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Letters ❖ Correspondance

Avoiding the family physician path

Cal Gutkin's February Vital Signs[1] made me laugh. On and on we hear the incessant whining about FP shortages starting with fewer students choosing family practice. Blaming medical schools for the changing generalist:specialist mix is nonsense. The pro-FP rhetoric during my medical training was nearly nauseating (1996 graduation).

As Dr Gutkin notes, a major decline in FP production began in 1993 when rotating internships were discontinued. Furthermore, opportunities to retrain or change residencies were abolished. Apparently, multiple residencies used up too many tax dollars (residents earn about $5/hour in some programs), and the College of Family Physicians of Canada (CFPC) wanted more status for their program: "train more generalists!"

Exactly the opposite has happened. Students are avoiding the FP path at an alarming rate. In medical school, everyone knew that choosing family practice was a one-way street: no more options, no retraining, lower remuneration, and less respect.

Opening the doors for physicians to retrain would do more at the medical school level to increase FP numbers than cajoling the schools to promote family medicine. More students would choose the 2-year CFPC route as a means to pay off debt, mature, and explore where their strengths in medicine lie. As we all know, there would be substantial numbers of physicians who would continue as generalists, and there would be far fewer discontented FPs who have been marooned in the CFPC by the present draconian policies.

As it is not in Dr Gutkin's best interests to promote this kind of flexibility, students will continue to avoid family medicine in even greater numbers. When will you learn that you cannot force physicians into practice type, location, or style?

—Shawn Whatley, MD, CCFP
Newmarket, Ont
by e-mail

Reference

1. Gutkin C. Medical schools' accountability for physician resources [Vital Signs]. *Can Fam Physician* 2003;49:264, 263 (Eng), 262-3 (Fr).

Response

Dr Whatley has put his finger on some of the key messages we are hearing from medical students regarding the decreasing numbers selecting careers in family medicine: family doctors get too little respect, are inadequately remunerated, and still do not have enough flexibility in residency training or reentry positions.

When he says it is not in the College of Family Physicians of Canada's "best interests" to address these issues or accuses us of "draconian" policies, however, his finger pointing is way off the mark. The positions the CFPC has aggressively promoted with everyone from Romanow to Kirby to our federal and provincial governments to medical school leaders clearly enunciate the need for better pay, more practice support and models of practice, more flexibility in training programs, more reentry positions, and much greater respect from governments and medical schools for the contributions of our present and future family physicians.

One of the ways to help augment the practice of family medicine in the eyes of medical students would be to have our medical schools define and support more prominent and clinically relevant teaching roles for family physicians, including those in community and rural settings, combined with a commitment to ensure that students have equal exposure to family doctors and specialists throughout their undergraduate years. We also recognize that the responsibility and accountability for creating the right balance of physicians in Canada rests with a combination of key players; medical schools are only one of them.

Far from "whining," the CFPC has, over the past few years, been calling for more opportunities for extra skills training for residents as well as for practising family physicians who wish to reenter the training system. This has, in fact, contributed to recent increases in the numbers of these positions in various parts

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of Canada. We have also fought for increased flexibility within residency training programs, and (along with the university departments of family medicine) have done all we can to offer such flexibility to those wishing to transfer into family medicine from residency programs in other disciplines. Unfortunately the CFPC cannot control the lack of flexibility offered by other specialty programs.

In the practice milieu, we have explored and will continue to advocate for improved and better supported practice models as options for family physicians to consider. Contrary to Dr Whatley's insinuation, we have no interest in forcing any family doctor into any single model of practice.

We will continue to work with our members and our colleagues in other organizations to help create a high-quality, flexible system, one that will improve the professional and personal lives of practising family physicians and attract increasing numbers of medical students to our branch of the medical profession. As we do so, we will also remain committed to helping Canada maintain the highest possible standards for training and life-long education of family physicians. I hope that what we are doing, will, in the long run, prove to be in the best interests of medical students, family doctors, and very importantly, Canadians who need well trained, well paid, professionally satisfied family physicians caring for them.

—Calvin Gutkin, MD, CCFP(EM), FCFP
Executive Director and
Chief Executive Officer
The College of Family Physicians
of Canada

Correcting an apparent contradiction

A contradiction in two statements in our paper "Location of family medicine graduates' practices. What factors influence Albertans' choices?"[1] has been discovered by one of our readers.

The two statements are "Graduates tended to practise in communities the size of those they lived in until 18 years of age" and "…graduates who lived in rural communities until they were 18 years of age were no more likely to choose rural practice locations than those who had lived in metropolitan areas."

A closer look at our data reveals an association between community lived in until 18 years of age and current practice location. Of those who lived in a rural community until 18 years of age, 29.7% indicated that they were currently in a rural practice. Of those who lived in a metropolitan area until 18 years of age, 14.9% were in rural practice. Thus, our data are consistent with the findings of other studies that show the importance of rural background as a predictor of rural practice location.

We regret any misunderstanding that might have occurred and wish to set the record straight. A wording change in the various drafts of the paper appears to have conveyed something different than was originally intended.

We are grateful to our readers for their interest and thorough review of our paper and for pointing out this inconsistency. It is this process of open peer review that moves research forward.

—O. Szafran, MHSA
Edmonton, Alta
—Rodney A. Crutcher, MD, MMEDED, CCFP(EM), FCFP Calgary, Alta
—R. Gordon Chaytors, MD, CCFP, FCFP
Edmonton, Alta
by mail

Reference

1. Szafran O, Crutcher RA, Chaytors RG. Location of family medicine graduates' practices. What factors influence Albertans' choices? *Can Fam Physician* 2001;47:2279-85.

Is a 5% decline in physician supply significant?

A recent study by the Canadian Institute for Health Information (CIHI) suggests that there has been a 5.1% decline in physician supply in Canada between 1993 and 2001 and a 7.0% increase in workload among GPs and FPs.[1] Given current perceptions of physician shortages and increasing numbers of GP/FP practices that do not accept new patients, it is hard to believe that less than 10 years ago, results of a survey conducted by Angus Reid for the Canadian Medical Association found that almost half the physicians in Canada said enrolment in medical schools should be cut.[2]

So what does a 5% decline from what was considered to be an oversupply situation really mean? What effect does a 7% increase in workload have on the daily lives of doctors? What