



Family physician shortages

Are nurses the answer?

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The results of the 2007 National Physician Survey (NPS) tell a familiar story: We still don't have enough doctors to meet the health care needs of Canadians. Nowhere is this felt more strongly than in family practice. The public and media response to the NPS provided further proof that the shortage of FPs remains a top concern for Canadians. Of the many interesting findings in the NPS, most media attention focused on the difficulty people have finding a family doctor. Media interviews, phone-in shows, and letters to the editor repeatedly delivered the same message: Canadians highly value and want access to a personal family doctor. To add fuel to the fire, in January 2008, CBC aired the documentary "Desperately Seeking Doctors," in which Canadians from coast to coast spoke of how vulnerable they feel without an FP.

An obvious problem

It has been well over 3 years since the \$5 million government-funded Physician Human Resource Strategy for Canada (Task Force Two) presented its final report. It identified how inadequate systemic health human resource (HHR) planning over the past few decades left the people of this country without the doctors, nurses, and other health professionals required to meet their needs. It recommended the immediate establishment of a pan-Canadian HHR strategy to resolve this unacceptable situation and prevent it from ever happening again.

Have governments heeded this critical recommendation of the task force report? No. What has developed though is a new "wait-times industry," where selected services and their providers compete for dollars while dozens of other services—and the patients and providers linked to them—go wanting. The meetings, task forces, and think tanks related to this wait-time process alone are consuming millions of dollars. A good portion of that money might be better spent training, recruiting, and supporting the increased numbers of doctors, nurses, pharmacists, and other health professionals needed by the people who are waiting.

A possible solution

Despite no movement toward a national HHR strategy, some action has taken place. Since the year 2000, first-year medical school enrolments have increased from 1500 to nearly 2500 students, and each year more

international graduates are being trained and licensed. However, we will need at least 3000 students in each new medical class to offset the 2000 physicians retiring each year and the 35% who are burning out and reducing their practices. For now, Canada remains near the bottom of the Organization for Economic Cooperation and Development countries for the numbers of medical students and practising doctors per capita.

A progressive strategy emerging across the country involves interprofessional teams, which could help our limited number of FPs distribute their clinical attention more effectively. Although we need a clear understanding of the roles of each team member and more evidence of improved outcomes and patient and provider satisfaction, our College supports the potential value added when FPs work collaboratively with other health professionals to improve access to care. Many of our members have told us that, if supported by system payment and liability plans, they would welcome the opportunity to work with nurses and nurse practitioners. Being able to offer patients the benefits of strategically combined medical and nursing skills in the same practice setting is seen as highly advantageous for patients, particularly for preventive care and chronic disease management.

A team effort?

In October 2007, the College of Family Physicians of Canada asked government leaders to support a goal that a decade from now would see every person in Canada with a personal family doctor, with 95% of this objective realized in each Canadian community by 2012. As part of this vision, the College and the Canadian Nurses Association released a conjoint Vision Statement, committing to work together to bring about a day when every Canadian would have access to a family practice setting where care would be provided by a personal family doctor and a nurse or nurse practitioner.

Achieving this will require real teamwork and honest collaboration. With our limited number of doctors and a predicted shortage of more than 100 000 nurses by 2012, we need to move toward practice models that use every doctor and nurse wisely. Independent nurse practitioner practices, where nurses supposedly offer the same services provided by FPs, do not meet this goal and run counter to the objectives of developing patient-centred, interprofessional care. Those in government or in the nursing community who prefer such models over true collaborative family doctor-nurse practices will have to develop them without us.

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