**Family Medicine and Primary Care: Committing to the Future**

**Original Authors (2005)**

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**Background**

**Primary Care**

Primary care is often called the “gateway” to the health care system. At present, primary care services in Canada are predominantly delivered by family physicians and general practitioners. These services are part of the broader model of primary health care, which includes health promotion, disease prevention, and equity-focused population health interventions centred around families and communities. There is a prevailing consensus among health care stakeholders that primary care is a key element in achieving a more sustainable public health care system.1, 2,3  Evidence supports the role of primary care in improving population health and promoting health equity.4,5 In addition, primary care is associated with higher patient satisfaction, lower overall healthcare expenditure, and decreased resource use without adversely affecting patient outcomes or quality of care.6,7

**Choosing Family Medicine as a Career**

A 2005 CFMS position paper on family medicine noted that between 1992 and 2005, the percentage of Canadian medical undergraduates selecting family medicine as their first choice specialty dropped from 44% to 28%.8 The report highlighted a declining number of students choosing family medicine as a career, as well as a family physician shortage across Canada. It painted a bleak picture for family medicine, noting that many students were not selecting this specialty due to a lack of exposure during medical studies, perceived higher earning potential in other specialties and an inadequate period of time to explore career options.

Since the 2005 CFMS report, the number of students choosing family medicine has risen markedly. In 2014, 38.2% of undergraduates selected family medicine as their first choice specialty.9 This number varied among schools, from a low of 19.1% at McGill University to a high of 55.7% at the Northern Ontario School of Medicine.10 Overall, 14 out of 17 schools saw more than 30% of graduating students rank family medicine as their first-choice specialty.10 The rising popularity of family medicine bodes well for health care systems across Canada.

The increase in medical students selecting family medicine as a career is due, in part, to the following:

1.     **Changing primary care models.** Family practice models have transformed over the past two decades, moving towards an interprofessional, team-based approach that provides comprehensive care in a single location. Team-based care is often centred around chronic disease management, health promotion, disease prevention, and coordination with hospital, long-term and specialty care.

2.     **Salaries.** Specialties were traditionally seen as paying substantially more than family practice. That gap has narrowed as new models of payment have been implemented, leading to an increase of over 50% in family physicians’ salaries from 2004/05 to 2009/10.11

3.     **Job availability.** A reduction in funding for the equipment and facilities needed for many specialty procedures has led to a decrease in demand for specialty doctors. This has resulted in some medical graduates being unable to find work without completing additional fellowship training following residency. In contrast, family physicians are needed across the country to serve communities and replace retiring physicians.

4.     **Combatting the hidden curriculum**. In medical schools across Canada, students interact primarily with specialist physicians who serve as lecturers, clinical skills instructors, or other facilitators of medical education. In order to increase exposure to family medicine, the College of Family Physicians of Canada has supported the development of Family Medicine Interest Groups (FMIGs) at every school. FMIGs promote family medicine as a career through talks, networking events, and workshops. Various faculty-led curricular initiatives have also increased interest in family medicine at medical schools by giving students more exposure to family doctors and more insight into general practice as a career, especially early in medical education.

5.     **Rural medicine**.Interest in family practice in underserved settings has grown due to the work of undergraduate interest groups, as well as mandatory rural medicine rotations supported by faculties, provinces and distributed medical education networks.

6.     **Additional training**. Additional training following graduation from family medicine residency programs enables new physicians to tailor their practices to their interests. Family medicine graduates are able to train in a growing number of subspecialty areas, prepare themselves for clinical practice.

**Current Issues**

The shifting landscape of primary care is relevant to all regions of Canada. Ontario and Quebec have recently become areas of focus pursuant to significant proposed changes in primary care within these provinces.

The Ontario government has recently imposed a number of measures that will specifically impact family physicians and new family medicine graduates. New graduates must relocate to priority areas, as defined by the government, in order to join team-based models of family practice unless they replace a departing physician.12 In addition, the government will reduce the number of new physicians able to join existing groups or to start new groups in team-based models of care from 40 to 20 per month.12 There is no list of which areas will be designated as “high needs,” but most urban centers will likely not be an option for graduates who wish to join team-based family practices.12

In Quebec, the provincial government has introduced Bill 20, new legislation that would require every general practitioner to provide medical care to a minimum caseload of patients and perform a minimum number of medical activities. Those who do not follow the regulations would be subject to financial penalties.13 Bill 20 could undermine the important role family physicians play in training medical students and conducting clinical research by forcing physicians to focus on fulfilling their patient quotas. Reduced exposure to quality, family medicine-oriented teaching and research could diminish the attractiveness of family medicine as a career choice among medical students.14

Medical students recognize that government spending on health care is high across Canada. We acknowledge that health care services do not exist in a silo, but are part of a broader system of government-funded social services. Provinces are attempting to rein in costs by reforming the organization of health care services. However, medical students do not support reforms that jeopardize the provision of high quality, primary care by family physicians and general practitioners. We are concerned that cost-cutting measures will undermine gains made by team-based primary care models and restrict clinical practice, teaching and research options for current and future family physicians.

**Principles**

1. **Medical students should have sufficient opportunities to train in team-based primary care and to join team-based practices upon graduation.**
2. **Mandatory work hours or patient caseloads in family medicine do not allow for high-quality, comprehensive patient care or flexibility in practice.**
3. **Family physicians are important contributors to medical education and research.**
4. **Exposure to family medicine during medical school is important for maintaining interest in the field.**

**Recommendations**

**1. New graduates should be provided with sufficient opportunities to practice in team-based family practice models.**

Team-based care models are beneficial to both patients and care providers. Interprofessional collaborative care models have been shown to provide better health outcomes for patients and clients when compared to single professional delivery models.15,16 In Ontario, team-based practices have demonstrated improved access to care, better formalized chronic disease management, and a stronger focus on prevention and health promotion.15 Team-based care models have been associated with higher patient satisfaction, enhanced patient self-care, improved access to a broader range of services, and more efficient resource allocation.16,17 On the provider side, team-based models have been linked to greater satisfaction and enhanced knowledge and skills among healthcare professionals, as well as more positive perceptions of working with others.16 The majority of medical students now train in team-based models of care and expect to practice according to team-based principles. By reducing opportunities for new graduates to work in team-based primary care, fewer students may choose family medicine as a career.

New family physicians who are not able to join team-based practices may have to join fee-for-service models instead of the non-fee-for-service payment models. The latter model is more common in team-based settings.18 Physicians who work in non-fee-for-service models have been shown to have higher levels of work satisfaction compared to those working in fee-for-service models; work satisfaction has been shown to lead to greater retention and performance.18

**2. The CFMS does not support legislation requiring patient caseloads or mandatory work hours for family physicians.**

Health care reforms such as the proposed Bill 20 in Quebec threaten to undermine high-quality, comprehensive primary care provision by family physicians and general practitioners. In a study examining patients’ assessment of family practice, patients identified the three most important attributes of a good family physician: a willingness to listen to the patient, thoroughness and proper physical examination.19 Imposed quotas and mandatory work hours could potentially undermine physician thoroughness and compromise patient care.

**3. Legislation should support rather than restrict time for teaching and research in family medicine.**

Family practice is diverse and many family physicians provide comprehensive care in a variety of settings, in addition to fulfilling teaching and research obligations.Family physicians are needed as teachers and researchers to inspire future interest in family medicine among medical students. Bill 20 in Quebec is one example of a reform that could reduce family physicians’ teaching time. The College of Family Physicians of Canada has expressed concern over this legislation. The College believes that failure to recognize the time required by physicians to act as faculty in academic departments and community settings may adversely impact trainees, recruitment and retention of teachers, and the role of family physicians as meaningful contributors to community-based care.20 Evidence shows that medical students’ selection of family medicine as a career is influenced by extensive exposure to the field throughout pre-clerkship, clerkship and the late stages of medical school.21 This underscores the important role of family physicians to serve as teachers who can inspire future generations of family doctors.

**4. The CFMS does not support limiting new job creation in Family Health Teams to underserviced areas as a tool to recruit family physicians to these areas.**

The Ontario government’s plan to restrict new jobs in Family Health Teams to underserviced areas has been proposed as one way to increase the number of physicians in these areas. Which areas will be deemed “underserviced” is yet to be determined. While this strategy may work for short-term recruitment, it does not adequately address long-term retention in underserved areas. Physician retention is a complex issue based on considerations about staff and collegial support, appropriate infrastructure, realistic and competitive remuneration, a sustainable workplace organization, and social, family and community support mechanisms.22 Family physicians may choose to practice in underserviced areas for a short period of time before moving to more highly-populated areas. A high level of turnover in rural areas combined with workforce shortages are costly to the health care system and can restrict access to care.22 The CFMS supports government reforms that adequately address the known determinants of poor retention.

**5.** **The CFMS supports exposure to family medicine at all stages of medical education and exposure to rural medicine through rotations and electives.**

Exposure to family medicine throughout medical training increases the likelihood that medical students will select this area for future practice.21 Selection of family medicine as a career is associated with the completion of undergraduate family medicine rotations and electives under the guidance of positive role models, as well as learning about the needs of individuals living in rural areas.23

**Conclusion**

Access to high-quality, comprehensive primary care is an important concern for all Canadians. Interest in family medicine as a career has increased in the last decade among medical students; it is important to continue to foster this interest at all stages of medical training. Medical students should be exposed to family medicine early in their medical training and have opportunities to learn in rural areas. Many family physicians play important teaching and mentoring roles for medical students who have the potential to pursue careers in family medicine. Family physicians also conduct significant clinical research activities. Ensuring that family physicians have time to teach and pursue research is essential in order to promote the development and advancement of primary care and broader health care systems improvements across Canada. Finally, opportunities to practice in team-based care models should be made available to new graduates and current family physicians. These models have demonstrated improved patient outcomes and physician satisfaction, and play an important role in improving the primary care system.

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