The Future of Family Medicine in Canada

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THE CHALLENGES

Family Physician Resources
Medical Student Career Choice
Primary Care Reform/Renewal
Changing Roles and Scopes of Practice
Practice Supports for FP’s
Education, Licensure and Certification
New Vistas for Family Practice
History

- FP/GP numbers hit bottom in 1950’s
- CFPC established in 1954
- Goal of enhancing credibility of family medicine as a respected medical discipline
- Family Medicine in all med schools (70’s)
- 1980’s Canadian HHR goal 50% of physicians should be FP/GP’s
- Popularity among grads soars (1985-95)
- MD/FP shortages, burnout (late 90’s)
- Fam Med popularity hits new low (2003)
Family Physician Resources

Studies show better population health outcomes related to patient access to a primary care/family physician (Starfield et al)

Every Canadian should have opportunity to have a family physician;
5 million Canadians do not have a family doctor; lengthy wait times for FP and from FP to other specialists

Increased numbers of family doctors moving into focused practices

Shortages impacting rural and urban communities;
clinical and teaching settings

Challenges to recruit, train and retain both Canadian and international medical graduates
Strategies to rebuild fp resources and image of family practice in Canada

- Increased medical school focus on family medicine
  Increased number of family med residency positions, rural/urban; comprehensive and enhanced skills
  PCR with enhanced supports/$ for fp’s

- recognition/promotion of value of fp’s

- IMG support programs

- Family Medicine acknowledged as specialty discipline
Medical Student Career Choice

- popularity peaks in 1980’s and 90’s
- low in 2003 (23% 1st choice)
- slowly recovering by 2006 (29-30%)
- Family Medicine Interest Groups
- Family Medicine Student Scholarships
- Family Medicine Student Leadership Awards
- FP image, new practice models, $, lifestyle
Primary Care Reform/Renewal

- To address access and HHR challenges
- New practice models
- Inter and intra professional teams
- Enhanced chronic disease mgmt in community
- Improved but targeted remuneration
- EHR/EMR
Changing Roles and Scopes of Practice

- To improve access to care for patients and balance lives for FPs
- Education, training, remuneration, legal and practice support challenges
- Intra and interprofessional practices: Comprehensive care FP’s, focused practice FP’s, other medical specialists, nurses, pharmacists, and other health professionals
- Shared Care models eg. mental health
- FP’s in focused practices: eg Palliative care, Emergency, Hospitalists, Mental Health, etc
Roles of Family Physicians

- Comprehensive front line/primary medical care
- Provide significant % of secondary care
- Focused practices – palliative care, etc
- Public health: health promotion, illness and injury prevention, chronic disease, emerg preparedness
- Teaching, research, and health system
System Supports Needed for FP

- Must address growing income gap between FPs and other specialists
- Electronic Health and Medical Records (EMR/EHRs) essential in every Primary Care/FP setting; Universal Coding Standard for Primary Care (ICPC-2)
- Interprofessional teams with other health care professionals
- Primary Care/Fam Med Teaching and Research
Education, Licensure, and Certification

- Enhanced role for academic and community-based FP’s (urban and rural) in all medical schools as teachers, mentors, and role models.
- Standardize and harmonize exams required to obtain and maintain Certification in Family Medicine (CCFP) and full unrestricted license to practice as a family physician.
Future Vistas for Family Medicine

- Inter and intra professional teams
- Provision of comprehensive and focused care
- Lead role in introduction of EHR in prim care
- Public Health: major role in prevention, chronic disease mgmt, emerg preparedness
- New and increased roles in care of the elderly, palliative care; hospital care; genetics
- Increased prim care/health system research
- Enhanced image; the specialty of family medicine