Residents' page

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This month, we present Part 2 of the National Family Medicine Resident Survey. The College website at www.cfpc.ca/CFP/2001/cfpfeb01respage.htm (English) or www.cfpc.ca/cfp/2001/mfcpageresfeb01.htm (French) offers a more detailed report, including tables comparing the results of our survey to the 1998 Janus Project survey of Canadian family physicians in practice.

National Family Medicine Resident Survey

Part 2: Future practice profile

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The Section of Residents' family medicine resident survey also questioned residents about future practice plans. These results were compared with results obtained from the 1998 Janus Project survey of practising Canadian family physicians in an attempt to identify future trends in practice.

Future practice profile

Most (80.7%) respondents expected to practise as family physicians. Many different services are provided by family physicians across the country, as was shown by the 1997-1998 National Family Physician Survey conducted by the College of Family Physicians of Canada (CFPC).[1] These services include obstetric and prenatal care, emergency care, inpatient care, child health, care of the elderly, adult health, alternative medicine, preventive medicine and lifestyle counseling, and mental health services. Reported intent to deliver these services once in practice, as well as perceived adequacy of training in these areas, was compared with the proportion of family physicians providing such services in the community.

A similar proportion of residents intend to offer the same procedures the existing work force offers. More residents, however, intend to provide prenatal or full obstetric care. Many (39.6%) said they intend to provide full obstetric care, and 76.4% said they would provide prenatal care only. There was some overlap in responses; however, proportions are higher than those observed among physicians already in practice. The 1998 Janus Project showed 33.1% of all respondents provide prenatal care only, while 19% provide full obstetric care. This disparity could signal a promising trend in provision of obstetric care among future family practitioners.

Another trend noted among residents was the intent to specialize in a specific area of health care in family medicine. Some (23.1%, or 221) indicated intent to specialize; 79 intend to practise emergency medicine, 26 obstetrics and gynecology, 48 sports medicine, 11 women's health, and seven anesthesia. Nearly a quarter (24.8%, or 236) wished to do an additional third year of training. Few (4%, or 39) intended to change disciplines.

More than half (58%) the residents anticipated they would practise in communities of more than 40 000 residents. When defining rural practices as communities with populations less than 10 000, only 13.4% stated intent to practise in these areas.[2,3] This finding was consistent with the projected 12.8% of graduates likely to choose rural practice upon completion of family medicine residency.[2]

Less than half (44.4%) the respondents were unsure they were adequately trained for independent practice, and 11.9% thought they were definitely not ready for independent practice. Most respondents reported they were adequately trained in the various roles of family practitioners. Residents felt less adequately trained in adolescent health (57.4%), mental health and psychotherapy (58%), minor surgery (56.7%), palliative care (58.6%), addiction medicine (18.7%), aboriginal health (11.7%), and human immunodeficiency virus and acquired immune deficiency syndrome (21.3%).

Anxiety about being inadequately trained for independent practice could originate in factors indirectly related to delivery of medical care. Residents are

likely concerned about the transition from a relatively sheltered residency to independent practice. Independent practice involves lack of backup and such responsibilities as practice management and payment methods, to which little time is devoted in residency. Residents could feel they are unprepared for nonmedical practice demands once they are "on their own." The high proportion of residents planning to be involved primarily in locum tenens work, emergency medicine practice, and group family practices where some of these pressures would be minimized support this. Few expressed intentions to enter solo practice (2.8%) compared with the proportion of FPs in solo practice (31.3%).[1]

Conclusion

Generally, residents were satisfied with their family medicine training, although few were as satisfied with the specialty portions of their training. Programs can continue to improve in how they respond to residents' concerns. Important changes identified by residents included optimizing service-to-education ratios, honouring the 28-hour post-call rule, increasing financial support for advanced skills training, and increased promotion on the part of the CFPC of family medicine as a specialty in its own right.

Perhaps the most surprising result of the survey was the rate of resident intimidation and harassment. One in five experienced harassment personally, and many more knew of such incidents indirectly. The nature of this harassment, and the environment in which it is experienced, should be examined closely in future surveys.

Forty percent of residents intend to practise obstetrics, although most say they will provide primarily prenatal care. This proportion is higher than that currently reported among FPs in the community.

Most residents expressed doubt about the adequacy of their training to prepare them for independent practice. This doubt could be caused by factors unrelated to their ability to provide good medical care, as most felt adequately trained in health care and procedural skills. The source of this insecurity needs to be characterized in future surveys.

Further investigation into why residents leave Canada is necessary, as it is apparent that financial considerations are only one factor. Thankfully, most residents plan to remain in Canada. Little has been reported about those who leave Canada only to return later.

Between 22% and 31% of Canada's population live in rural communities of 10 000 people or less. The numbers of residents planning to enter rural practice in this survey support recent observations by other researchers that relatively few graduates intend to

enter rural practice.[2] The current shortage of rural FPs and GPs is estimated at 1652, which is the number required to equalize the FP/GP-to-population ratios between urban and rural areas.[2] Further widening of this gap has been projected if more training is not made available for rural practice.[2]

A previous study observed a positive correlation between growing up in a town of less than 10000 and choosing rural practice.[3] Although this correlation was not investigated in the survey, future surveys should attempt to confirm this correlation by reporting the size of residents' communities of origin.

Future practice plans of family medicine residents in 1999 included locum tenens and emergency medicine for the first 2 years of practice. This choice could reflect anxiety about practice management, as well as the decreasing supply of family physicians in both rural and urban locales. While creating more opportunities for such work, this situation has resulted in less incentive to settle into a practice early. This could be a new trend or merely the normal practice pattern of residents as they enter the work force. To track this situation, the CFPC National Family Physician Survey could follow residents after graduation.

The resident survey explored residents' perspectives on many aspects of family medicine training programs. We hope subsequent surveys will provide useful information about physician supply and community needs. Future National Family Medicine Resident Surveys in conjunction with future Janus Project surveys will be instrumental in achieving this end.

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