

Access to Care Committee

By Michel Zummer, MD, FRCPC

At the Canadian Rheumatology Association (CRA) executive retreat, there was much discussion of problems related to access to care, with proposed issues to be addressed by the Access to Care Committee.

The availability of medications remains difficult in many provinces. Upon release of the CRA recommendations for the treatment and management of rheumatoid arthritis, it was suggested that each province's criteria be compared to the CRA recommendations to evaluate how they meet the standard of care. This could then be used as a basis for discussion with provincial formularies and private insurers.

Access to imaging, particularly magnetic resonance imaging (MRI), is a problem, especially when required for diagnosis of the spondyloarthritides. Professional radiology organizations will be approached to discuss this problem.

The Models of Care project at the Alliance for the Canadian Arthritis Program (ACAP), which is co-chaired by Dr. Cy Frank (an orthopedic surgeon) and myself, is progressing well. We hope to be able to develop a strategy that will influence policy and will prioritize investment in musculoskeletal diseases, looking at optimizing the complete care path.

Anyone who has information or ideas on any of these issues, or would like to get involved, is invited to contact me at zummer@sympatico.ca.

*Michel Zummer, MD, FRCPC
Associate Professor, Université de Montréal
Chief, Division of Rheumatology,
Hôpital Maisonneuve-Rosemont
Montreal, Quebec*

Human Resources Committee

By Barry Koehler, MD, FRCPC

The Human Resources Committee's main project this year is being done in conjunction with Paul Adam of the Arthritis Health Professions Association (AHPA), and, as always, with the unstinting support of Christine Charnock. This project has been a survey of functioning models of care across Canada; the results will be published once they have been collated and analyzed.

Dr. John Thomson and I attended a combined meeting of the Royal College and the National Specialist Societies in Ottawa in early December 2010. There was general concern regarding the ability to reliably and repetitively survey the membership of the various organizations, to evaluate current numbers and intensity of practice, as well as potential attrition of respondents. A number of speakers addressed methodologies to achieve this. Articles around this area include the internal medicine on-call survey of Canadian rheumatologists, published in *The Journal of the Canadian Rheumatology Association (CRAJ)* Summer 2010 issue, and a status survey in the *British Columbia Medical Journal (BCMJ)* in April 2011. (Anyone wishing a copy of a nice review of methodologies to evaluate human resources can contact me and I will email it to you).

Dr. John Hanley has kindly made available the information regarding academic human resources. As with the British Columbia data, this reflects static numbers, along with increasing age.

At the retreat, there was emphasis on the need to inform and attract medical students to rheumatology as early in their training as possible. A focus of the Human Resources Committee was felt to be an annual review and sharing of activities that different divisions carried out over the previous year. The necessity of medical students to choose a training track so early in their educational program was decried; however, given this sentiment, efforts to have internal medicine residents have a rheumatology rotation in Year 1 or 2 should be pursued, and having a rheumatology rotation being mandatory should be a goal.

Finally, there was some discussion of the large numbers of Canadians who are training in off-shore medical schools, the vast majority who wish to return to Canada to do post-graduate training and/or practice. Of these Canadian citizens, less than 10% will obtain training positions in our country.

I am stepping down as Chair of the Human Resources Committee and Dr. Thomson will be assuming this role.