



Status quo is no longer an option

Brady Bouchard BSEE MBBS CCFP

It will not be news to many of you when I say that family medicine in numerous parts of Canada is hurting. I have previously discussed the difficulties that patients face with access to care in many regions of the country, but our colleagues' perspectives are just as important. I hear often from colleagues who are burned out, feel unsupported, feel they spend too little time providing direct patient care (for the sake of administrative tasks), or are working in remuneration models that make it challenging to care for patients with increasingly complex care needs. Much of this has been worsened by pandemic pressures on our health care systems and on our colleagues.

Yet, those same colleagues would agree that a strong profession is critical to a well-functioning health care system, particularly in rural areas of our country. The CFPC is our professional home; how, then, can the College best support a vibrant future for family medicine in Canada?


This question and others like it have preoccupied the College and your Board of Directors since 2018, when the Outcomes of Training project was launched. As our Executive Director and CEO Dr Francine Lemire noted in *Canadian Family Physician* in March last year, we have come to the conclusion that "the status quo is no longer an option."¹ I will summarize some key points from the Outcomes of Training project final report here, but I encourage all to read the full set of recommendations.²

Education reform by itself cannot ensure a vibrant future for family medicine, but it is a critical first step and within our standard-setting mandate as a college. We can all agree that the training of family physicians must keep pace with societal changes and across many domains of care: home and long-term care, mental health and addiction, Indigenous health, cultural safety and trauma-informed care, anti-racism, virtual care, and health informatics. We also need to support family physicians' increasing involvement in health system leadership, population and public health, and practice improvement, particularly for underserved communities. Society and patients are asking more of us—in particular, our training and our practices must become more socially accountable. The future of family medicine will rely even more on our abilities to lead teams, coordinate complex care in complex care systems, and act as community

advocates on health issues. Developing these competencies in our family medicine residents can itself be protective against burnout, as they see their local efforts result in systemic health improvements for their patient populations.

The CFPC will introduce changes to its residency accreditation standards no sooner than 5 years from now to allow for a responsible change engagement approach matched with the required resources. We intend to implement this gradually to avoid a substantial gap in the cohort size of new family physicians in any given year.

Education changes are only part of the equation, however. We recognize that our recommendations to support this educational transformation must be accompanied by a scaling-up of innovations in practice, as described by the CFPC's Patient's Medical Home vision. These include team-based models of care, better infrastructure, and a broadening of payment models that better reflect the complexity of care—our current residents and our First Five Years in Family Practice colleagues have been vocal on this point. It is essential that the practice environment be welcoming to entice medical students to consider family medicine as a career choice.

This report is only 1 step in a long journey. As our work on educational transformation progresses, it will be tied to strong advocacy efforts with all levels of government to realize the Patient's Medical Home vision across the country. Although we do not hold the levers of change, we can advocate strongly on behalf of our members for governments to structure and fund family medicine and primary care to ensure that we can work in fulfilling, effective, and efficient practices. We are also taking steps to incorporate *pebble-in-the-shoe* problems, such as the lack of locum availability and the increasing administrative burden, into our advocacy at all levels. If you have *pebbles* you would like to share with us, I encourage you to reach out to me via e-mail at bbouchard@cfpc.ca. 

Acknowledgment

I thank Dr Francine Lemire, Dr Nancy Fowler, and Eric Mang for their contributions to this article.

References

1. Lemire F, Fowler N. Pursuing longer family medicine residency training. *Can Fam Physician* 2021;67:218 (Eng), 217 (Fr).
2. Fowler N, Oandasan I, Wyman R, editors. *Preparing our future family physicians. An educational prescription for strengthening health care in changing times*. Mississauga, ON: CFPC; 2022. Available from: <https://www.cfpc.ca/en/news/preparing-our-future-family-physicians>. Accessed 2022 Apr 11.

Cet article se trouve aussi en français à la page 390.

Can Fam Physician 2022;68:389 (Eng), 390 (Fr). DOI: 10.46747/cfp.6805389