Now is not the time to be short-sighted

Cathy MacLean MD MCISc MBA FCFP

I do not like what I am hearing. I particularly do not like what I am hearing in view of what is happening in the United States right now. President Obama's health care bill, passed in March, will mean that millions of uninsured Americans will have primary care coverage. Great news. But what does that mean for family medicine in Canada?

Writing on the wall

I know a resident training in his home province of New Brunswick who will be working in emergency and obstetrics in-hospital when he finishes his residency in a few months. Great. We need that. But he is doing this because the government will not give him a billing number to practise comprehensive family medicine. As a comprehensive family physician he could be delivering babies, doing emergency shifts, and building a practice in the community. There are several physicians in his community who could be retiring in the next few years. The government's decision seems short-sighted to me—especially now.

A few years ago, a Dalhousie family medicine resident who wanted to practise in a small community in Cape Breton, NS, could not relocate there because there were "already 2 physicians" in the community. The fact that one of the physicians was planning on retiring in the next few years and the other was ill did not seem to be considered. Recruitment efforts need to understand the local context and allow for some overlap as senior physicians move away from their traditional practices and young physicians gear up and get established, especially when they are taking over long-standing, large, and complex practices. Not to allow for this is short-sighted.

Another physician in New Brunswick, only recently out into practice, is being made to feel unwelcome by her community colleagues because her panel size is average and manageable but only a fraction of the size of their practices, and they do not think she is pulling her weight. She has a panel of 2000 patients. This same sentiment has also been expressed by at least 1 resident, on the opposite side of the country in Alberta, who attended a provincial medical society meeting this past year where physicians indicated that they were unhappy with the work ethic and expectations of the current generation of medical students and residents. Short-sighted again?

In this past year at the University of Calgary in Alberta, I sat in an organized medical school session and heard a prominent politician indicate to a large group of medical students that they should not expect to have jobs in that province when they were done training. In recent years, medical school class sizes have been increasing across Canada and in this province; now reductions in class size are being considered. Short-sighted yet again?

New Brunswick is increasing its training of medical students with the opening of the Saint John Campus of Dalhousie University's medical school. At the same time, the province continues to restrict billing numbers, even when communities have thousands of unattached patients and many family physicians have overpaneled practices or are approaching retirement.

Sending the wrong message

I worry about the messages medical students and residents are receiving. What I am hearing is "We don't want you." Is that really what we want to be saying? The exodus in the 1990s of Canadian family physicians to the United States was spurred by many political and economic factors. It was also spurred by messages very similar to those we are hearing today.

I think to send this message today is short-sighted, because we know there are still millions of Canadians who need family physicians. Now there is an almost inconceivable number of Americans who will also qualify for primary care—an estimated 32 million. It is also estimated that the United States will need an additional 39 000 family physicians by 2020.[1] Usually less than 8% of medical students in the US match choose family medicine.[2]

Many Canadians have been reassured in recent years because there has been a net gain of physicians returning to Canada from the United States. I am not sure we can reasonably expect this to continue—US physician recruiters will be looking north. They will allow our new graduates to practise comprehensive care. They will be very happy to have new family physicians manage panels of 2000 patients. They will extol the virtues of Canadian-trained family physicians. They will be welcoming. They will be positive, and they will come armed with great packages and incentives—many deliberately targeted to the new generation of physicians.

Let's stop complaining about generational differences and celebrate what we have here. Let's not make unwelcoming remarks to our future colleagues. And let's hope governments see the writing on the wall. Let's not be short-sighted.

Cet article se trouve aussi en français à la **page 498.**

References

1. American Academy of Family Physicians. *Family physician workforce reform. Recommendations from the American Academy of Family Physicians.* Leawood, KS: American Academy of Family Physicians; 2006.
2. American Academy of Family Physicians. *2010 match summary and analysis.* Leawood, KS: American Academy of Family Physicians; 2010.