A tale of two towns

Issues affecting family physicians' choice of practice venue

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Primary care is the backbone of Canada's health care system. There is much to be gained by having a well established primary health care system in place from the point of view of the health of the population and of the delivery of health care.

Unfortunately, problems with availability of primary care physicians throughout Canada are increasing; in some areas the shortage is more critical and more long-standing. Though concern is increasing about the actual numbers of family physicians being insufficient, there are also bona fide problems associated with distribution of family physicians currently in practice.

I formerly practised in Cornwall, Ont, where a chronic shortage of family practitioners is ongoing. In Morrisburg, a smaller community close by, physician shortages have been less of a problem. I thought it would be interesting to examine what issues affect physicians' choice of practice venue.

The same but different

Cornwall and Morrisburg are substantially different in their delivery of primary care, but are there more complex reasons for the differences in physician resources? Perhaps an understanding of what makes these two communities different might help other communities trying to recruit family physicians.

In Cornwall and Morrisburg, family physicians are an important part of the hospital and medical infrastructure. Each community has patient-physician ratios above the recommended ratio of 1500:1. Cornwall has nearly twice the ratio, while the ratio in Morrisburg is a little closer to the ideal: 2000:1.

When this investigation was done, the 25 family physicians who practised in Cornwall were all in solo office practice, though most had formed "call groups" for providing hospital and community coverage after hours. In the 5 years before this project took place, although only one family physician left the community, five other primary care physicians had moved into the community, set up practice, and then left. Cornwall also had to tolerate "itinerant" physicians, those who lived elsewhere, sometimes as far away as Montreal, and who used space in a walk-in clinic on a part-time basis for either urgent care shifts or for primary care for the "doctor-starved" population.

At the time I started this project, 10 family physicians in Morrisburg were partners in a large group practice, the St Lawrence Medical Clinic, which included two specialists. The physicians were able to admit and care for their patients at the Winchester District Hospital in the town of Winchester, approximately 20 minutes away. Morrisburg had not suffered the same problems as Cornwall with physicians arriving, establishing practice, then leaving within a short time, or with itinerant physicians.

To investigate the differences in primary care manpower between the two communities, I interviewed seven physicians from both communities to discover their reasons for choosing that particular place to practise. With this information, I was able to draw some conclusions about the professional perspective of practice in each community.

Positive and negative factors of each town

Physicians in Morrisburg all mentioned the "informal camaraderie" of the group, its support, collegiality, stability, and the commitment of the other physicians as well as the skills and support of the ancillary staff at the clinic. Rural practice with the freedom to practise the type and scope of medicine they wanted and the availability of a family practice–based district hospital were also factors.

Physicians in Cornwall did not have the experience of the group to use as an anchor for settling in the community. There was a sense of being needed and having a "ready-made" clientele with a fair amount of disease requiring attention. Availability of hospital practice was

important for some people, especially for those who had practised in larger centres where hospital care tended to be under the direction of consultants. Physicians in Cornwall mentioned the ability to do what they wanted in terms of special interests in medicine as a reason for settling there. Several physicians mentioned that they liked the collegiality of the small medical community when they first arrived but were less certain that the same collegiality continued to exist later on. Some speculated that the change was due to increased health care stresses, such as financial constraints, chronic family physician shortages, and demand by consumers for investigations and procedures from what was still perceived as the "bottomless pit" of health care resources.

If a new and presumably young physician is going to settle in Cornwall or any other centre with similar recruitment problems, then he or she must feel needed *and* welcome; being needed is not enough. The differences between the two communities as far as types of patients and diseases, ability to practise in areas of interest, access to larger centres, and use of continuing medical education resources were not very different overall. Certainly Morrisburg has a more rural flavour than the small city atmosphere of Cornwall, and Cornwall has slightly better access to auxiliary health care personnel.

Personal needs must be met

The main reason physicians moved to Morrisburg was because they liked the group of physicians with whom they intended to spend a good deal of their professional life. They all felt a sense of fairness about the group that gave them just as much influence as someone who had been there longer. There was a sense of security in moving into a practice with the facilities and staff already managed and established. The physicians knew what was expected of them financially and professionally and knew that the other physicians would reciprocate appropriately.

Other reasons cited for living in Morrisburg included the proximity to larger centres and international airports, work opportunities for spouses, recreational opportunities, safety for children, and the prettiness of the town itself and its location on the river.

In Cornwall it was hard to find a physician who had this same sense of belonging. The absence of a group practice appeared to be one reason for this. New physicians have a lot of insecurities about their abilities and have minimal training in the business aspect of medical practice, two factors that are managed well by a good group practice. Attraction of the physicians to Cornwall and its lifestyle varied but often included a desire to live in a small community that is bilingual, friendly, and affordable.

From the point of view of primary care reform, the model of group practice in Morrisburg at the St Lawrence Medical Clinic seemed to be more adequately prepared for the changes that might become mandatory in the next decade. The clinic offers "frontline care, comprehensive care, ongoing care and coordinated care"[1] by a group of committed physicians, who also provide 24-hour coverage for emergencies. Cornwall physicians will find it difficult to implement primary care reform unless substantial adjustments are made to the way medicine is practised in the community.

Conclusion

The interviews I conducted indicate that choice of practice venue has as much to do with personal factors as with professional matters. Primary care is delivery of care that is accessible, coordinated, and comprehensive to the population through ongoing relationships between patients and practitioners. Recruiting new physicians who are willing to provide this type of care will require communities and their physicians to offer support, understanding about lifestyle requirements, flexibility, and organized infrastructure that provides both financial and professional security.

In addition to patients' need for them, family physicians make choices on where and how they practise based on such features. For physicians to be professionally satisfied, they must be personally satisfied.

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Reference

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