

Position Papers

Decreased Interest in Family Medicine

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Family Physician Shortage

Primary care is fundamental to the Canadian health care system with family physicians being the crucial front line for patient care. In recent polls, Canadians overwhelmingly identify their family doctor as the most important person in the health care of themselves and their families. Medical students in Canada recognize and respect the fact that high quality and sustainable health care depends on an adequate supply of family physicians.

There is a significant shortage of family physicians in Canada; 4.2 million Canadians do not have a family doctor. A recent study released by the Organization for Economic Co-operation and Development (OECD) ranks Canada 25th out of 30 industrialized countries when comparing the number of practicing physicians per 1000 population. Of practicing family physicians, 60% are seeing few or no new patients and nearly half (48.6%) of family physicians under the age of 35 have fully or partially closed practices. The aging Canadian population is reflected in the diminishing supply of family physicians, with one in four family physicians currently 55 years of age or older. The shortage of family physicians is not being adequately addressed by the current graduation rate of Canadian-trained family doctors. As a result, for many years international medical graduates (IMGs) have been responsible for filling the shortage of family doctors in Canada, especially in underserved areas. Of family physicians in Canada, 22.9% are trained abroad.

Declining Number of Students Choosing Family Medicine as a Career

Background

Between 1992 and 2005, the percentage of medical undergraduates across Canada selecting family medicine as their first choice specialty dropped from 44% to 28%. This declining interest in family medicine is being superimposed on the already existing shortage of family physicians. Adding to the shortfall in medical students choosing careers in family medicine is an inadequacy of medical school entry positions in Canada. This inadequacy was exacerbated by reductions in the number of medical school positions across Canada in the 1990s. The loss of the rotating internship in 1993 has resulted in a cumulative loss of between 2500 and 3000 family physicians. In order to begin rectifying this deficit, recommendations have been made by Canadian Medical Forum's Task Force 1 to increase medical school entry positions. Additionally, it has been recommended that residency positions be increased to reflect the increasing medical school enrollment. This has to be accomplished while keeping in mind the Canadian objective to maintain a 50/50 balance between family physicians and other specialists in practice, which, in the past, required a 40/60 FM/other specialties split in PGY-1 positions. Now with more steeply increasing number of family physicians retiring and more family medicine residents wanting to subspecialize, this split should be 45/55 or even 50/50, in order to meet demand. These factors must be considered when looking at the future of human health care resources in Canada.

Exposure

Medical schools across the country do not adequately expose students to primary care and family physicians. Emphasis is placed on tertiary specialized care for teaching and clinical experiences. Family medicine exposure in the pre-clinical years tends to focus on interviewing skills and psychosocial skills, which many medical students do not view as core material. Additionally, family physicians traditionally do not have opportunity to teach core clinical concepts at the pre-clinical level, despite their qualification to do so. Evidence has shown that the longer the exposure to family medicine in clinical clerkship, the more likely students are to choose family medicine as a career. In spite of this, many medical schools do not have sufficiently long family medicine rotations.

The limited exposure to family medicine, in both pre-clinical and clinical years, is influenced by “the hidden curriculum” which can suggest that family physicians play a secondary role in patient care and are not as skilled as their specialist counterparts. Although this alone cannot account for the declining student interest in family medicine, these attitudes influence student perceptions and the likelihood of their being attracted to family medicine.

Accessibility

As tuition increases in medical schools across the country, medical students are forced to take on large debts. These crippling debt loads may cause medical students to restrict their career choices to disciplines where they feel they can eliminate their staggering debt faster. This particularly applies to family medicine, as many students feel they will not be able to pay off their mounting debt load while earning the income of a typical family doctor. Furthermore, as tuition fees rise, access to medical school is becoming increasingly limited. The composition of admitted students is becoming increasingly representative of a narrow segment of the population. Students from neighborhoods in the lowest quintile are seven times less likely to enter medical school than are students from the richest neighborhoods. This is also a particularly important issue for rural and aboriginal communities. It has been reported that recruitment of rural students can influence the chances of producing graduates interested in rural family practice. If changes are not made in this area, the diversity of the Canadian population will not be reflected in its medical schools and, as a result, in the medical profession.

Flexibility

The current system of matching into a residency through CaRMS (Canadian Residency Matching Service) markedly shortens the amount of time in which medical students can explore and develop career choices. Presently, medical students are forced to narrow and focus career choices early in their medical training, especially for competitive specialties. The time simply does not exist to explore and appreciate a variety of career disciplines, including family medicine. Once in residency and into practice, it is difficult to change specialties or retrain. This lack of flexibility may detract some from choosing family medicine as a career as well.

Action

Representing the next generation of physicians in Canada, the Canadian Federation of Medical Students recognizes the importance of family physicians. The CFMS understands the challenge in promoting family medicine as a career choice and is committed to taking a proactive role in identifying, reforming, and overcoming these barriers. These recommendations are divided into the categories of exposure, accessibility, flexibility and system deficiencies.

CFMS Recommendations

Exposure

1. The CFMS endorses involving more family doctors at all levels of decision-making and training including: administration, lectures, problem-based cases, and clinical rotations in pre-clinical and clinical years.
2. The CFMS supports the creation of new opportunities for early exposure to family medicine for students in the first two years of medical school. These years are a period when students typically remain in a tertiary care hospital taught by specialists. Rural exposures including mandatory community experience programs are encouraged not only during clerkship but also earlier if possible. Such mandatory experiences should not bear an additional cost to the student.
3. The CFMS supports clinical clerkship rotations in family medicine that are sufficiently long to appropriately expose students to the diversity of the field.
4. The CFMS supports the initiative of Family Medicine Interest Groups (FMIGs) at each medical school to help expose students to family medicine.

Accessibility

1. Not all the decision-making happens in medical school. CFMS encourages already existing

programs such as C.R.O.P (C.F.M.S Rural Outreach Program), where medical students go out to rural high school students and put forward the idea of medicine as a career.

2. Universities and governments must do all that they can to make medical schools accessible and to ensure equality for all applicants, especially those from underrepresented groups, such as aboriginal and rural students. Steps must be taken to ensure that graduating debt levels do not influence future career choices.

Flexibility

1. The CFMS endorses that all family medicine rotations be completed before CaRMS applications are due.

2. A common PGY-1, core-curriculum year, or any system designed to increase the flexibility to switch programs after the PGY-1 year is supported by the CFMS. Such a program may help alleviate some of the pressures and stress of early career decision-making by allowing for a larger time window between the introduction of family medicine and the time the final decision has to be made. Such a system must not extend the length of any residency program.

System

1. Producing more doctors overall is one way to secure more family physicians. An increase in the number of practicing physicians would be welcome, however the CFMS has concerns about the approach and rate at which more students are admitted. Over the past decade, the number of admitted students has increased dramatically. The CFMS recommends maintaining the highest quality of education in our Canadian medical schools, while at the same time increasing enrollment at the required rates.

2. The CFMS does not promote coercive initiatives such as early "Return of Service" programs. Although innovative plans and efforts should be made to encourage family medicine early in medical school, programs of this nature isolate those particularly in need of financial support and not necessarily those with a true interest in family medicine.

3. Should the admission of undergraduate medical students increase, a corresponding increase in positions at the postgraduate level must occur simultaneously. The CFMS supports the CMF recommendation of 120 residency positions for every 100 Canadian medical graduates.

4. Although the CFMS recognizes the important role of International Medical Graduates (IMG), the government should not rely solely on IMGs to address the shortage of physicians in Canada.

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