



## Access for all

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In 1948, Dr Victor Johnston, a general practitioner from Lucknow, Ont, who went on to become the first Executive Director of our College, wrote the following:

This spring at the University of Toronto only 27% of the graduating class signified their intention of becoming general practitioners. This preference for the specialties probably holds for the graduating classes across the Dominion. As general practitioners, we refuse to accept this as a fair estimate of our worth and submit that the training of doctors both at the undergraduate and at the postgraduate levels is out of balance.<sup>1</sup>

### Ninety-five percent by 2012

Recent data from the Canadian Resident Matching Service show that 28.9% of students selected family medicine as their first choice. The need for well-trained generalists is unlikely to be met, particularly considering the current level of interest in family medicine as a career choice. For many years, the consensus has been that about half of Canada's doctors should be family physicians and half should be other specialists. Producing an adequate supply of family physicians to meet the needs of Canadians is an issue that has been front and centre for politicians, the public, and our College. The College has recently called for a goal of having 95% of Canadians having their own family physicians by 2012. Is this realistic?

### Increasing the number of physicians

The good news is that the production of home-grown physicians is increasing. Medical school enrolment overall has increased from about 1500 (after the cuts to enrolment that occurred more than a decade ago) to about 2500, and that is expected to increase to about 3000 students within the next few years. We have a new medical school in Canada, the Northern Ontario School of Medicine, which will be graduating its first class shortly. Next, considerable efforts have gone into creating openings in family medicine education for international medical graduates, with hopes that their talents and abilities could be used to serve Canadian communities. This year in Ontario more licences were issued to internationally educated physicians than to graduates of Canadian medical schools.

### Increasing interest in family medicine

Perhaps most hearteningly, the establishment of family

medicine interest groups in our medical schools has led to a lively resurgence of interest in our discipline from undergraduates. In October, we officially welcomed medical students as full members of the College of Family Physicians of Canada's Board. If you have the chance to meet with a family medicine interest group, I guarantee you will find it to be a re-energizing experience.

### Retaining family physicians

Current practitioners make up the largest pool of family physicians, and retaining practising family physicians is another important strategy for adequate physician supply. New models of care are proving attractive and supportive for many of our members. Working in groups with other family physicians and allied health care professionals spreads the burden of being on call and, in some settings, allows more patients to be served. A caveat: compared with the baby boomers, the increasing number of women in family medicine, along with younger physicians striving for work-life balance, makes predictions about physician supply difficult.

### Local solutions

What can be done in the meantime? In Ontario, 9.6% of family physicians have practices open to new patients, a decline of 39% from 7 years ago. Some communities have registries of patients looking for doctors. Collectively, family physicians in a community can use these lists to define the number of people in need of care and then determine to what extent current physicians can absorb these patients. As individuals, few of us wish to expose ourselves to the large number of patients seeking care; yet a collective system that fairly and voluntarily distributed the workload amongst physicians—perhaps one phone number people in a community could call when seeking a family doctor—might go a long way toward solving the problem.

### The future

Dr Johnston also wrote, "I am very optimistic about the future. In this field what is best for the Canadian public will be found to embody what is best for us."<sup>1</sup> Sixty years later, this still holds true. I am confident that, working together, we will achieve our goal of affording each Canadian the opportunity to have a personal family physician. ❁

### Reference

1. Johnston WV. General practice in the changing order. *Can Med Assoc J* 1948;59:167-70.