

Reflections on walk-in clinics

Disappointingly, none of the articles¹⁻³ on walk-in clinics (WICs) in the March issue provided evidence to support or weaken the belief that managing health problems in for-profit WICs and emergency departments instead of family physicians' offices incurred higher costs per patient visit, involved more investigations per patient, or had a higher referral rate to specialists. Possibly no studies have been conducted. If this is true, it would be most remarkable in view of the health care funding problems for the last 10 years or more in Canada. One would think that at least one provincial government would have investigated this controversial issue that is considered one of many factors contributing to escalating health care costs.

Most family practice groups² continue to provide full-service primary care 24 hours a day, 7 days a week, but a sizable portion (42%)³ do not. It appears that an increasing number of family practices offer telephone accessibility on weekdays 10 AM to noon and 1:30 PM to 4:30 PM and are closed one to two afternoons a week (with no backup outside these weekday hours); a scheduling system that allows for only a few extra patients to be seen each day; reluctance to work past the scheduled closing time; office practice restricted to patients who fall into a narrow healthy age spectrum; reluctance to cover evenings, nights, and weekends; and a failure to have backup coverage 24 hours a day, 7 days a week.

These practice patterns, which are characteristic of many Canadian family physicians, appear to have been directly responsible for the evolution and rapid expansion of WICs and the overuse of emergency departments. Thus it seems reasonable that family physicians should feel somewhat reluctant to criticize what they perceive as shortcomings of WICs.

At one time, patients used three important parameters to determine their choice of physician: availability, affability, and ability (prioritized in that order). While there is no reason to believe that the second and third qualities have diminished among today's practising family physicians, many family physicians have become

less available. Limited availability combined with the declining comprehensiveness of primary care⁴ compromises family medicine and might kill it. If current trends are not soon reversed, the journal name *Canadian Family Physician* might eventually become "Primary Care" to reflect its readers more accurately. (Cynics might be tempted to add "Physician Oriented.")

If the values of family medicine are to be preserved, then certainly the most appealing solution³ to eliminate the inadequacies of WICs and family practice groups is for government to mandate that all access points to primary care (including WICs) provide full-service primary care 24 hours a day, 7 days a week.

In his well written editorial, Dr Rainer Borkenhagen¹ presents some insightful and sound philosophical observations on the value of time, lifestyles, and life goals and how these parameters are affecting primary care practice. Some of the aspirations of today's physicians do not dovetail with traditional family medicine, especially with continuity of care. The very future of traditional family medicine is being challenged by these new and evolving parameters.

In the same editorial, Dr Borkenhagen implies that all primary care is universally undervalued in Canada. That statement ignores factual and anecdotal evidence that many primary care providers (ie, family physicians, WIC physicians, hospitalists, and emergency physicians) in some provinces are receiving appropriate or possibly even excessive remuneration.

When Dr Borkenhagen sees regulating patient mobility as a solution, presumably he is referring to patient rostering.

Make your views known!

Contact us by e-mail at letters.editor@cfpc.ca on the College's website at www.cfpc.ca by fax to the Scientific Editor at (905) 629-0893 or by mail to *Canadian Family Physician* College of Family Physicians of Canada 2630 Skymark Ave Mississauga, ON L4W 5A4

...

Faites-vous entendre!

Communiquez avec nous par courrier électronique: letters.editor@cfpc.ca au site web du Collège: www.cfpc.ca par télécopieur au Rédacteur scientifique (905) 629-0893 ou par la poste *Le Médecin de famille canadien* Collège des médecins de famille du Canada 2630 avenue Skymark Mississauga, ON L4W 5A4

His next proposal is to resist regulating physician mobility. Consequently, the prospects of recruiting family physicians to rural areas grow dimmer all the time. I hope governments will soon realize that increasing student numbers is futile when fewer and fewer medical students (28% in 2001)⁵ are choosing family medicine as their first choice for a residency program.

In recent years an increasing number of graduates of family medicine programs have decided not to practise as traditional family physicians. Of those who do, an inadequate number are willing to live and practise outside large urban centres with medical schools. Instead of resolving the rural family physician shortage, the problem escalates. The answer to this scenario is not clear, but if lifestyle goals prompt medical students to reject family medicine and prompt new family medicine graduates to reject practising as traditional family physicians, especially in

rural areas, what options do governments have?

—Ross McElroy, MD, CCFP (retired)
Tavistock, Ont
by e-mail

References

1. Borkenhagen RH. Walk-in clinics and time management. Fresh insights as family practices adapt [editorial]. *Can Fam Physician* 2002;48:437-9 (Eng), 446-9 (Fr).
2. Barnsley J, Williams AP, Kaczorowski J, Vayda E, Vingilis E, Campbell A, Atkin K. Who provides walk-in services? Survey of primary care practices in Ontario. *Can Fam Physician* 2002;48:519-26.
3. Brown JB, Sangster Bouck LM, Østbye T, Barnsley JM, Mathews M, Ogilvie G. Walk-in clinics in Ontario. An atmosphere of tension. *Can Fam Physician* 2002;48:531-6.
4. Chan BTB. The declining comprehensiveness of primary care. *Can Med Assoc J* 2002;166(4):429-34.
5. Banner S. *CaRMS residency match report 2001*. Ottawa, Ont: Canadian Resident Matching Service; 2001.

Residents as teachers: time for formal training

In the February 2002 issue of *Canadian Family Physician*, Dr Gutkin¹

addresses some of the misconceptions students have about family physicians. He refers to the new opportunities that “might” exist in family medicine for students interested in teaching as part of their careers.

In fact residents already have this opportunity to teach during their post-graduate training in family medicine. Residents play an influential role in educating medical students.²⁻⁵ They not only model the professionalism and skills demanded by their specialties, they also are enthusiastic and understand the developmental stage of medical students or junior team members.² Family medicine residents (FMRs) have a unique opportunity to teach their juniors while modeling the four principles of family medicine.⁵

At most, if not all, medical schools, FMRs teach medical students and junior residents both on and off service. At the University of Toronto in Ontario, on-service teaching and