Move to decentralize FP residencies may help solve MD maldistribution problems

Susan Thorne

The range of training choices is widening for Canada's family medicine residents because more residency positions are being located away from the traditional urban teaching hospital.

The amount of community-based training has been increasing in the past 7 or 8 years and more postgraduates now spend part or all of their residency in rural or underserviced areas, community health care centres or smaller urban settings. All 10 provinces have expanded training opportunities along these lines.

There is a rural family practice program at Memorial University in St. John's, Nfld., and the University of Calgary offers community-based training in southern Alberta. Ontario has made a particularly sweeping conversion: nearly two-thirds of that province's family medicine residents are now trained outside tertiary care facilities, roughly double the proportion in 1988-89. Community-based training has a growing role in urban areas, too. In metropolitan Toronto, 66% of family medicine residency positions have been decentralized and are now found in community health centres and smaller hospitals, up from 28% some 2 years ago.

Many new residency positions are being located in underserviced areas in an effort to encourage more physicians to practise there. American research demonstrates that postgraduate training in rural areas can entice recent graduates to set up practice in nonurban settings. Canada's decentralization of family medicine residencies is similarly intended to make nonurban practice an attractive option in the eyes of future physicians, and to lead to a more balanced distribution of doctors.

Les résidents en médecine familiale disposent d'un plus vaste éventail de choix de formation à mesure que les universités et les hôpitaux d'enseignement transportent dans la collectivité leurs programmes de formation postdoctorale. L'Association canadienne des internes et des résidents et d'autres partisans de cette formation décentralisée souhaitent que cette exposition à la pratique rurale encourage plus de médecins à délaisser la pratique dans les grandes villes et à envisager de s'établir dans les régions mal desservies du Canada.

The Canadian Association of Internes and Residents (CAIR) says this should be a more effective and long-term way to support rural practices than financial incentives and quota systems. In a recent discussion paper, CAIR pointed out that not only the recruitment of physicians is at issue but also their long-term retention in underserviced areas.

But to achieve these objectives, nonurban training needs to be more intensive than the 2 or 3 months some schools allot, maintains Dr. Michael Leaker, CAIR's past president. "Short-term exposure doesn't really show what rural practice is like," he says. "And family reasons make it difficult to pack up and move out of town for just 6 months." CAIR favours programs like those in Nova Scotia, Manitoba and Northern Ontario, in which residents spend the bulk of the residency period in nonurban centres.

The strong demand for rural placements suggests that residents themselves welcome the opportunity to train in nontraditional environments. In the new Northwest Ontario Family Medicine Program, which is based in Thunder Bay, trainees spend up to 14 of

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the 26 months of residency training in a rural milieu; the program received 150 applications for the 12 positions available in 1992–93.

For physicians like Dr. David McLinden, a second-year resident who plans to practise in Northern Ontario, this rural residency closely connects his training and eventual career. He considers his residency ideal preparation for the kind of work he will be doing in his practice.

"It trains me to be a broadly based family practitioner," he says, "and I also get to know the consultants very well, which makes for much better relations when you're practising."

He speaks enthusiastically about his placements in remote settlements and mid-sized cities in the northern Great Lakes area. "The biggest single advantage is the amount of hands-on time," he says. During stints in hospital "we spend a lot of time in the wards and we are the only residents, so we get exposure to all the specialties." He contrasts this with the limited exposure available to family medicine residents at large teaching centres; there, they may rank at the bottom of the physician hierarchy.

Medical residents training in rural areas tend to move around more than their urban counterparts because the training is usually spread among several teaching centres. McLinden feels that exposure to various types of practice helps residents make career choices. On the personal and social side, he finds that working in smaller centres allows for more personal contact: "People really get to know you."

Supporters of rural training add that the typical one-on-one placement of a resident with a physician preceptor fosters better personal relations and mentorship. And they point out that community practices can offer large and diverse patient volumes, as well as exposure to office management and the financial aspects of medical practice. However, the new diversity in training means that students may need to choose their career path earlier in their course of study, at least to the extent of choosing between urban and rural practice.

Training away from a campus has a definite clinical bent, with residents learning more by hands-on work than through formal instruction. Most programs include several weeks' rotation at regional hospitals such as those in Chilliwack, BC, or Sudbury, Ont., with clinical staff providing the academic component via tutorials, rounds and seminars. In addition, the Northwest Ontario Family Medical Program organizes visits by specialists to round out the curriculum, and takes advantage of travelling clinics in specialties such as orthopedics and ophthalmology. Regular half-days of training with a psychiatrist are scheduled when residents are in Thunder Bay.

Long-distance learning and modern telecommunications are also important for those in remote regions. Residents may rely on long-distance teleconference "rounds," literature searches via computer software like Grateful Med, and computerized bulletin board consultations with other physicians. Computers can also profile a resident's caseload to assess the mix of patients and conditions being treated.

Leaker: long-term exposure needed

"That way, we can modify the program to ensure all-round experience," explains Dr. Walter Rosser, head of the University of Toronto's Department of Family Medicine and a proponent of decentralization. "If there are no kids in Marathon [a small town in Northern Ontario], for example, then we can arrange for a resident working there to spend some time in Rainy River, where there's a plethora of children."

How does a medical school or teaching hospital branch out into more sparsely populated areas? In many cases, residency training has evolved as a natural extension of continuing education electives or undergraduate programs already in place. The residency programs administered out of Sudbury and Thunder Bay are cases in point: both are based on prior associations with the medical faculties at McMaster University and the University of Ottawa. Newfoundland's 20-year-old rural-teaching network got a head start through the large number of salaried physicians practising in rural areas.

Rural training in some medical specialties is a distinct future possibility, most likely in the general specialist categories of anesthesia, general surgery, general internal medicine and general pediatrics. The Ontario Ministry of Health is promoting training in psychiatry in Northern Ontario, and the Royal College of Physicians and Surgeons of Canada recently requested that individual specialties investigate the need to develop rural training programs for residents.

Does the move to nonurban training mean that greater numbers of physicians will choose to live and work in rural Canada? Rosser believes so, but concedes that "proof of that won't [be available] for another 10 years."■