



## 1361 reasons for hope

Lawrence C. Loh MD MPH CCFP FCFP FRCPC FACPM, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

The College has been unequivocal in its view that primary care in Canada is currently facing an unprecedented crisis.<sup>1</sup> We have also made it clear that this has been a long time coming—that for so long our warnings of the long-term impacts of stagnant remuneration, lack of multidisciplinary and administrative supports, and digital problems rather than solutions would eventually take their toll on the specialty of family medicine. The societal upheaval driven by the COVID-19 pandemic simply exposed and exacerbated these challenges, which had long been held at bay by the sacrifices of family doctors who have, despite mounting barriers, continued to deliver excellent care to patients.

Where we must not lose hope, though, is in our goals of building a better future. There is a lot to be positive about right now. The public and decision makers are finally awakening to the solutions that family doctors have long advanced: organizing primary care in teams that feature complementary scopes of practice across professions, rather than simply expanding scopes within competing silos; remunerating in a manner that recognizes the complex contexts that today's patients inhabit; and providing better support for family doctors in their unique and foundational role in the primary care system. Front and centre in the national dialogue is a recognition that something has to change—that family medicine, which has long rolled with the punches to keep helping others, now needs help in turn.

While things might get worse before they get better, we need to be positive. We are being heard. And we will continue to speak up, to highlight what needs to improve, to demand recognition for our worth, making sure that we see the changes that are necessary to safeguard the joy of family medicine now and for future generations.

That is why, in considering the 2023 Canadian Resident Matching Service results, the College and I took a certain perspective. One can acknowledge that we saw, after the first round, the highest gross number of unmatched spots in family medicine in recent years.<sup>2,3</sup> Although this indicator is imperfect—some programs expanded the number of slots this year, and a more accurate indicator of interest in family medicine is the number of first-choice program rankings—I understand why there was disappointment.


But we also need to look at the flip side and the reasons for hope: 1361 family medicine spots were

filled<sup>3</sup>—1361 doctors who chose to answer the call, who will be trained by dedicated teachers who will induct them into our collective vocation, who will soon join the rest of us in the years to come in performing everyday miracles in the community.

Knowing that 1361—the most of any specialty (family medicine has the most available spots of any specialty)—have matched to family medicine gives me strength. Family medicine matters, and amid this moment of crisis, we must turn reflection to action and effect change.

The College is doing its part to strengthen residency training—to ensure that family doctors continue to receive the best training possible to support a comprehensive scope of practice in the present and in the future. We know that doing so will help us continue to advocate for the necessary inclusion of family doctors in multidisciplinary teams and for remuneration that acknowledges their leadership.

We call on decision makers to take action now. We know that a stitch in time saves 9; we are at the point where family medicine (and our community-focused partners in public health) needs 9 stitches to make up for what has been missing for so long. The overflow of care from communities into hospitals makes it clear: we need resources and support immediately to get back to a point of prevention; to preserve hospital resources for the most acute needs; to develop fulfilling relationships for family doctors and their teams; and to provide better care and access for patients.

I have always been an optimist—so that is why I have chosen to see the match results as an opportunity. We have 1361 reasons to celebrate this year, despite the challenges we continue to battle. And we will have many more (as we stay focused) when decision makers give us support that recognizes the unique and incomparable value family doctors provide to their colleagues, partners, communities, and patients. 

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### References

1. *Crisis in family medicine*. Mississauga, ON: College of Family Physicians of Canada; 2023. Available from: <https://www.cfpc.ca/en/policy-innovation/our-advocacy/crisis-in-family-medicine>. Accessed 2023 Apr 12.
2. *Unfilled positions after the first iteration of the 2023 R-1 match*. Ottawa, ON: Canadian Resident Matching Service; 2023. Available from: <https://www.carms.ca/news/unfilled-positions-after-the-first-iteration-of-the-2023-r-1-match/>. Accessed 2023 Apr 12.
3. *2023 CaRMS match results*. Mississauga, ON: College of Family Physicians of Canada; 2023. Available from: <https://www.cfpc.ca/en/education-professional-development/2023-carms-match-results>. Accessed 2023 Apr 12.

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