

# The Challenge of Canadian Pediatric Neurology Manpower Supply

Can. J. Neurol. Sci. 2005; 32: 275-276

In this issue of the Canadian Journal of Neurological Sciences, an article by Keene and Humphreys provides a national "snapshot" of the present status of pediatric neurology manpower supply within Canada.<sup>1</sup> Methodologically, the article recapitulates a similar effort by the same authors almost a decade ago providing for fair and reasonable comparison. Evidence from the results is a "feminization" of the subspecialty that parallels that which is occurring throughout medicine over recent decades. However, it is interesting to note that objective practice patterns between male and female child neurologists are similar despite evidence to the contrary in other medical and surgical specialties.<sup>2</sup> The reason for this difference with other specialists remains open to speculation.

The key point made by the article is the aging of the practitioner in this subspecialty. Compared to a mean age of 45 years documented in the 1994 survey, a mean age of 51 years was noted presently with over a third (35%) of practitioners over the age of 55 now compared to a quarter (25%) in 1994. Indeed, 40% of practitioners anticipated retiring from active medical practice within the next decade. As noted by the authors, the ongoing training of newly qualified pediatric neurologists as presently construed will not keep pace with anticipated attrition.

This is especially problematic given the recognition within the specialty that physician supply does not presently meet existing clinical demands. This self-recognition is supported by objective data recently published that documents a national waiting time for pediatric neurology consultations in Canada that exceeds three calendar months with considerable geographic variation across Canadian locales.<sup>3</sup> Timely accessibility to physician specialists is a key component of satisfaction with healthcare delivery. Lengthy waiting times results in public dissatisfaction that given our medicare structure translates into a potential political issue. The demographic variables provided by Keene and Humphreys strongly suggest that waiting lists will only get longer in the near, intermediate and long-term.

Dealing with this issue highlights challenges at the "macro" level of overall physician supply and the "micro" level of the pediatric neurology subspecialty itself. Efforts by provincial governments have emphasized cost containment and the need to restrict physician numbers and thus the quantity of resulting physician generated services in a global fashion. The result of these efforts at a practical level has been ill-advised micro-management of physician supply through a variety of schemes; 1) reduced medical school entry spots, 2) reduced post-graduate training slots, 3) early retirement attractive buyout packages offered to practitioners, 4) restrictions on intra-provincial physician mobility and practice location, and 5) restrictions on physician immigration and licensing. The net results of these government efforts have been lengthy waiting lists, a decline in public satisfaction with healthcare delivery and increasing

physician workload and professional work place dissatisfaction. This bureaucratic mismanagement has been based on an inadequate understanding of variations within physician practice, both within and between specialties and an excessive reliance on static ratios that do not properly take into account a multiplicity of factors that influence both clinical demand and physician supply.

At the "micro" level of the subspecialty itself, the challenge is to increase the training of child neurologists and to consider alternatives in service provision. Child neurology is not presently a stand-alone specialty at the Royal College level. Specialty recognition would clarify the estimation of manpower, permit greater advocacy and professionalism and enhance stature. Dedicated reserve training slots that would result from specialty recognition would provide an added protective mechanism against future manpower shortfalls. Efforts also need to be put into place to highlight to medical students the existence of pediatric neurology as an attractive subspecialty for those interested in either clinical neurosciences or the healthcare needs of children.

Given the pessimistic future regarding manpower supply provided by Keene and Humphreys, one which is reinforced by the Child Neurology Society Workplace Study for the United States,<sup>4</sup> the type of patients seen and followed by child neurologists may need to be reassessed. Consultation screening may need to be implemented, informed by practice guidelines to decrease the number of children with minor common problems such as headaches, tics, febrile seizures, school and behavioral difficulties who are now seen. Similarly, relatively straightforward developmental delays and epilepsy cases may be followed by primary practice providers after initial neurological consultation and guidance. Healthcare provision by qualified nurses may also lessen ongoing clinical demands on specialists as highlighted by a recent study from the Hospital for Sick Children.<sup>5</sup>

As with all good papers, the work by Keene and Humphreys brings up more questions than answers and provides future challenges to be addressed. A key point is the role that can be played by national voluntary professional bodies such as the Canadian Association of Child Neurology, and by extension, the Canadian Congress of Neurological Sciences, in providing objective data and a forum for informed policy discussion of issues related to health services delivery.

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