



The College of  
Family Physicians  
of Canada

Le Collège des  
médecins de famille  
du Canada

**Supporting the Future Family Medicine Workforce in Canada  
Is enough being done today to prepare for tomorrow?**

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# Report Card

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Canada has just emerged from another federal election. While Canadians indicated that health care was a top priority during this election, most political parties failed to give it the attention it deserves. Canadians are now left wondering if our re-elected government intends to continue to ignore our significant health system concerns.

Some political parties addressed health care issues as part of their platforms during the national election, most notably physician and nurse shortages. The College of Family Physicians of Canada (CFPC) supported these announcements. But campaign announcements are not enough – we need action.

With over 21,000 family physician members, the CFPC urges government to move quickly to address health human resource needs. The shortage of family doctors is a significant reason why Canadians do not have timely access to care. As strongly recommended by Task Force Two in its final report on physician resources released in 2006, we need government to establish a pan-Canadian health human resource infrastructure responsible for the ongoing planning of the workforce (doctors as well as nurses and other health providers). While some progress has been made in addressing the physician shortage crisis that hit our nation in the

1990's, the health system is now facing additional challenges not experienced to the same degree at that time. For example, greater numbers of the workforce are nearing retirement and those remaining in practice are working differently than previous generations.

**In October 2007, the CFPC issued a challenge to all governments and health care leaders:**

**Every Canadian should have a personal family physician.**

**Let's set a target!**

**By 2012, 95% of Canadians in every community will have a personal family physician.**

What does this mean for the future of family medicine in Canada? Without a centralized system to identify health care needs and to define our requirements for family doctors in each part of our country, we do not have a physician resources plan for the future. Without that, we cannot address current realities or prevent a recurrence of past experiences.

The CFPC is pleased to see some progress through increased enrolments in medical and nursing schools and more newly licensed Canadian and international graduates. But do we know how well we are doing? Are we aware of the difficulty that people in every region or

community across Canada experience when trying to access care? Do we understand what the needs will be in 5 or 10 years? How many physicians in each specialty, including family medicine, are required today and how many in the future? How should our education and training programs be planned to address the future health care needs of the people of Canada? Will we have the right number and mix of doctors in family medicine and other specialties who are educated and trained with skills to match the health needs of our population? Not having identified the responsibilities and accountabilities for studying and predicting gaps in medical services that exist today and will be present tomorrow, how can we possibly plan?

This Report Card includes the CFPC's 2008 assessment of how well Canada is on track to attain the target that would see 95% of Canadians in each community have their own family physician by 2012.

In 2008, 86% of all Canadians have a family doctor<sup>1</sup>. But 4.6 million are still without.

## Is enough being done today to prepare for tomorrow?

**The good news:** About 86% of Canadians have a family doctor.

**The bad news:** Approximately 4.6 million Canadians do NOT have a family doctor.

- Over half of those living in Canada without a family doctor have not bothered to look because they are using either walk-in clinics or emergency rooms in their community or because there are no family doctors accepting new patients where they live.
- When asked how they felt about 4 to 5 million people living in Canada without a family doctor, two-thirds (68%) said they were either concerned, disillusioned or angry.

## How Are We Doing?

This Report Card uses the following grades:

What progress has been made and what further improvements are still needed?

**A** Outstanding progress: exceeds expectations\*

**B** Good progress: meets most expectations\*

**C** Some progress: falls below expectations\*

**D** Poor progress: falls well below expectations\*

\*Expectations: actions to be taken as suggested or recommended by public +/- the health professions.

The CFPC believes that every Canadian in every community should have a family doctor. In 2007, the CFPC released a Position Statement: Improving Access to Care for Patients in Canada. The Statement outlined strategies to increase the number of Canadians who have their own family doctor:

- Increase the total number of medical students entering medical school.
- Provide support for family physician teachers and role models to help encourage increased numbers of students to select careers in family practice, including rural practice.
- Increase the support for family medicine residency programs in all 17 medical schools.
- Ensure the right numbers and mix of Canadian and international medical graduates.
- Support family doctors so that all Canadians are able to access personal comprehensive continuing care as well as care in areas of special need, both of which can be provided by skilled family physicians.
- Enhance the recruitment and retention of family doctors in all communities; eliminate the income gaps between family doctors and other specialists.

International research indicates better health outcomes in populations where everyone has a family doctor<sup>2</sup>. This evidence is overwhelming. Yet in Canada, the current and future health of 4.6 million Canadians remains compromised by the lack of attention being paid to this fact.

<sup>1</sup>Decima poll, November 2008

<sup>2</sup>Macinko, J., Starfield, B., & Shi, L. (2007). Quantifying the health benefits of primary care physician supply in the United States. *International Journal of Health Services* 37(1) 111-122.

# Health Human Resource Planning



The College of Family Physicians of Canada gives current progress in the area of the establishment of a pan-Canadian health human resources planning infrastructure a **D GRADE**.

## Today

- In 2005, the Federal, Provincial and Territorial Advisory Committee on Health Delivery and Human Resources (ACHDHR), released *A Framework for Collaborative Pan-Canadian Health Human Resources Planning*. This report was a good beginning and has contributed to health human resources planning in Canada. Those responsible for this work continue to build on the Framework and the CFPC is engaged with ACHDHR.
- Recent OECD data indicate that the doctor to population ratio in 2006 in Canada was the same as in 1990. Despite increases in medical school and residency positions over the last 5 years, Canada still only ranks 24<sup>th</sup> out of 30 countries in terms of doctor to population ratio.

## Preparing for tomorrow

- Despite numerous studies and reports, Canada remains without a pan-Canadian health human resources plan that assesses health needs of the population in each and every community and projects the numbers and appropriate mix of health care providers. This includes an assessment of the training, recruitment and retention of family doctors and all other specialties in order to meet population health needs.
- What are the contributing factors to the shortage of family doctors and what is being ignored in health human resources planning? In family medicine, some of these factors are: the growing demand for family doctors to provide more complex care for an ageing population; the changing patterns of practice in all specialties resulting in a demand for family doctors to focus a greater amount of time on patients whose needs were previously met by other specialists; increasing student debt load combined with a growing gap in incomes between family doctors and other specialists; and, increased urbanization luring family doctors away from rural Canada.
- International medical graduates are a highly valued part of Canada's family physician workforce. But without a national health human resources plan, Canada's physician resources challenges remain the same as ever and patients' frustrations in trying to find a family physician continue to be of significant concern.

## Role of the CFPC

- Advocate on behalf of family physicians and their patients to put health human resources on the agenda of federal decision-makers.
- Participate in federal initiatives and programs, such as ACHDHR, that are making an effort to further investigate health human resource challenges.

## Recommendations

### The CFPC recommends that:

- A pan-Canadian health human resources plan is needed to assess health needs of the population in each and every community
- This plan must address the right numbers and appropriate mix of health care providers, including the training, recruitment and retention of doctors in family medicine and other specialties required to meet the health needs of all people in this country.

## Medical Students and Residency Training Programs: Family Medicine as a Career



The College of Family Physicians of Canada gives current progress in these areas a **B GRADE**.

### Today

#### Medical Students:

- Between 2002 and 2006, there was a 22% increase in seats in the 17 medical schools; currently there are 2,569 seats.
- In 2008, 30% of medical students selected family medicine residency as their first choice – from a low of 24% in 2003. To attain the goal of having 50% of practicing physicians as family doctors, we need 45% of all graduates to enter first year family medicine residency programs.
- Family Medicine Interest Groups (FMIGs) have been established by the CFPC in all 17 medical schools across Canada, exposing students to practicing family doctors in order to encourage them to consider careers in family medicine.

#### Residents:

- The number of first year family medicine residency positions increased from 680 to 1008 between 2004 and 2008.
- Following Canadian resident matching for 2008-2009, 39% of all available first year post-graduate training positions were assigned to family medicine.

### Preparing for tomorrow

#### Medical Students

- Currently, there are four applicants for every medical school seat.
- Between 2005 and 2008, the federal government, Scotiabank and the CFPC invested over \$500,000 to the overall coordination and implementation of FMIGs. To be successful, these programs also need annual support and contributions from their provincial governments. In 2006, the Ontario government gave \$40,000 to FMIGs in the six Ontario medical schools, while the government of Nova Scotia gave \$4,000 to Dalhousie's FMIG in 2007. This is a good start, but every province with a medical school needs to support FMIGs. If provincial governments are committed to attracting students to family medicine, particularly those from rural communities, they need to support these programs.

- High tuition fees lead to large debt loads and increased debt loads have an effect on career choices such as urban versus rural practice and impact those students that go into medicine and who might want to become family doctors; especially from rural and Aboriginal populations, ethnic minorities and socio-economically disadvantaged populations. 36% of students say their debt will exceed \$80,000 by the time they finish medical school.

### **Residents**

- Faculties of Medicine and Departments of Family Medicine need support to meet the resource and educational needs of their residency programs.
- Of all first year medical postgraduate training positions at Canadian universities, the percentage allocated to family medicine was 38% in 2003 and 39% in 2008. The target must be 45%.

## **Role of the CFPC**

### **To support medical students entering family medicine, the CFPC:**

- Established a Section of Medical Students as a core part of our College with CFPC Board representation to increase interaction between medical students and their leaders.
- Supports Family Medicine Interest Groups (FMIGs) to increase the exposure of medical students to practicing family physicians. While reaching out to ALL medical students, each year, thousands of medical students have turned out for FMIG events and as of 2008 over 500 students have signed on to indicate their desire to communicate with the CFPC.
- Presents Medical Student Scholarships and Leadership Awards (with the generous support of Scotiabank) to students from each medical school and offers free registration and other supports for students to attend the CFPC's Family Medicine Forum and Provincial Chapter Annual Scientific Assemblies.

### **To support family medicine residents, the CFPC:**

- Accredits the family medicine programs in the 17 medical schools across Canada.
- Conducts the examination leading to certification in the specialty of family medicine.
- Awards Certification in the College of Family Physicians of Canada (CCFP) to those who have successfully demonstrated their competence in the specialty of Family Medicine.
- Supports the Section of Residents, including nearly 2,200 family medicine residents across the country, and the Section's representation on the CFPC Board.
- Sponsors family medicine resident awards recognizing: academic achievement, leadership, communication skills, original research, and highest certification exam mark.

## **Recommendations**

### **The CFPC recommends that:**

- Governments and medical schools work together to increase the number of medical student seats to 3,000 by 2010.
- Medical school admission criteria be used to attract students from rural and Aboriginal populations, other ethnic minorities and socio-economically disadvantaged populations.
- Medical schools must set a target of 45% of all medical students choosing residency programs/careers in family medicine.

- Of all first year medical postgraduate training positions in Canadian universities, a minimum of 45% be allocated to family medicine.
- Repayment of medical student loans (principle and interest) be deferred until residency training ends and practice begins.
- Additional family medicine residency slots be created for international medical graduates who have completed accredited medical school education abroad and require further training.
- Resources and support for family medicine teaching sites and teachers be increased in academic centers and community hospitals and offices where family practice training is being carried out.
- Comprehensive care be supported with incentives that encourage residents to use and maintain their broad-based knowledge and skills when they enter family practice.

## Family Physicians in Practice



The College of Family Physicians of Canada gives current progress in these areas a **C GRADE**.

### Today

- There was a 6% increase in the number of family doctors in Canada between 2002 and 2006. (30,258 family doctors in 2002; 31,989 in 2006).
- Over 28 million people in Canada have their own family physician. The majority of family doctors provide a broad range of comprehensive services for people of all ages; approximately one-third maintain practices with special interests or focused practices to meet the medical needs of their patients.
- Family doctors earn 33% less than other specialists. If we are going to attract and retain family doctors, we need to address this disparity.

### Preparing for tomorrow

- With a growing emphasis on inter-professional collaboration, electronic records, chronic disease prevention and management, as well as remuneration approaches that are more favorable to family doctors, the continuing development of new and innovative primary care models holds much promise.
- 58% of new family physicians entering practice in 2008 were women. Practice preferences are evolving: a significant number of family physicians want to reduce their scope of practice and working hours to achieve a better balance in their personal and work lives; only 23% reported practicing solo in 2007 (compared to 26% in 2004); 51% were in group practices and 24% in inter-professional settings with other health care professionals in 2007

## Role of the CFPC

### The CFPC:

- Advocates for the needs of family doctors and their patients. The CFPC has over 30 committees and working groups involved in patient care and educational objectives as well as an advisory committee on primary care that is addressing ways to support a variety of family practice models (including those with inter-professional teams and e-health) and to diminish the income gap between family doctors and other specialists.
- Promotes and supports continuing professional development and life-long learning for family physicians in order to maintain certification and achieve fellowship in family medicine; and, promotes and maintains practice eligible routes to certification for experienced non-certified family physicians.
- Works with other stakeholders to: (i) encourage the adoption of approaches to family practice that offer benefits to both patients and family physicians; and, (ii) ensure the availability of timely access for patients to family physicians as well as other care providers in family practice or primary care settings.

## Recommendations

### The CFPC recommends that:

- By 2012, 95% of Canadians in every community must have their own family doctor.
- Governments in every jurisdiction work with the national College, its Provincial Chapters and other medical associations to establish patient registries and supportive programs so that Canadians without a family doctor can be paired with family doctors who are willing to accept new patients.
- New and changing primary care/family practice models that are successful in improving timely access to quality care be shared and evaluated.
- The income gap between family physicians and other specialists be eliminated. Family doctors should be supported to adopt EMRs, work in inter-professional teams and include evolving guidelines in their practices, including those for chronic disease prevention and management.