

PRESIDENT'S MESSAGE

Good health starts with us

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By now, most family doctors are familiar with the results of the 2001 National Family Physician Workforce Survey (Janus Project)¹ showing Canadian FPs and general practitioners working 73 hours weekly, including on-call stints. This number, however, does not really tell us how FPs are managing this workload. Further analysis of Janus Project data tells us more.

When more than 25 500 Canadian FPs were asked to rate their satisfaction with their current professional life, 50.5% chose "satisfied," 21.8% "neutral," and 28.6% "unsatisfied" (any difference between sexes was insignificant). Many FPs have spoken about the joys and rewards of family medicine.^{2,3} I echo their sentiments. I believe ours is one of the best jobs in the world, mainly because we connect with our patients, attending their births, easing their deaths, and assisting them through many highs and lows in their lives. The Janus Project statistics, however, clearly show that substantial changes must be made to improve all FPs' professional satisfaction.

Preaching but not practising

Family doctors are used to encouraging patients to seek balance in their professional and personal lives. In the 2001 survey,¹ however, when

FPs were asked about the balance of their own personal and professional commitments, only 27.4% indicated that the balance was just right; 29.9% said they wanted more time for family; 30.2% said they wanted more time for themselves, and a further 11.3% said they wanted more time for both. A few (0.5%) wanted more time for their careers. Detailed age, sex, and regional breakdowns are available.¹

How can FPs improve their professional and personal satisfaction? Careful time management and planning are critical. If FPs do not plan family and personal time in their weekly, monthly, and yearly schedules, it can be hard to fit this time in later. We also should practise what we preach and ensure that we have healthy doses of physical activity, a balanced diet, leisure time, adequate sleep, and a smoke-free lifestyle. By following this prescription, FPs also serve as role models in their communities. Family physicians should have their own FPs to help them deal with medical problems and for periodic health examinations. Most provincial medical societies now have programs to assist physicians who face emotional or substance abuse problems.⁴

Working in networks or "call groups" of FPs allows many to take time for family and personal priorities.

Networks can also encourage FPs to provide more comprehensive care, such as hospital, obstetrical, and home care. The increasing availability of locum positions can also support further opportunities for CME and vacation leave.

Increasingly, regional health authorities in Canada are offering alternative payment plans, integrated information technology systems, and opportunities for collaboration with nurses and other health professionals. These opportunities could improve professional satisfaction and are worth exploring. Ultimately, all FPs should be able to choose the practice model that best meets their patients', their co-workers', and their own needs.

Regardless of the model chosen, professional time management is also important for efficiency, improved access for patients, and FP satisfaction. Fine tuning the appointment schedule with office staff will ensure that there is enough time allotted for paperwork, phone calls, housecalls, and hospital work, along with adequate time to care for office patients.

Seeking out accessible, affordable CME and professional development opportunities increases self-confidence and enjoyment of practice. Continuing medical education that has an interactive component improves physicians' performance effectively.⁵ Getting involved in teaching, research, and hospital or medical organizations can help keep us well connected with colleagues and can also enrich our sense of professional and personal fulfilment.

How can the College help?

The College of Family Physicians of Canada (CFPC) was founded in

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1954 to help keep FPs up-to-date. A continuously evolving Maintenance of Proficiency/Maintien de la compétence professionnelle (MAINPRO[®]) program now aims to help CFPC members not only acquire new information, but also integrate that knowledge into practice to improve patient care. An expanded menu makes acquisition of credits as flexible and accessible as possible (see www.cfpc.ca). The CFPC also offers other educational programs: Self-Learning, Pearls, Patient Education Programs, Canadian Library of Family Medicine access, an expanded website, and many others.

On the advocacy front, the CFPC has delivered presentations to all national and most provincial health commissions and has lobbied in several forums for an increased number of, and increased support for, FPs in Canada. We were pleased with the federal budget announcement of increased direct funding for primary care initiatives but remain concerned that neither the accord nor the budget adequately address FP numbers, remuneration, or the essential role of family doctors.⁶ The CFPC will continue to advocate on behalf of FPs. At the end of May, we will convene a summit of FP leaders with the goal of defining a vision for the "Future of Family Medicine in Canada."

Supporting CFPC members is a stated goal of the organization. A membership advisory committee with provincial

representation is accessible through each Chapter office. Since January, we have a new Membership Department under the capable direction of Dr Francine Lemire. We look forward to hearing from you about how we can better support you. Family physicians have an important job, are highly valued by Canadians,^{7,8} and have been shown to improve population health.⁹ By collectively advocating for FPs and by individually improving our personal and professional health, I am confident we will remain the backbone of the Canadian health care system. ♦

References

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