



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

FACT SHEET-Internal Medicine

Internal Medicine Defined

- Internal medicine is a medical specialty which focuses on the diagnosis, treatment, and prevention of nonsurgical conditions or complications of multiple organ systems in adults.
- General internal medicine specialists or “internists,” have detailed knowledge and skill sets that cross traditional boundaries of subspecialty medicine. They care for seriously ill patients in hospital and those needing continued ambulatory management. These patients often have very complicated diseases requiring complex care. With broad based expertise and a focus on patients rather than specific organs, disease processes or technology, general internists are particularly well suited for serving as consultants outside major referral centres, including smaller community hospitals and in rural or remote areas, where the population size is not sufficient to support a full complement of medical specialists.ⁱ
- Internal medicine is also incredibly varied and involves numerous subspecialties. Subspecialists generally limit their medical practice to problems of one organ system or to one particular area of medical knowledge. Some well known subspecialties include cardiology, clinical immunology/allergy, endocrinology/metabolism, gastroenterology, geriatric medicine, hematology, infectious diseases, nephrology, respiratory medicine and rheumatology.
- General internal medicine specialists treat a variety of high impact chronic diseases such as diabetes, hypertension, heart disease, chronic respiratory diseases, arthritis, etc. Diseases of the circulatory system and diseases of the respiratory system are the first and third leading causes of death in Newfoundland and Labrador respectively.ⁱⁱ In fact, Newfoundland and Labrador has the highest rate of deaths due to ischemic heart disease in Canada and the highest rate of deaths due to heart attacks in Canada.ⁱⁱⁱ It also has the highest hospitalization rate for heart attacks and the highest incidence of high blood pressure.^{iv} The province also has the highest prevalence of diabetes in the country^v and the highest incidence of childhood Type 1 diabetes in North America.^{vi} The province also has the country’s highest rate of obesity^{vii} and the fastest aging population in the country. Over the last 30 years, it has aged faster than any other province in the country. It is estimated that 20 per cent of the people of Newfoundland and Labrador will be over age 65 by 2017.^{viii} That means higher rates of chronic disease and complex medical needs.

General Internal Medicine Specialists in Newfoundland and Labrador

- There are 27 full-time practicing internal medicine specialists in Newfoundland and Labrador, with the majority (10) practicing in St. John’s. There are also internists practicing in Corner Brook (4), Gander (4), Grand Falls-Windsor (3), Stephenville (2), Carbonear (2), St. Anthony (1) and Clarenville (1). There are no full-time internists in Burin or in Labrador.^{ix}

Wait Times

- In Canada, Newfoundlanders and Labradorians experience the longest total median wait times from referral by a GP to treatment by an internal medicine specialist at 24.6 weeks. The national average is 12.2 weeks.^x
- The median wait for treatment after an appointment with an internal medicine specialist is also the longest in Newfoundland and Labrador at 21.1 weeks, almost triple the national average of 7.7 weeks. The national clinically reasonable median wait time is 3.5 weeks.^{xi}
- In addition, Newfoundland and Labrador has the country's highest increase in internal medicine wait times between 2008 and 2009. The province experienced a 21 per cent increase in the median weeks waited by patients to receive treatment after an appointment with an internal medicine specialist.^{xii}
- In 2009, patients in the province were waiting to receive an approximate total of 4,012 internal medicine procedures, more than double the number in all other Atlantic Provinces combined. On a per capita level, patients in Newfoundland and Labrador were waiting for triple the number of internal medicine procedures (per 100,000 population) than any other province.^{xiii} In fact, Newfoundland and Labrador has a larger proportion of its total population (4.29 per cent) waiting to undergo procedures administered by specialists than any other province in Canada.^{xiv}
- Between 2008 and 2009, the number of required internal medicine procedures that patients in Newfoundland and Labrador waited for after an appointment with their specialist increased by 36 per cent, the highest increase in Canada (tied with Nova Scotia).^{xv}
- Medical patients also have the longest wait in the country for investigations that require an MRI diagnostic test. The average median wait to receive an MRI test in Canada is 8.9 weeks, while Newfoundlanders and Labradorians wait an average 15.5 weeks. Newfoundland and Labrador also has the second-longest wait in the country for patients to access a CT-Scan and an Ultrasound.^{xvi}

Recruitment and Retention

- Of the 27 general internists practicing in the province, 23 are international medical graduates (IMG). More than half (13) of all the province's IMG internists are practicing with provisional licenses.^{xvii}
- Provisional licensing allows IMGs to practice in under-serviced areas while they complete their Canadian licensing requirements to practice medicine anywhere in Canada. However, it does not always lead to long-term retention for the province.^{xviii} In fact, relatively few IMGs remain in the province longer than one year after earning full licensure.^{xix}
- In the past 10 years, the province has recruited only one full-time practicing internal medicine specialist who is a graduate of Memorial University.^{xx}
- Compared to medical subspecialists, general internists in Canada are significantly older, with 23 per cent of all general internists over the age of 65. That compares to 9 per cent of all practicing internal medicine subspecialists who are over the age of 65.^{xxi}
- About 44 per cent of general internists in the province (12) are over the age of 50.^{xxii}

Future Considerations

- Despite the growing demand for general internists both in community and in university teaching centres, studies on physician resources have consistently predicted critical shortages of general internists.^{xxiii}
- The gap in standards of care between rural and urban areas is rapidly growing as specialists increasingly sub-specialize and the shortage of generalists becomes more apparent.^{xxiv}
- At a time of increased need and demand for general internists in Canada, the attractiveness of generalist careers has been falling as evidenced by the low number of residents choosing the specialty.^{xxv} Internal medicine trainees are increasingly choosing procedure-based sub-specialties while non-procedure based specialties, and in particular general internal medicine are losing appeal.^{xxvi}
- It is estimated that there are approximately 2,400 community or university-based general internists practicing in Canada. It is also estimated that as many of these internists approach retirement age, between 60 to 100 new recruits will be needed annually to maintain Canada's current workforce complement.^{xxvii}
- In 2005, the Canadian Society of Internal Medicine (CSIM) reported that the number of medical residents completing their training in general internal medicine had fallen from over 60 per year to less than 20 per year across Canada since the mid 1990s. If this trend continues, both community hospitals and university teaching centres will face a real crisis finding alternative health care providers to cover the services currently provided by general internists.^{xxviii}
- In 2008, a two-phase study of Canadian internal medicine residents from 10 participating Canadian universities revealed that from 1998 to 2003 there was a progressive increase from 28.3 per cent to 43.1 per cent in the number of residents completing their training in subspecialties. At the same time, there was a decrease, from 47.5 per cent to 31.2 per cent in residents completing training in generalist specialties.^{xxix}
- Rural Canada contains numerous small to mid-sized hospitals, which have regional responsibilities for care of the population they serve. Because of our geography, these facilities need to be staffed by general specialists, including general internists.^{xxx} Sub-specialists, on the other hand, are heavily concentrated in urban areas. While the pursuit of sub-specialization serves the urban population relatively well, rural communities and low population density areas will always require generalist health care professionals.^{xxxi}
- The looming shortage of general internists in Canada and the decreasing number of residents choosing the specialty^{xxxii} may have dire implications for rural parts of the province, given the fact that general internal medicine specialists provide comprehensive care for patients in a variety of settings including the smaller to mid-sized hospitals.^{xxxiii}
- This was evidenced in September 2009, when a patient at the GB Cross Memorial Hospital in Clarendville was transferred to Carbonear for treatment after being told the hospital ICU was unable to offer care because of a shortage of internal medicine specialists.^{xxxiv} In March 2010, Eastern Health announced that the hospital in Clarendville would be without internal medicine coverage for 11 days. As a result, patients with serious coronary issues and patients in the ICU had to be transferred to St. John's.^{xxxv}

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- ⁱ Canadian Society of Internal Medicine, *Care-Fully: Defining a Plan for General Internal Medicine in Canada*, October 2005.
- ⁱⁱ Newfoundland and Labrador Centre for Health Information, Fast Facts, *Mortality Statistics*, 2006.
- ⁱⁱⁱ Public Health Agency of Canada, Tracking Heart Disease and Stroke in Canada, 2009
- ^{iv} Canadian Institute for Health Information, Health Indicators 2009 (Ottawa, Ont.: CHI, 2009)
- ^v Newfoundland and Labrador Centre for Health Information, Fast Facts, *Diabetes*, November 2007
- ^{vi} Newfoundland and Labrador Centre for Health Information, Fast Facts, *Diabetes in Children and Youth*, November 2008
- ^{vii} Newfoundland and Labrador Centre for Health Information, Fast Facts, *Adult Obesity*, September 2007
- ^{viii} Government of Newfoundland and Labrador, *Provincial Healthy Aging Policy Framework*, Aging and Seniors Division Department of Health and Community Services, July 2007
- ^{ix} NLMA Membership Database as of March 25, 2010.
- ^x Esmail, Nadeem, Waiting your Turn: Hospital Waiting Lists in Canada, 2009 Report, Studies in Health Care Policy, Fraser Institute.
- ^{xi} Ibid.
- ^{xii} Ibid.
- ^{xiii} Ibid.
- ^{xiv} Ibid.
- ^{xv} Ibid.
- ^{xvi} Ibid.
- ^{xvii} NLMA Membership Database as of March 25, 2010.
- ^{xviii} Mathews M, Edwards AC, Rourke JTB. *Retention of provisionally licensed international medical graduates: a historical cohort study of general and family physicians in Newfoundland and Labrador*, St. John's: Division of Community Health and Humanities, Memorial University of Newfoundland, published in *Open Medicine* 2008 ;2(2):e37-44.
- ^{xix} Ibid.
- ^{xx} NLMA Membership Database, as of March 25, 2010.
- ^{xxi} CMA Masterfile, January 2009, Canadian Medical Association. * Excludes medical oncology and 178 physicians whose age is unknown.
- ^{xxii} NLMA Membership Database as of March 25, 2010.
- ^{xxiii} Canadian Society of Internal Medicine, *Care-Fully: Defining a Plan for General Internal Medicine in Canada*, October 2005.
- ^{xxiv} The Society of Rural Physicians of Canada. Comment on "Improving Access to Needed Medical Services in Rural and Remote Canadian Communities: Recruitment and Retention Revisited" by Morris L. Barer and Greg L Stoddart.
- ^{xxv} *Are Canadian General Internal Medicine training program graduates well prepared for their future careers?*, Sharon E Card, Linda Snell and Brian O'Brien. Published: 17 November 2006, *BMC Medical Education* 2006, 6:56, © 2006 Card et al; licensee BioMed Central Ltd.
- ^{xxvi} *Factors associated with the subspecialty choices of internal medicine residents in Canada*, Leora Horn, Katina Tzanetos, Kevin Thorpe and Sharon E Straus. Published: 26 June 2008, *BMC Medical Education* 2008, 8:37, © 2008 Horn et al; licensee BioMed Central Ltd.
- ^{xxvii} Canadian Society of Internal Medicine, *Care-Fully: Defining a Plan for General Internal Medicine in Canada*, October 2005.
- ^{xxviii} *Factors associated with the subspecialty choices of internal medicine residents in Canada*, Leora Horn, Katina Tzanetos, Kevin Thorpe and Sharon E Straus. Published: 26 June 2008, *BMC Medical Education* 2008, 8:37, © 2008 Horn et al; licensee BioMed Central Ltd.
- ^{xxix} Ibid.
- ^{xxx} Canadian Society of Internal Medicine, *Care-Fully: Defining a Plan for General Internal Medicine in Canada*, October 2005.
- ^{xxxi} Society of Rural Physicians of Canada, THE FUTURE OF RURAL HEALTHCARE, SRPC SUBMISSION TO THE COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA, AUGUST 14th, 2001
- ^{xxxii} Canadian Society of Internal Medicine, *Care-Fully: Defining a Plan for General Internal Medicine in Canada*, October 2005.
- ^{xxxiii} Ibid.
- ^{xxxiv} VOCM September 23, 2009
- ^{xxxv} Eastern Health Memorandum, *No Coverage March 22 to April 1, 2010*, March 18, 2010.