



Fewer medical students selecting family medicine

Can family practice survive?

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For several years now, the shortage of family doctors in Canada and Canadians' difficulty accessing care have been priority concerns for the College of Family Physicians of Canada (CFPC) and many of our sister medical organizations. Despite repeated meetings and vigorous sharing of our messages with governments, medical associations, and medical school leaders, little progress has been made to address and reverse this problem.

In fact, the problem is increasing. As each year passes, more aging family doctors are retiring or reducing their practices. Many others are responding to calls for more services in areas of special need (eg, palliative care, management of hospitalized patients, psychotherapy), moving away from offering comprehensive and continuing care. The remaining family doctors face increasing numbers of patients to care for, many of them aging or presenting with more complex medical problems than in the past when many were cared for in hospitals rather than in communities and at home. The shrinking number of full-time family doctors is working up to 73 hours a week¹ to maintain the services needed by their patients. They cannot possibly sustain this effort.

Valuing family physicians

At the same time, growing proportions of graduating medical students are telling us that, while they still see family practice as an exciting and potentially rewarding career, it is too poorly supported by our health care system: inadequately remunerated, overburdened with work for each practitioner, and unable to offer the kind of balanced professional and personal life they seek. They see the prestige of family doctors as lower than that of specialists both in the medical schools in which they train and, based on substantially lower income-earning potential, in the communities in which they will practise. Their perceptions are being translated into action; the percentage of students selecting family medicine as

their first choice in the annual Canadian Resident Matching Service (CaRMS) program fell from the 40% levels of the 1980s and most of the 1990s to a new low of 24% in 2003.

Do our medical schools and governments not have a responsibility to recognize and support family physicians at the level they support all other medical specialties? Will family physicians, already facing shortages in their ranks, be able to continue to meet the needs of our population with so few new colleagues being trained to join or replace them? Do Canadians themselves value family doctors and do they understand the implications of a future where even fewer family physicians are available?

Maintaining the right proportion

Historically, Canada has maintained a 50:50 split between family doctors and specialists. Internationally, the high quality and cost effectiveness of Canada's health care system has been attributed in large part to the strong base of well trained family physicians providing and coordinating care for our population. Many other nations, including our neighbours to the south, search for ways to emulate this Canadian model. Canadians themselves have repeatedly and consistently informed public pollsters that they value family physicians very highly and that they prefer to see their family doctors first for any medical problem.^{2,4} Sadly, increasing numbers are also reporting that, because of the shortages, they cannot find a family doctor.³

Most Canadians understand the importance of the relationships they develop with their own family physicians and value having a skilled medical professional who understands them as a total person available to provide much of their care and to serve as an ally when they must access other parts of the system. What patients might not be aware of is how family doctors improve their health status. As Starfield⁵ showed, when all other factors are controlled for,

better health outcomes of a given population are directly related to the number and availability of primary care physicians. In Canada, where most primary medical care is delivered by family doctors, that translates into a critical role for family physicians. Quite simply, more family doctors equals a healthier population.

Students' perceptions

Despite the high value placed on family physicians by the public, medical students (who only a few years ago were selecting family medicine residencies in substantial numbers) now report that a career in family practice does not seem to be valued either in their medical schools or by our health care system. In medical school, many students tell us most of their "real" medical teaching is done by specialists; they receive whispered advice from academic role models suggesting that family medicine is a less prestigious career. Unfortunately, they are also hearing from family doctors that, while the spectrum of clinical challenges is exciting and the relationship with patients and their families is a true reward, demand for their services has become overwhelming and their practice needs are poorly understood and supported.

Students also tell us they get confused about or even feel threatened by primary care reform initiatives and new models of care that suggest the clinical responsibilities of family doctors could be altered and could become the same as nurses and other paramedical professionals. They see this role defined more clearly and less competitively for specialists than for family physicians.

Today's students also carry high debt loads and are aware that they will earn more as specialists than as family physicians. As each year goes by, this disparity seems to become more influential for graduates choosing their future careers.

What we must do

We urgently need action to address the longer-term crisis in family physician supply. Our College and its Chapters must become more vocal than ever with governments, medical associations, and medical schools. Medical schools must re-examine their admissions policies to ensure that students with strengths associated with becoming family or rural physicians are given priority equal to those with

attributes more likely to produce specialists. Schools must also adjust undergraduate curriculums to guarantee that students have equal exposure to family physicians and specialists in all lectures, seminars, and clinical teaching. Specialist and family physician teachers must not give students inappropriate negative messages about their future careers.

While the CFPC will continue to support new models of practice as options for family physicians, the bottom line is that, unless the practices of all family doctors—rural and urban—in solo, group, or network practices are better supported and family physicians themselves are more appropriately remunerated (ie, at levels equal to specialists), the numbers of family physicians will likely continue to diminish and the access to good-quality care and the health outcomes of Canadians will continue to be compromised.

We hope our concerns and recommendations will not be voiced by us alone. We look to our brothers and sisters in the national and provincial medical associations and to our governments to recognize this crisis and negotiate the fees and working conditions deserved by family doctors. We rely on medical school leaders to preserve family physicians' roles and to ensure a respected image for family doctors in both undergraduate and postgraduate education. And we will speak directly to the people of Canada, who clearly value family doctors, urging them to continue to express their concerns about the lack of adequate support for family physicians. Unless changes are introduced immediately to augment family doctors' image and to change the views of medical students, the survival of family practice and all the benefits it brings to the health of Canadians and our health care system will be in jeopardy. ♣

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References

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