Marketing family medicine

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Results of the 2009 Canadian Resident Matching Service's first iteration have shown positive changes for family medicine; 32.5% of residents matched to family medicine as their first choice, an increase from a low of 24% in 2003 and 31% in 2008.[1] These results are encouraging, but what will it take to raise them further? Estimates tell us that we require 45% to 50% of all medical school graduates to enter family medicine residency in order to train enough family doctors to adequately care for Canadians.[2] How can we more effectively "market" family medicine to achieve this goal?

In the 2007 National Physician Survey, both practising physicians and second-year residents listed patient-doctor relationships, workload flexibility or predictability, and the ability to pursue other interests as reasons they chose family medicine.[3] It is time for us to more actively champion family medicine to high school students, university students, medical students, and our colleagues.

The past decade of resource challenges has led to negative messaging about family medicine. Our efforts to raise awareness of the manpower crisis and the need for better remuneration and models of care for those in practice have had unintended fallout. Some students have gotten the message that family medicine is too stressful, that remuneration is poor relative to other specialties, and that there is far too much knowledge needed to effectively remain up to date. We have failed to consistently and emphatically say that a career in family medicine is intellectually stimulating, incredibly rewarding, and teeming with variety, and that new payment schemes have improved remuneration.

In discussions with students across the country, I have been struck by the concerns they express. Some are afraid of the level of responsibility that family physicians shoulder, and what that means for a protected personal life. It is up to us as practising physicians to demonstrate how we still connect to our families and communities while offering continuous care to our patients. It is up to us to show students that being a family doctor is a privilege and a joy.

We also need to consider the changing environment with respect to continuity of care. Continuity of care can be offered in various ways: chronologically (seeing patients over a long period of time), geographically (seeing patients in various settings, including your office, their homes, and in hospital), and collaboratively (working with a group of medical colleagues to provide an array of services). Whichever way we organize our practices, let us not fool ourselves. Part of the responsibility and privilege of family practice is responding to the needs of our patients. Actually being there for our patients lays the foundation for trust and healing. This was eloquently explained by Phillips and Haynes: "You can pretend to know, you can pretend to care, but you cannot pretend to be there."[4] So while we carefully build our case for the flexibility and boundless opportunities inherent in family medicine, let us not forget to plead for a renewal of caring and commitment. This does not mean being on call 24/7, but it does mean finding ways to offer continuity of care that are meaningful to patients and sustainable for us, including more effective communication strategies and shared care models.

To encourage students to choose family medicine careers, we need to be more visible early in medical school, when most students have not formed fixed ideas about their futures. Family doctors need to be fully integrated into undergraduate teaching, and not just in the "soft skill" courses; they need to be alongside other specialists, teaching about systems, prevention, and disease. What better way to model collaborative care than to start teaching it in Med 1? We need to ensure that students understand the breadth and depth of a family physician's practice. Longitudinal experiences in enthusiastic family physicians' offices throughout medical school as well as vigilance regarding the "hidden curriculum" that denigrates the skills of family doctors will help recruitment. We have been too quiet and reticent to promote our discipline, but that must pass. We are operating in a new paradigm and it is imperative that we emphatically and passionately champion the practice of family medicine.

During our careers as family doctors, we come to understand that some of our most profound life lessons come from interactions with patients. The courage of terminally ill patients, the sadness of their families, the anxiety of patients waiting for test results, or the joy and relief of new parents upon delivery of their healthy babies: we are fortunate to guide our patients through these events; we continue to grow as physicians and people. Marketing the value of these experiences will help us attract those who will care for future generations of Canadians.

Cet article se trouve aussi en français à la **page 670.**

References

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