Addressing family physician shortages

Francine Lemire MDCM CCFP FCFP CAE ICD.D, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

Dear Colleagues,

Far from having been a *great equalizer*, the pandemic has been a *great multiplier*. Known gaps in levels of service have been accentuated, particularly for the frail elderly and Indigenous people, as well as for other racially marginalized communities. The rate of burnout among family physicians tripled in 2021 compared with the previous year,[1] and 51% of respondents to the CFPC's 2022 membership survey indicated they were working beyond capacity. Concerns about waves of retirement and abandonment of the profession are mounting.

This is a global issue: the World Health Organization estimates a global shortage of more than 18 million health workers will be reached by 2030.[2] The demand for internationally educated health professionals is expected to become even more competitive. We are fortunate in Canada to have a level of universal health care; however, we are all aware of ongoing disparities in access and of funding models that do not always allow providers to do their best work. These models also do not optimally account for the prevalence of chronic illness in our society.

There are no easy short-term solutions. In recent CFPC surveys, FPs flagged paperwork and administrative tasks as burdens that negatively affect their clinical time. Providing family practices with clerical support, reducing unnecessary administrative processes, providing patient navigators to connect family practices and other services with patients who have complex needs, enhancing remote monitoring, and using virtual care, where appropriate, would help. Some FPs and nurses came out of retirement to help with COVID-19 assessment and vaccination efforts. Can we continue to support such agility with a funding and retention formula that would entice recently retired providers to sustain their clinical involvement, even on a part-time basis? In the long term, the CFPC is advocating for necessary action in 5 key areas:

We need more family doctors. Canada has consistently lagged behind other Organisation for Economic Co-operation and Development countries in its overall number of doctors per 1000 population. We welcome plans to increase medical student enrolment; it is essential that we commit to supporting the education of competent generalist FPs and other generalists who are prepared to meet their communities' evolving needs.

Cet article se trouve aussi en français à la **page 391.**

We need a data strategy. Numbers are not enough; we must work together, across the country, to better capture the scope of work of family doctors and other frontline providers. These data must also take into account providers' career trajectories.

We must modernize family practice models to support team-based care. This must address the complexity of care provided in the community and include patient input in the planning of services. The CFPC has captured this concept in the Patient's Medical Home vision of care[3] and the Patient's Medical Neighbourhood document.[4]

We must ensure the attractiveness of the practice environment. Along with specific clinical commitments, FPs spend a lot of time in their office practices. The practice environment is the learning environment. It is critical that family practices are able to address management needs, patient flow, etc, so FPs and other team members can do their best work in a positive learning atmosphere.

We must enhance the preparation of future FPs to provide care to patients with complex needs as well as culturally safe and trauma-informed care in the community. This is described in the Outcomes of Training project report.[5] As this will require extending the length of core training, implementation will be gradual; we will be catching up to family medicine training duration in comparable countries and it will enhance the comprehensiveness and continuity of the care provided.

Despite the difficulties we have experienced during the pandemic, we have also witnessed a tremendous amount of agility and innovation. Let us build on this in creating the modern family practice of the future.

References

1. *Family physicians' response to the COVID-19 pandemic: results of the May 2021 CFPC members survey on COVID-19.* Mississauga, ON: CFPC; 2021. Available from: **https://www.cfpc.ca/en/Results-of-the-May-2021-CFPC-Members-Survey-on-COVID-19**. Accessed 2022 Apr 8.
2. *Global health workforce statistics.* Geneva, Switz: World Health Organization; 2022.
3. *A new vision for Canada: family practice—the Patient's Medical Home 2019.* Mississauga, ON: CFPC; 2019. Available from: **https://patientsmedicalhome.ca/files/uploads/PMH_VISION2019_ENG_WEB_2.pdf**. Accessed 2022 Apr 8.
4. *Patient's Medical Neighbourhood.* Mississauga, ON: CFPC; 2020. Available from: **https://patientsmedicalhome.ca/resources/best-advice-guides/the-patients-medical-neighbourhood/**. Accessed 2022 Apr 8.
5. 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/Resources/Education/Preparing-Our-Future-Family-Physicians**. Accessed 2022 Apr 8.

Can Fam Physician 2022;68:392 (Eng), 391 (Fr). DOI: 10.46747/cfp.6805392