethics Approval obtained from the University of Saskatchewan, was able to access the annual licensure data from the College of Physicians and Surgeons of Saskatchewan (CPSS). The licensure data for 2000 to 2006 was compiled and analyzed on the basis of licensure and practice types. An average was calculated to provide the baseline physician population demographics of Saskatchewan.

The data for 2007, the year physicians were required to become members of the appropriate continuing professional development (CPD) program, was not included in the baseline data for the original revalidation study. This was done because it was hypothesized that the credit seeking behaviours of physicians might begin to change once they had become members of CPD programs.

Table 1 summarizes the physician licensure data while Table 2 summarizes the data about the practice type.

Table 1: Physician Licensure Type

| Year | Total | Full Licensure | Provisional Licensure | Special Licensure |
|--------------------------|--------------|-----------------------|------------------------------|--------------------------|
| 2000 – 06 Average | 1608 | 1407 | 124 | 77 |
| 2007 | 1767 | 1535 | 145 | 87 |
| 2008 | 1772 | 1532 | 150 | 90 |

The total population of physicians fluctuated between 2000 and 2006 from a low of 1501 (2002) to a high of 1727 (2006). There has been a steady increase in the number of physicians licensed in Saskatchewan since 2004, with the largest one year increase being 114 between 2005 and 2006. It would appear that the increase has slowed since 2006 with there only being an increase of 40 between 2006 and 2007. Between 2007 and 2008, the increase in the total physician population was only 5.

While one could postulate that the slow down in the population growth is related to the introduction of revalidation, this could also be the result of the introduction of the CAPE process for internationally trained general practitioners in 2005. Further research would be needed to determine the exact reasons for this population growth slow down.

It is interesting to note that, in 2008, 63 physicians (4%) with full licensure did not live in Saskatchewan communities. Further investigation would be required to determine if these are retired physicians who have chosen to maintain their licensure, physicians pursuing additional training or if these physicians are actually practicing in another location while also maintaining Saskatchewan licensure.

Physicians with provisional licenses tend to be newly arrived international trained physicians. Although there has been some fluctuation in the numbers of physicians practicing on these licenses, they typically make up 8% of Saskatchewan physicians from year to year.

Special licensure is given under very specific conditions, usually to specialists trained outside of Canada, who are providing services in areas in which there is a need. This group of physicians typically represents 5% of the population and will be made up of both newly arrived physicians and those who have been practicing in Saskatchewan for longer periods of time.

Table 2: Physician Practice Type

| Year | Total | Specialists | General Practitioners | Family Physicians |
|--------------------------|--------------|--------------------|------------------------------|--------------------------|
| 2000 – 06 Average | 1608 | 724 | 652 | 214 |
| 2007 | 1767 | 813 | 650 | 292 |
| 2008 | 1772 | 831 | 641 | 284 |

The population of general practitioners and family physicians has, like the population of physicians in general, fluctuated throughout the time period being studied. However, since a peak in 2003 and a small spike in 2005, the general practitioner population has been declining. At the same time as the general practitioner population has been declining, the family physician population

peaked in 2006 at 294 with a slight drop down to 284 in 2008. This shift in the distribution of the general practitioners and family physicians may be related to the aging of the physician population as younger physicians are more likely to be Certificants of the College of Family Physicians of Canada (CFPC). It may also demonstrate that internationally trained physicians, once they have attained full licensure, are completing the examination process to become CFPCs.

The specialist population has been increasing since 2004 when it was 711 to reach a high of 831 in 2008. Specialists, therefore, currently make up 47 percent of the physician population in Saskatchewan.

Saskatchewan Medical Association CME Fund

The Saskatchewan Medical Association (SMA) maintains an education fund for its members that can be accessed (up to a maximum of \$3000.00 per year) to help offset the costs associated with taking part in continuing education events. Under the Ethics Approval for this study, CPL was able to obtain the usage figures for the CME Fund for 2001 – 2008. This information is summarized in Table 3.

Table 3: % of SMA Membership Using CME Fund by Health Region

| Health Region | 2001 – 06 Average | 2007 | 2008 |
|-----------------------------------|------------------------------|-------------|-------------|
| Cypress | 37 | 57 | 61 |
| Five Hills | 46 | 59 | 60 |
| Heartland | 53 | 57 | 71 |
| Keewatin Yatthe | 59 | 67 | 86 |
| Kelsey Trail | 51 | 68 | 70 |
| Mamawetan Churchill | 68 | 83 | 65 |
| Prairie North | 41 | 52 | 42 |
| Prince Albert Parkland | 56 | 64 | 64 |
| Regina Qu'Appelle | 49 | 60 | 64 |
| Saskatoon | 61 | 64 | 65 |
| Sun Country | 48 | 50 | 56 |
| Sunrise | 42 | 70 | 70 |

There was a trend to increased usage of the CME Fund even before the introduction of revalidation – perhaps because of increased awareness of the fund. However, the usage of the CME Fund has not yet reached 100% in any health region. Without further investigation, it is impossible to determine whether the increase in usage in 2008 is a direct result of revalidation.

The SMA membership numbers do not coincide with the licensure data obtained from the CPSS. This may be a result of different “capture” points for the data or different criteria for inclusion between the two organizations. However, the SMA data is the best source for the number of physicians in each of the health regions of the province. Table 4 contains a summary of this data.

Table 4: Physician Population by Health Region

| Health Region | 2001 – 06 Average | 2007 | 2008 |
|-----------------------------------|------------------------------|-------------|-------------|
| Cypress | 52 | 57 | 49 |
| Five Hills | 69 | 70 | 63 |
| Heartland | 29 | 28 | 28 |
| Keewatin Yatthe | 9 | 4 | 7 |
| Kelsey Trail | 39 | 38 | 37 |
| Mamawetan Churchill | 11 | 12 | 17 |
| Prairie North | 95 | 100 | 105 |
| Prince Albert Parkland | 105 | 113 | 127 |
| Regina Qu’Appelle | 461 | 470 | 500 |
| Saskatoon | 678 | 728 | 803 |
| Sun Country | 44 | 43 | 43 |
| Sunrise | 59 | 54 | 56 |

The majority of the health regions have experienced a drop in population when the 2008 data is compared to the average for 2001 – 06. However, several northern Saskatchewan health regions have experienced significant population increases in 2008. Most notably, Mamawetan Churchill Health Region has experienced a 55% increase in the physician population. Prince Albert Parkland (+21%), Saskatoon (+18%) and Prairie North (+11%) health regions have also experienced physician population increases. The only southern health region to experience an increase in population was the Regina Qu’Appelle Health Region with an 8% increase.

Continuing Professional Learning (CPL) operates under a dispersed educational model in which there is a satellite campus in Regina. Therefore, the two offices have defined areas of the province for which each is responsible, particularly in regards to rural education initiatives. The average physician population in CPL’s northern catchment area was 966 in 2001 – 06 while the southern catchment area had 685 physicians; a 1.4 to 1 ratio. By 2007 the ratio of northern physicians to southern physicians had risen to 1.5 to 1 and, by 2008, the ratio had become 1.7 to 1. This further demonstrates the increasing physician population in northern Saskatchewan versus southern Saskatchewan.

One theory that is often put forward for the discrepancy in the physician population between northern and southern Saskatchewan is the northern region's proximity to the College of Medicine. Given that approximately 45% of Saskatchewan physicians are located in the Saskatoon Health Region; this may indeed be the case.

Another factor underlying the population discrepancy may be that Saskatchewan has been experiencing a period of intense population growth – primarily in the Saskatoon Health Region. Saskatchewan Ministry of Health data (June 30, 2008 health records) indicate that 298,371 people (approximately 30% of Saskatchewan's population) live in the Saskatoon Health Region. In contrast, the same information source indicates that there are 252,366 (approximately 25% of the population) living in the Regina Qu'Appelle Health Region.

Whatever the underlying causes of the differences in physician population between the north and the south, it is likely to influence the ability of physicians to attend continuing professional learning events.