The members of the Human Resources Committee agree that there are not enough rheumatologists in Canada to meet population and patient demands. An effort was made to “guesstimate” a desirable ratio of rheumatologists to the Canadian population.

In areas where the average population age is elevated, or where certain ethnic/racial groupings have higher disease prevalence, it was suggested that a ratio of one full-time equivalent rheumatologist to 50,000 to 75,000 population might be a reasonable figure. This assumes that the rheumatologist is seeing new patients for 45 minutes, and follow-ups for 15 to 20 minutes. It was noted that this patient timing made for a very busy day.

During the meeting, it was proposed that some demographic data collection at the time of the payment of the annual dues might help in obtaining a better idea of where rheumatology need is most severe.

A discussion of the arthritis health professional’s (AHP) role in a rheumatology clinic revealed varying experiences. Some had a very positive experience even though funding was provided entirely by the rheumatologist involved. Others found that the AHP’s presence created more work for the rheumatologist. There was certainly a need for various models to be explored.

Governments need to be told that such models need to be evaluated on the basis of care effectiveness, not whether the model is cost neutral or cost saving.

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