

Letters ♦ Correspondance

Ideas on how to retain family physicians

Cambridge, Ont, is 100 km west of Toronto and was the first large southern Ontario city declared underserved. It continues to struggle with shortages: 40 family physicians per 100 000 population.

To encourage retention, the Department of Family Practice in Cambridge hired facilitators to list our problems and map out solutions. We are still working on a number of items, but much progress has been made. The following areas have been improved greatly.

Orphan patients. As in many areas, physician shortages were intolerable for patients and family physicians alike, as no doctor should be forced to take on more patients than he or she is comfortable serving. The hospital hired four excellent hospitalists and paid the family physicians an honorarium for on-call service from the hospitalists. We have a call group of 24 general practitioners for hospital call and 22 for surgical assists (four GPs are retired from call at age 60).

All calls come in through switchboard, and being on call so rarely cuts stress and ensures good coverage 24 hours a day, 7 days a week for patients, laboratories, and nursing homes. The hospitalists have no on-call duty (except weekend rounds), so this helps their stress levels. Two of the hospitalists were former family physicians who have found the change refreshing.

Emergency room and urgent care. Staff in these departments are very supportive, as they let us sign out to them (when family physicians cannot get locum tenens).

Nursing and retirement homes. We have house doctors in these places who welcome patients so family physicians do not have to run all over town seeing their nursing-home patients.

Telehealth. This service is a great advice system in Ontario that is run by registered nurses, 24 hours a day, 7 days a week; it helps take the load off family physicians.

Diabetic day care and pain clinic. These services are really good stress busters for family physicians because they support chronic patients, who are the toughest to treat.

Cancer care. We have a great group of oncologists and nursing staff who, with their holistic approach, support not only patients but their families as well. This support also helps patients' family physicians.

Out of necessity and by working together, the Cambridge Department of Family Practice has made life better for its family physicians. We are on paid call duty 1 day in 24 (\$250 plus OHIP payment for week nights and \$500 plus OHIP payment on weekend days and holidays). We are supported by the staff of the emergency room and urgent care clinic instead of being jealous or fighting with each other—we are all in the same business, and there is lots of business!

If you want to improve retention of family physicians in your town, I recommend your Department of Family Practice set up a subcommittee of hospital administrators (go to the top and accept no substitutes) and family physicians from different age groups, types of practices, and locations. With a facilitator, examine all the stressors in your town.

—John W. Crosby, MD, FRCPC, MCFP(EM)
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by mail

Make your views known!

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Larger cuffs accommodate bigger arms

I read your article¹ in the October 2002 issue titled "Blood pressure self-monitoring in pharmacies." In this article you assert the Omron HEM-705CP does not meet the criteria for accuracy established by the Association for the Advancement of Medical Instrumentation (AAMI) or the British Hypertension Society (BHS).

In fact, the Omron HEM-705CP does meet both AAMI and BHS standards and is one of the five self-measurement blood pressure devices for the upper arm you quote as being "recommended by the European Society of Hypertension."

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The remaining four devices recommended by the European Society of Hypertension are also Omron devices. These data were published in the March 2001 issue of the *British Medical Journal*.²

There are no BHS and AAMI standards for digital blood pressure devices for community-based monitoring. We note the clinical evaluation methodology was modified in the study by Lewis et al³ and included 15 individuals whose arm circumference exceeded Omron arm cuff guidelines. The Lewis et al study incorrectly states there is no cuff choice for the Omron HEM-705CP, when in fact a large cuff for this device that fits arms 33 to 43 cm in circumference is available through Canadian pharmacies.

—Mark Rinker

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by e-mail

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