

# **Family Medicine and Primary Care: Committing to the Future**

## **Original Authors (2005)**

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**CFMS**  
Canadian Federation  
of Medical Students

**FEMC**

Fédération des étudiants et des  
étudiantes en médecine du Canada

## Background

### Primary Care

Primary care is often called the gateway to the health care system. At present, primary care services in Canada are predominantly delivered by family physicians and general practitioners. These services are part of the broader model of primary health care, which includes health promotion, disease prevention, and equity-focused population health interventions centred on families and communities. There is a prevailing consensus among health care stakeholders that primary care is a key element in achieving a more sustainable public health care system.<sup>1,2,3</sup> Evidence supports the role of primary care in improving population health and promoting health equity.<sup>4,5</sup> In addition, primary care is associated with higher patient satisfaction, lower overall health care expenditure, and decreased resource use without adversely affecting patient outcomes or quality of care.<sup>6,7</sup>

### Choosing Family Medicine as a Career

A 2005 CFMS position paper on family medicine noted that between 1992 and 2005, the percentage of Canadian medical undergraduates selecting family medicine as their first choice specialty dropped from 44% to 28%.<sup>8</sup> The report highlighted a declining number of students choosing family medicine as a career, as well as a family physician shortage across Canada. It painted a bleak picture for family medicine, noting that many students were not selecting this specialty due to a lack of exposure during medical studies, perceived higher earning potential in other specialties and an inadequate period of time to explore career options.

Since the 2005 CFMS report, the number of students choosing family medicine has risen markedly. In 2014, 38.2% of undergraduates selected family medicine as their first choice specialty.<sup>9</sup> This number varied among schools, from a low of 19.1% at McGill University to a high of 55.7% at the Northern Ontario School of Medicine.<sup>10</sup> Overall, 14 out of 17 schools saw more than 30% of graduating students rank family medicine as their first-choice specialty.<sup>10</sup> The rising popularity of family medicine bodes well for health care systems across Canada.

The increase in medical students selecting family medicine as a career is due, in part, to the following:

1. **Changing primary care models.** Family practice models have transformed over the past two decades, with more uptake of interprofessional, team-based approaches that provide comprehensive care in a single location. Team-based care is often centred on chronic disease management, health promotion, disease prevention, and coordination with hospital, long-term and specialty care.
2. **Salaries.** Specialties have traditionally been considered to remunerate substantially more than family practice. That gap has narrowed as new models of payment have been implemented, leading to an increase of over 50% in family physicians' salaries from 2004/05 to 2009/10.<sup>11</sup>

3. **Job availability.** A reduction in funding for the health care equipment and facilities needed for many specialty procedures has led to a gradual decrease in demand for some specialty doctors. This has resulted in some medical graduates being unable to find work without completing additional fellowship training following residency. In contrast, family physicians are needed across the country to serve the primary care needs of communities and replace retiring physicians.
4. **Combatting the hidden curriculum.** In medical schools across Canada, students interact primarily with specialist physicians who serve as lecturers, clinical skills instructors, or other facilitators of medical education. In order to increase exposure to family medicine, the College of Family Physicians of Canada has supported the development of Family Medicine Interest Groups (FMIGs) at every school. FMIGs promote family medicine as a career through talks, networking events and workshops. Various faculty-led curricular initiatives have also increased interest in family medicine at medical schools by giving students more exposure to family doctors and more insight into general practice as a career, especially early on in preclerkship medical education.
5. **Rural medicine.** Interest in family practice in underserved settings has grown due to the work of undergraduate interest groups, as well as mandatory rural medicine rotations and integrated, longitudinal clerkship experiences supported by faculties, provinces and distributed medical education networks.
6. **Additional training.** Graduates from family medicine residency programs are able to train in a growing number of subspecialty areas through enhanced skills programs. This additional training offers new physicians the opportunity to tailor their practices to their interests.

## Principles

1. Consistent exposure to family medicine throughout medical school is pivotal to maintaining interest in the field.
2. Medical students should have sufficient opportunities to train in team-based primary care models and to join team-based practices upon graduation.
3. Family physicians are important contributors to medical education and research.
4. Mandatory work hours or patient caseloads in family medicine may jeopardize high-quality, comprehensive patient care or flexibility in practice.

## Recommendations

- 1. The CFMS supports exposure to family medicine at all stages of medical education and exposure to rural medicine through rotations and electives.***

Exposure to family medicine throughout medical training increases the likelihood that medical students will select this area for future practice.<sup>12</sup> Selection of family medicine as a career is associated with the

completion of undergraduate family medicine rotations and electives under the guidance of positive role models, as well as learning about the needs of individuals living in rural areas.<sup>13</sup>

***2. New medical graduates should be provided with sufficient opportunities to practice in team-based family practice models.***

Team-based care models are beneficial to both patients and care providers. Interprofessional collaborative care models have been shown to provide better health outcomes for patients and clients when compared to single professional delivery models.<sup>14,15</sup> For example, in Ontario, team-based practices have demonstrated improved access to care, better formalized chronic disease management, and a stronger focus on prevention and health promotion.<sup>14</sup> Team-based care models have been associated with higher patient satisfaction, enhanced patient self-care, improved access to a broader range of services, and more efficient resource allocation.<sup>15,16</sup> On the provider side, team-based models have been linked to greater satisfaction and enhanced knowledge and skills among health care professionals, as well as more positive perceptions of working with others.<sup>15</sup> The majority of medical students now train in team-based models of care and many students expect to practice according to team-based principles. New graduates should be offered sufficient opportunities to work in team-based primary care.

New family physicians who are not able to join team-based practices may need to join fee-for-service models rather than non-fee-for-service payment models. The latter model is more common in team-based settings.<sup>17</sup> Physicians who work in non-fee-for-service models have been shown to have higher levels of work satisfaction compared to those working in fee-for-service models; work satisfaction has been shown to lead to greater retention and performance.<sup>17</sup>

***3. The CFMS does not support health care reforms requiring minimum patient caseloads or mandatory work hours for family physicians.***

Health care reforms that restrict practice styles for family physicians and general practitioners threaten to undermine high-quality, comprehensive primary care provision. In a study examining patients' assessment of family practice, patients identified the three most important attributes of a good family physician: a willingness to listen the patient, thoroughness and proper physical examination.<sup>18</sup> Imposed quotas and mandatory work hours could potentially undermine physician thoroughness and compromise patient care.

***4. Health care reforms should support, rather than restrict, time for teaching and research in family medicine.***

Family practice is diverse and many family physicians provide comprehensive care in a variety of settings, in addition to fulfilling teaching and research obligations. Family physicians are needed as teachers and researchers to inspire future interest in family medicine among medical students. The College of Family Physicians of Canada believes that failure to recognize the time required by physicians

to act as faculty in academic departments and community settings may adversely impact trainees, recruitment and retention of teachers, and the role of family physicians as meaningful contributors to community-based care.<sup>19</sup> Evidence shows that medical students' selection of family medicine as a career is influenced by extensive exposure to the field throughout pre-clerkship, clerkship and the late stages of medical school.<sup>12</sup> This underscores the important role of family physicians to serve as teachers who can inspire future generations of family doctors.

***5. The CFMS supports evidence-based approaches to health human resources planning and primary care job creation that address the known determinants of physician recruitment and retention.***

Physician recruitment and retention is a complex issue based on considerations about staff and collegial support, appropriate infrastructure, realistic and competitive remuneration, a sustainable workplace organization and social, family and community support mechanisms.<sup>20</sup> Family physicians may choose to practice in underserved areas for a short period of time before moving to more highly-populated areas. A high level of turnover in rural areas combined with workforce shortages are costly to the health care system and can restrict access to care.<sup>20</sup> The CFMS supports evidence-based government reforms in health human resources planning and primary care job creation that adequately address the known determinants of physician recruitment and retention.

## **Conclusion**

Access to high-quality, comprehensive primary care is an important concern for all Canadians. Interest in family medicine as a career has increased in the last decade among medical students; it is important to continue to foster this interest at all stages of medical training. Medical students should be exposed to family medicine early in their medical training and have opportunities to learn in rural areas. Many family physicians play important teaching and mentoring roles for medical students who have the potential to pursue careers in family medicine. Family physicians also conduct critical research activities. Ensuring that family physicians have time to teach and pursue research is essential in order to promote the development and advancement of primary care, as well as broader improvements to Canada's health care systems. Finally, new graduates and current family physicians should have sufficient opportunities to practice in team-based care should they wish to pursue clinical activities under this primary care model. Team-based care models have demonstrated improved patient outcomes and physician satisfaction, and can play an important role in improving the primary care system.

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