Update on Rheumatologist Demographics in British Columbia

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hysician human resource planning requires accurate, up-to-date information to prepare for future physician needs. The British Columbia Society of Rheumatologists (BCSR) conducted a study in 2010¹ that highlighted a looming crisis of rheumatology manpower in the province, as losses from retirements were likely to outpace gains in new specialists, thus exacerbating a significant shortage. We aimed to update these demographics and compare them with those collected in 2010 as well as with other subspecialists throughout Canada.

We conducted an online survey in August 2013 that was sent to all Royal College-certified rheumatologists and general internists who practice rheumatology in the province. Information gathered included when practitioners were first licensed, whether they practiced alone, in a group, or in an academic/research setting, what population they served, how many half days per week they worked, and in how many years they expected to retire.

Our survey response rate was 94% with 58 replies. As of August 2013, there were 41 full-time equivalent rheumatologists practicing in BC. Full-time equivalence (FTE) was defined as working 9-10 half days per week. These 41 practitioners represented an increase of nine rheumatologists from 2010; these new positions were predominantly in centers with a population < 300,000 patients. Male/female percentages changed from 69% / 31% in 2010 to 60% / 40% in 2013. Compared to data from the Canadian 2013 National Physicians survey,² rheumatologists in BC have been practicing for a significantly longer period of time, with over 60% having been licensed for over 20 years compared to the national average of 49%. Of working rheumatologists, 21% plan on retiring in the next five years and over 48% plan on retiring within the next 10 years.

Our study in 2010 highlighted the looming crisis in the rheumatology workforce. In the last three years our province has retained nine new rheumatologists. This

influx of physicians merely replaces the number of rheumatologists expected to retire. To juxtapose, a workforce study in 2005 in the US noted one rheumatologist per 60,000 people,³ though there is no clear guideline detailing how many rheumatologists are needed to serve a given population. The 2013 population of BC was 4,581,978,4 meaning there was one rheumatologist for every 80,000 people or one FTE rheumatologist for every 112,000 people. New advances in the field of rheumatology have enabled rheumatologists to improve the quality of life of their patients and prevent long-term disability; however, this often requires treatment be initiated within a window of opportunity. To address this gap in care, a continued emphasis on physician recruitment, innovative models for the delivery of care, collaboration with allied health practitioners, and remedying the inequalities in physician remuneration will be required.

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