



Family Medicine in Canada

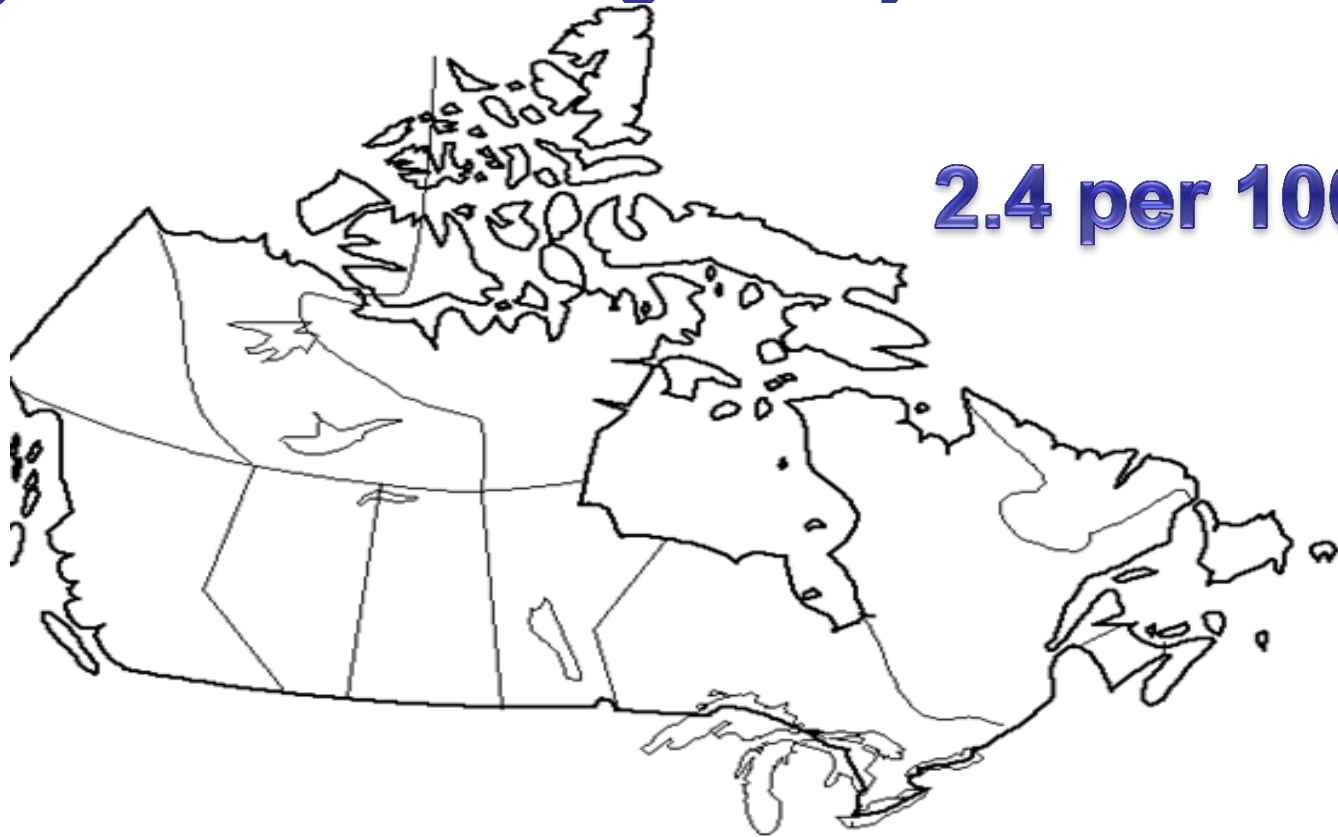
Sandra Banner
Sara Rattanasithy
Michelle Gauthier

Canadian Resident Matching Service



FAMILY MEDICINE

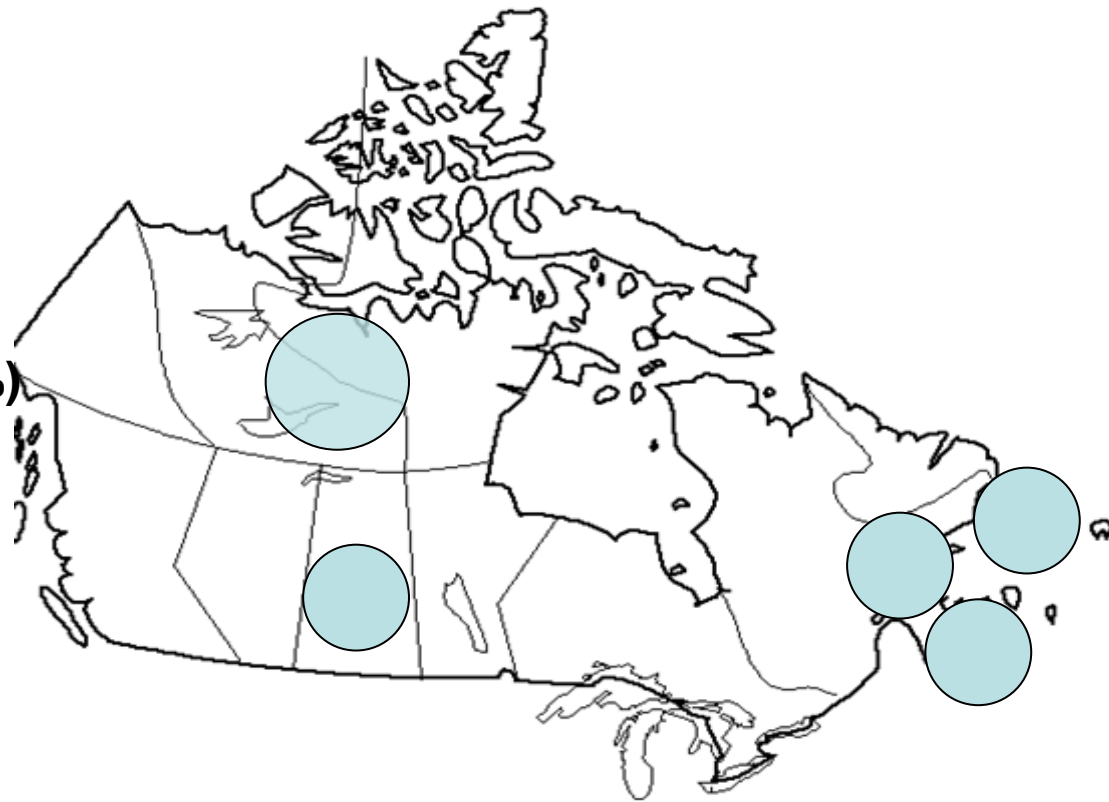
Physicians Practicing Family Medicine



*Canadian Medical Association

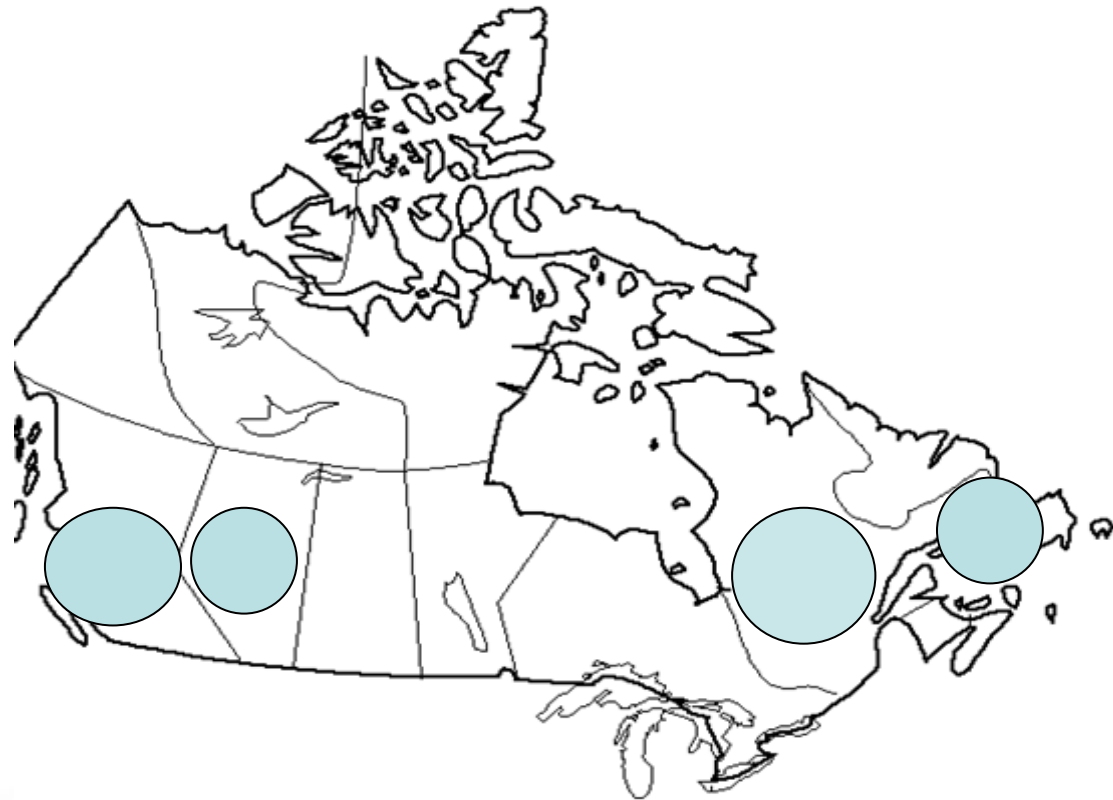
Physicians Practicing Family Medicine by Province

1. Territories (78%)
2. New Brunswick (63%)
3. Saskatchewan (63%)
4. Newfoundland (63%)
5. Prince Edward Island (63%)
6. British Columbia (54%)
7. Alberta (54%)
8. Nova Scotia (54%)
9. Manitoba (54%)
10. Quebec (50%)
11. Ontario (48%)



% of Provincial Population who do not have a Family Physician

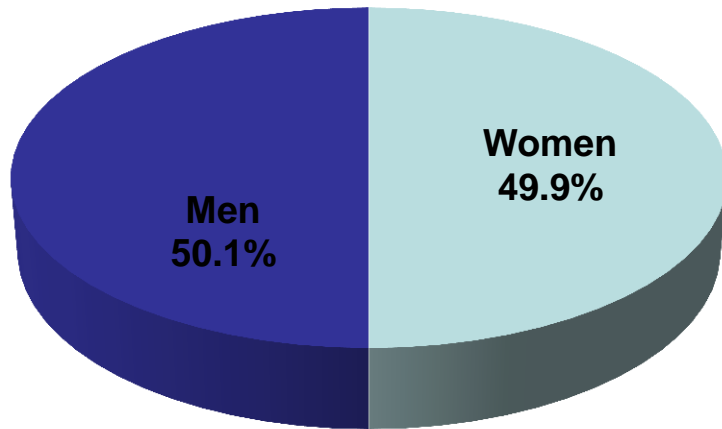
1. Quebec (25%)
2. British Columbia (17%)
3. Alberta (14%)
4. Atlantic (13%)
5. Ontario (10%)
6. Manitoba (8%)
7. Saskatchewan (8%)



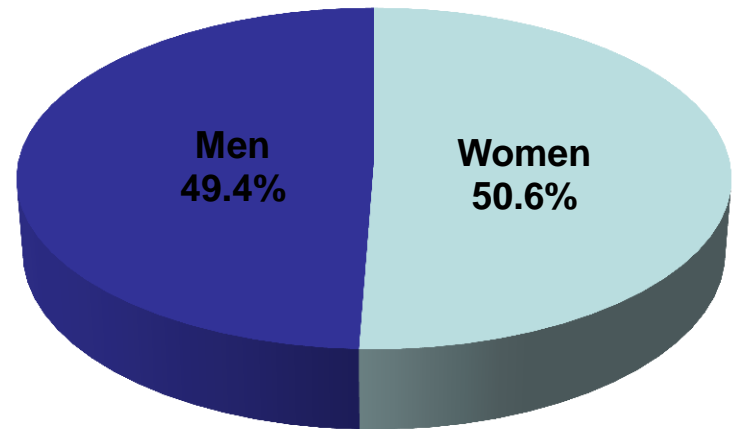


Men and Women Practicing Family Medicine

2011

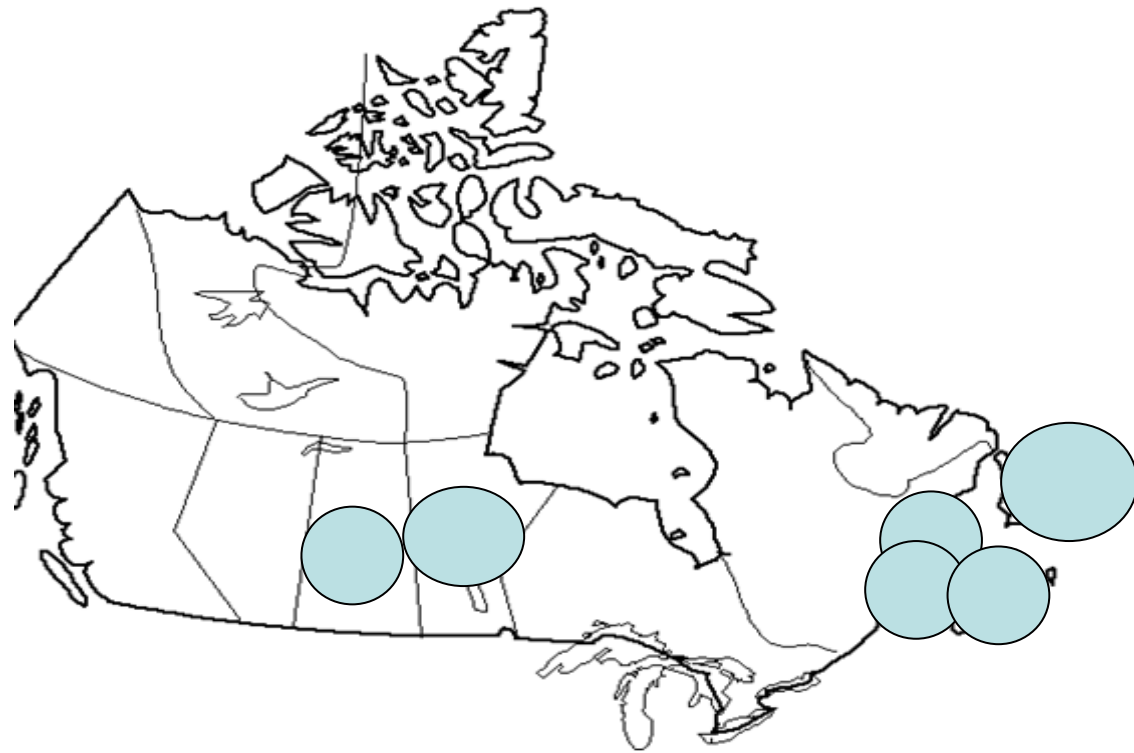


2012



Physicians Practicing Family Outside Metropolitan Areas

1. Newfoundland (46.5%)
2. Manitoba (30.2%)
3. Nova Scotia (27.9%)
4. New Brunswick (24.9%)
5. Prince Edward Island (23.7%)
6. Saskatchewan (23.2%)
7. Quebec (15.7%)
8. Alberta (15.3%)
9. British Columbia (11.9%)
10. Territories (11.5% - 100%)
11. Ontario (8.8%)



*Canadian Medical Association



Views on Rural Practice

Rural practice is preferred over urban practice:

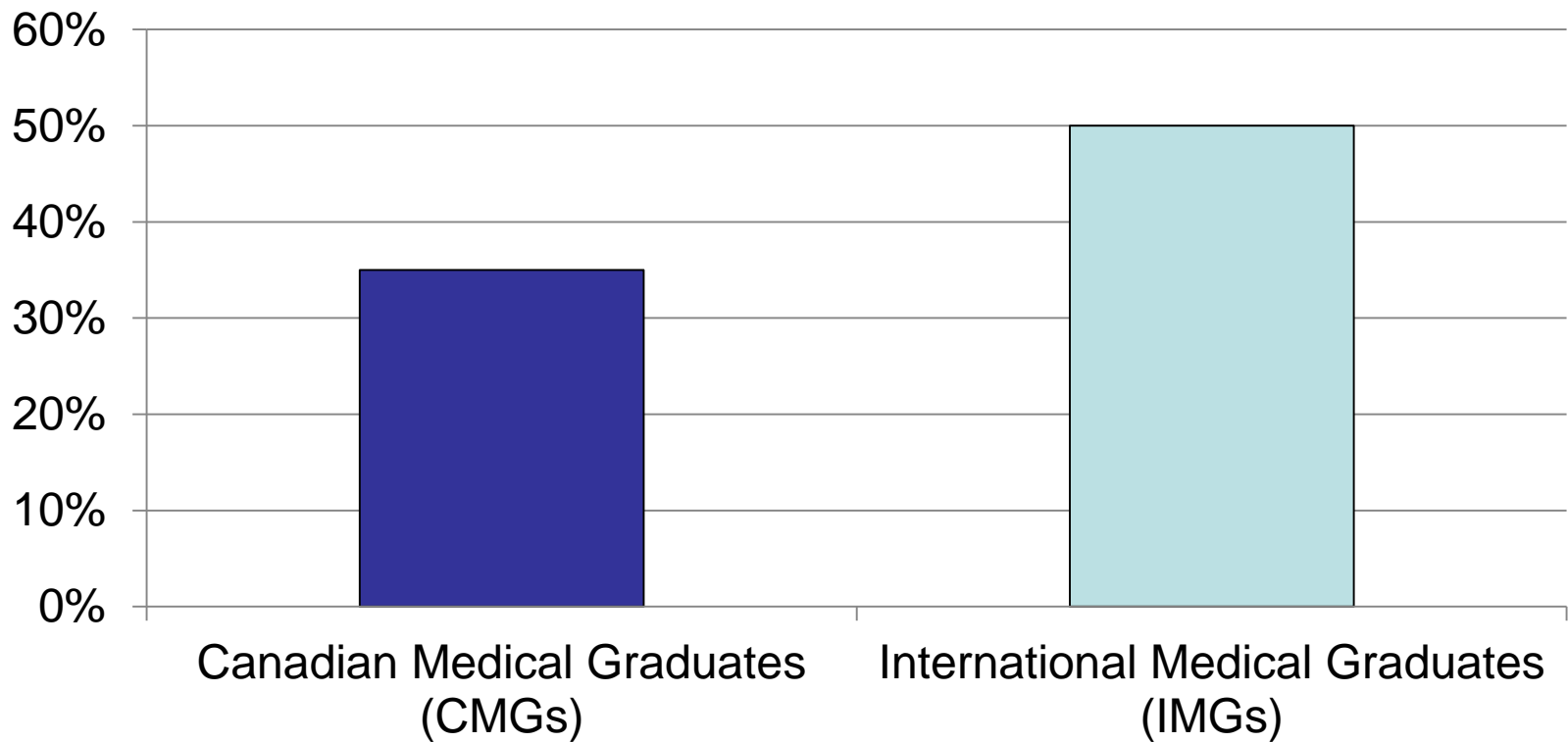
- Access to emergency room care
- Access to hospital-inpatient care on urgent basis
- Access to hospital care, in-home nursing and home-care services

Some physicians switch from rural to urban practice to achieve a better “Work-Life Balance”

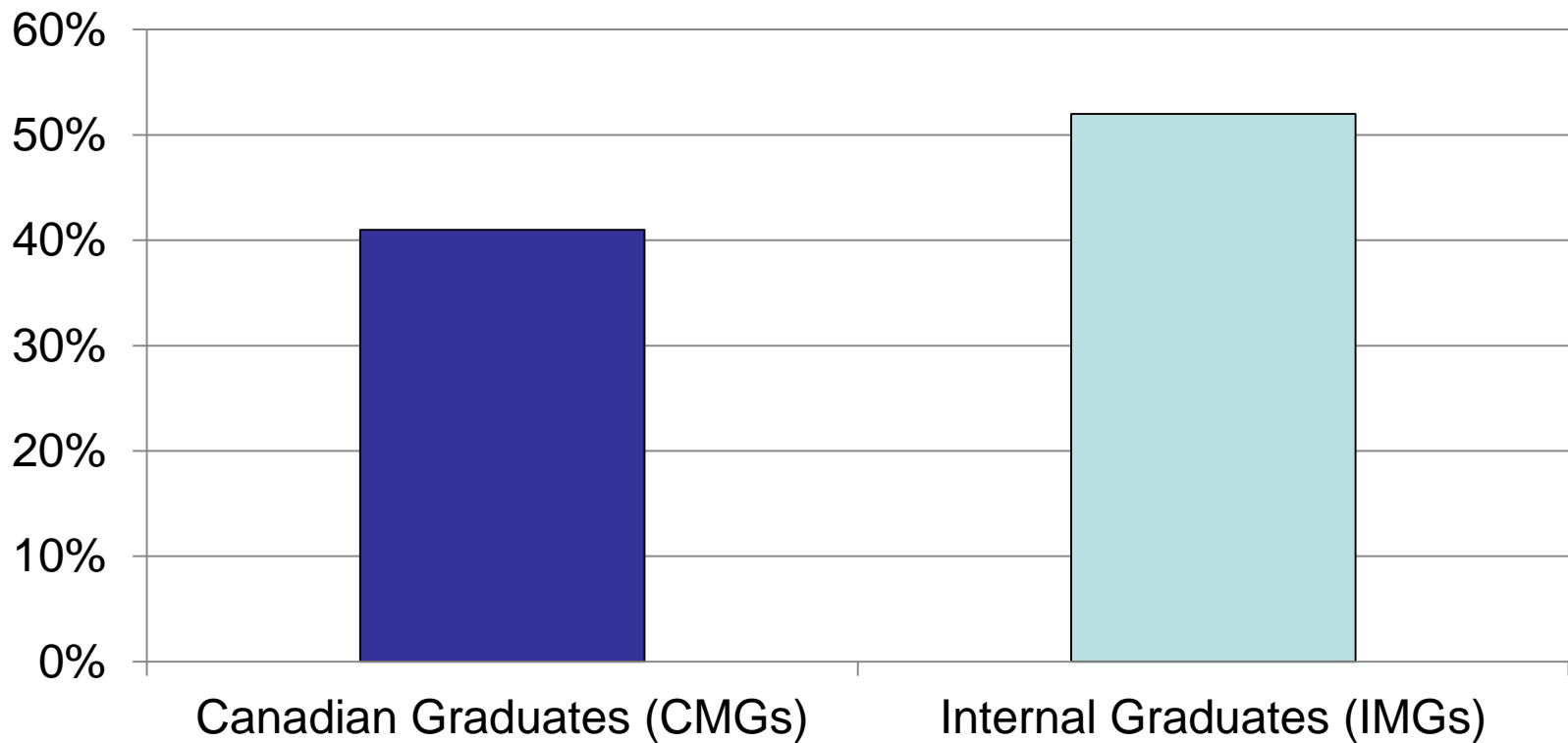
- Family
- Heavy work hours
- Lack of availability of locums
- Lack of availability of cultural opportunities



% Graduates Interested in Family Medicine 2012

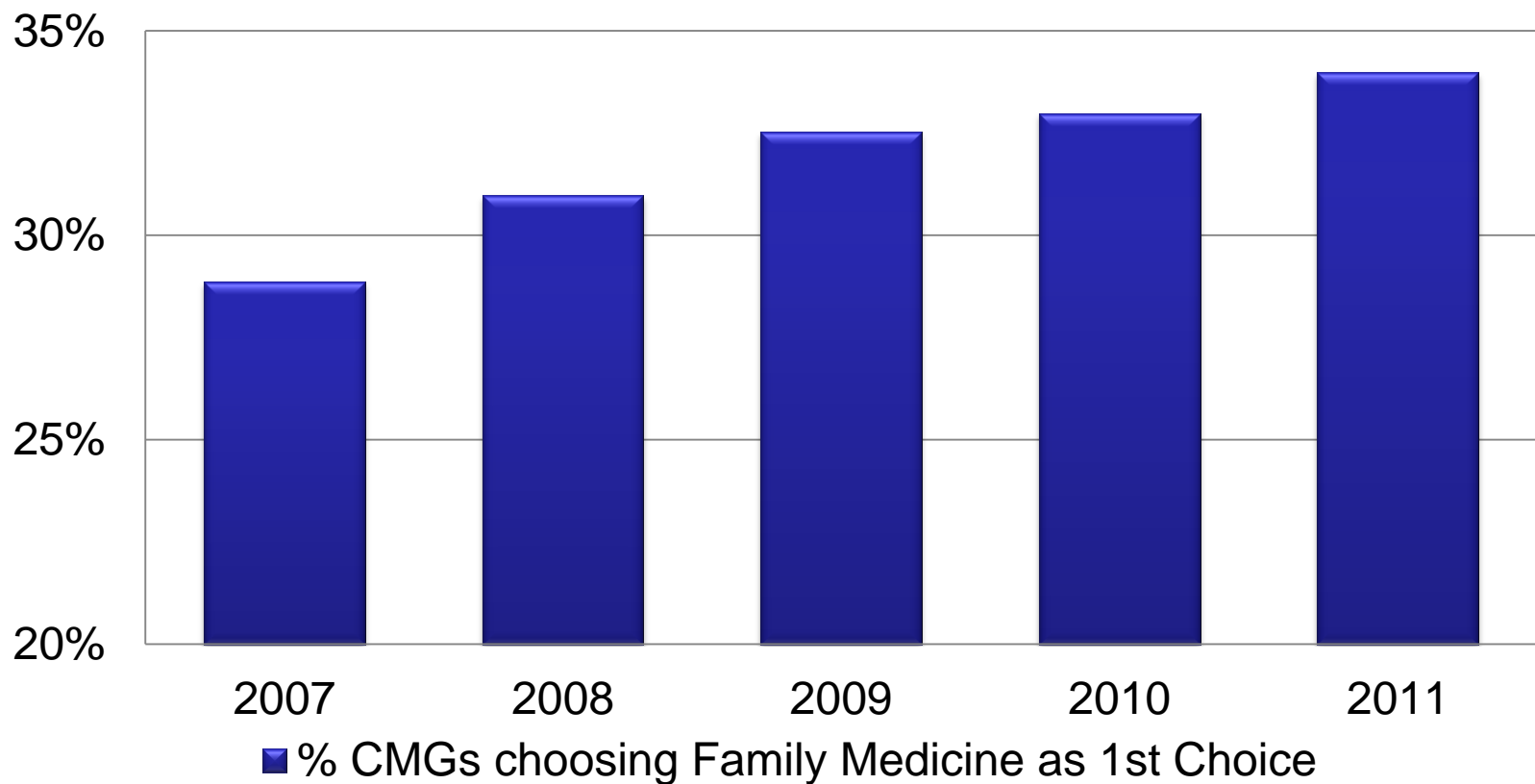


% Graduates Who Matched to Family Medicine 2012

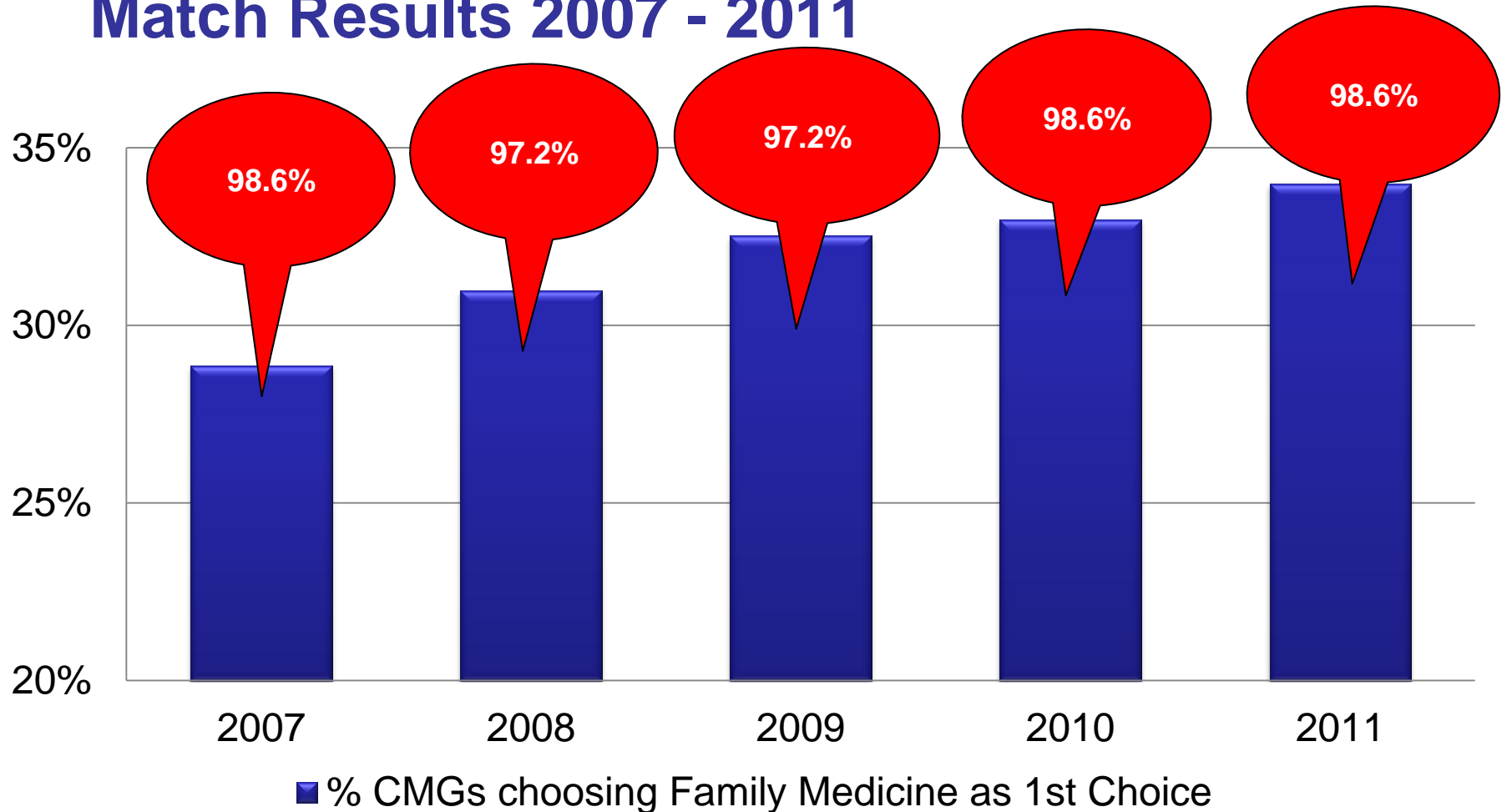




Interest in Family Medicine 2007-2011



Match Results 2007 - 2011



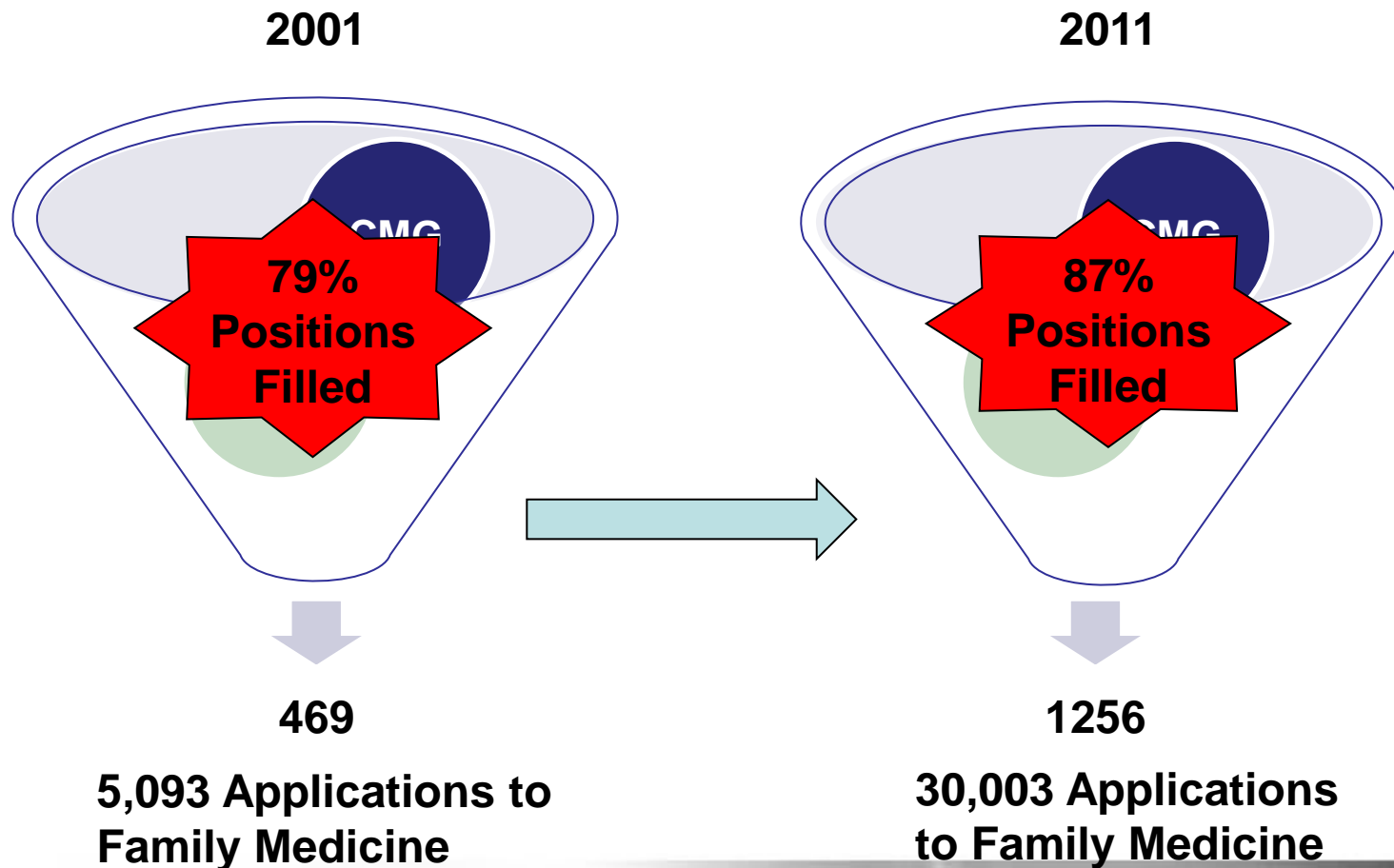
Family Medicine Training for July 1 2012

- 1311 trainees start family medicine in 2012
- 83% are graduates of Canadian medical schools
- 16% are Internationally trained graduates (60% CSA's)
- 1 % US graduates

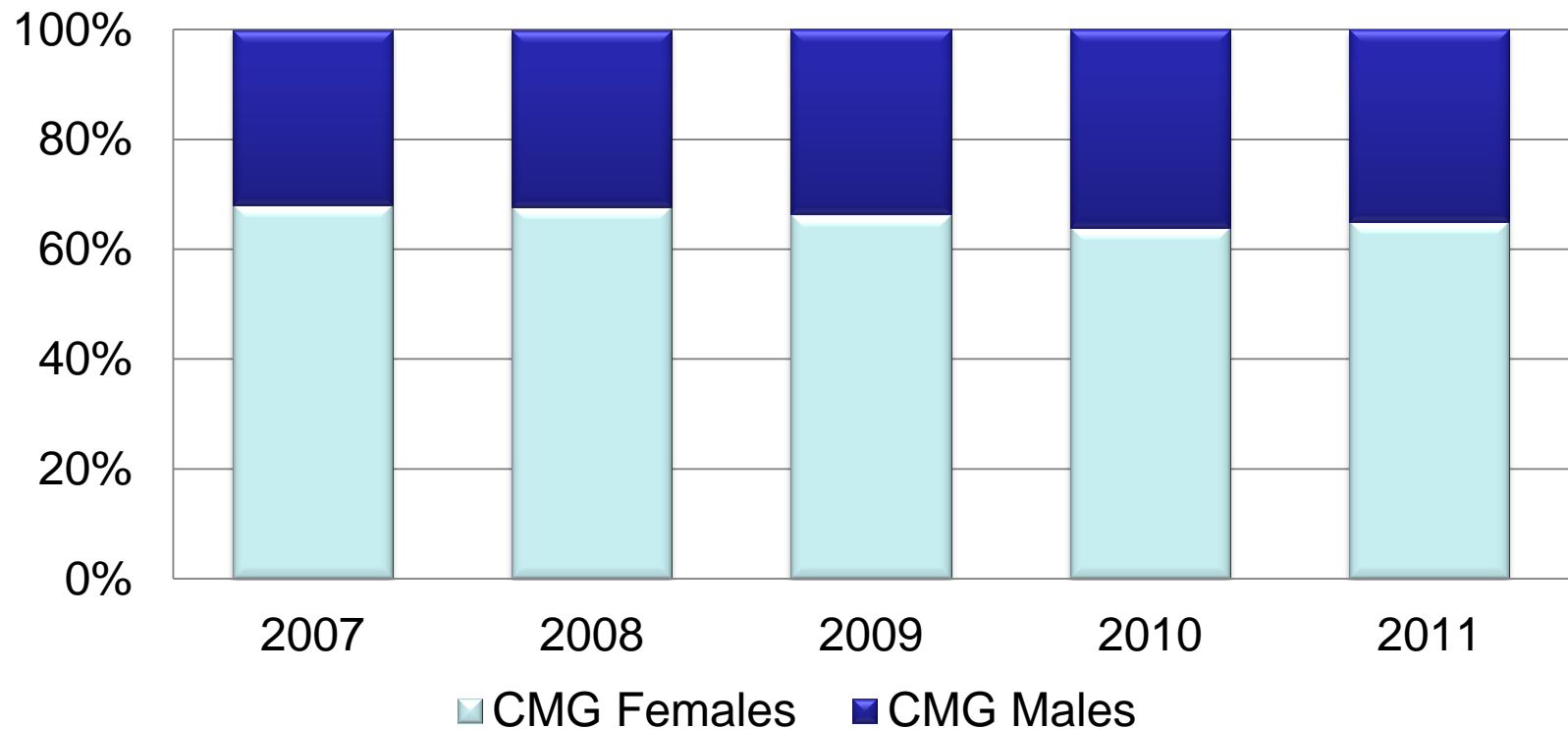
FM Training Sites



Family Medicine Expansion Since 2001








Women and Men's Interest in Family Medicine 2007 - 2011



CMG 1st Choice Discipline between 2010 & 2011

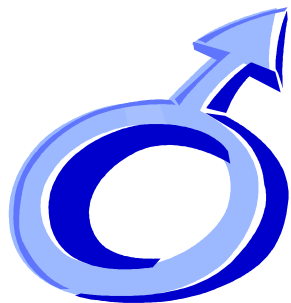
Female






	2010	2011	Difference from 2010
Anesthesiology	3.5%	3.5%	0.0%
Diagnostic Radiology	3.0%	1.9%	-1.1% 
Emergency Medicine	2.5%	2.6%	0.1%
Family Medicine	36.2%	38.6%	2.4% 
Internal Medicine	12.5%	13.4%	0.9%
Laboratory Medicine	0.8%	0.6%	-0.2%
Neurology	1.8%	1.6%	-0.2%
Obstetrics & Gynecology	7.4%	6.5%	-0.9%
Pediatrics	8.4%	9.9%	1.5% 
Psychiatry	5.8%	4.8%	-1.0% 
Surgery	13.1%	12.0%	-1.1% 

CMG 1st Choice Discipline between 2010 & 2011

Male



	2010	2011	Difference from 2010
Anesthesiology	5.9%	7.7%	1.8% 
Diagnostic Radiology	6.5%	6.5%	0.0%
Emergency Medicine	3.9%	4.2%	0.3%
Family Medicine	28.5%	27.8%	-0.7%
Internal Medicine	14.6%	16.2%	1.6% 
Laboratory Medicine	2.0%	1.1%	-0.9%
Neurology	2.3%	1.6%	-0.7%
Obstetrics & Gynecology	1.7%	0.8%	-0.9%
Pediatrics	2.1%	3.0%	0.9%
Psychiatry	4.7%	3.7%	-1.0% 
Surgery	23.6%	23.5%	0.1%

Key Findings from CaRMS 2011 Post-Match Survey

INTEREST IN FAMILY MEDICINE

CaRMS Post-Match Survey

- Online survey given after the match process
- All Canadian medical graduates (CMGs)
- High response rate (74% in 2011)

Discipline Choices

Career Choices

What Influences their Choices

Future Practice Considerations

CMGs interested in Family Medicine are more likely to be...

- Older
 - 13% are between 31-40 years of age vs 8% who chose other disciplines
- In a permanent relationship
 - 51% are married/common law/partnered vs 35% who chose other disciplines
- Women
 - 65% of CMGs interested in Family medicine were women vs 54% of CMGs interested in other disciplines were women



Committed to Family Medicine




- 98% plan to complete training and 80% plan to pursue a career in Family Medicine.
- 21% make their decision before entering medical school compared to 11% in other disciplines.
- Less likely to be influenced by advice from medical professional during medical school.




Decision factors to train in Family Medicine

Most influential

- Suits personal skills and abilities
- Positive clerkship experience
- Positive Community 

Compared to CMGs training in other disciplines, positive community experiences were least influential.

Least influential



- Level of educational debt
- Prestige of discipline 
- Opportunity to switch to another discipline

Compared to CMGs training in other disciplines, prestige of discipline was most influential.



Important training program components

Most important



- Level of responsibility given to residents 
- Support within the program
- Diversity of training 
- Collegiality between faculty and residents

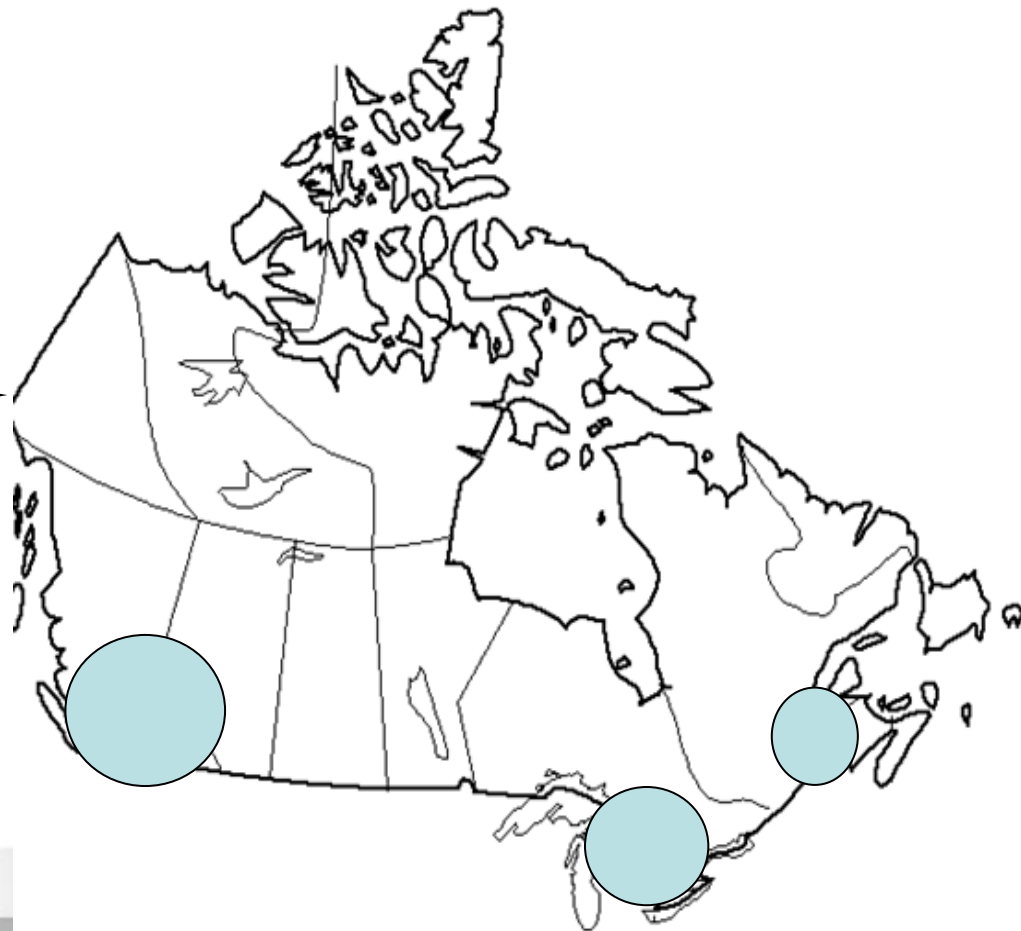
Least important

- Reputation 
- Size
- Prestige
- Research opportunities



Top three programs of Graduates who chose Family Medicine 1st Choice Discipline

1. University of British Columbia (18%) 
2. University of Toronto (11%) 
3. Université de Sherbrooke (8%) 

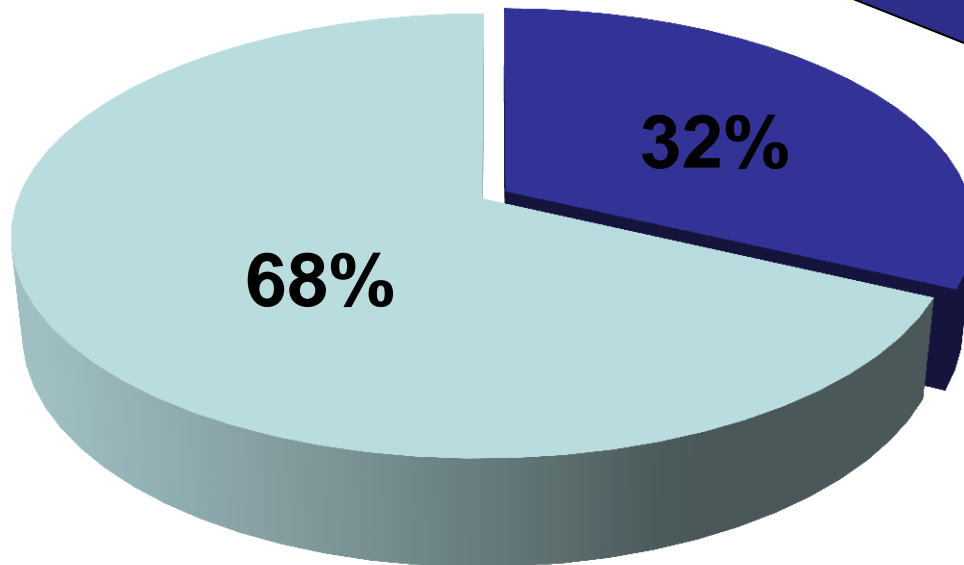


Why chose training location...

Top Reasons for Choosing Training Location:

1. Proximity to family
2. Leisure activities
3. Impression of the town/city
4. Proximity to friends

Future Career Choice



Of those that chose Family Medicine as 1st Choice Discipline

- 80% Family Medicine
- 20% Other discipline

- Family Medicine
- Other Discipline

Plans to practice in Family Medicine





Top Career Plans in Family Medicine:

1. Emergency medicine
2. Full-service family practice in rural community
3. Locums
4. Full-service family practice in urban community

**Office practice was the least chosen as a career.

Work environment



- Opportunities to experience a diversity of doctor/patient relationship 
- Flexibility to choose practice location 
- Flexibility to set/limit work hours 
- Work demands conflict with personal/family life
- Opportunities to encounter complex patient problems 



Views on Rural Practice

Rural practice is preferred over urban practice:

- Access to emergency room care
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- Access to hospital care, in-home nursing and home-care services

Some physicians switch from rural to urban practice to achieve a better “Work-Life Balance”

- Family
- Heavy work hours
- Lack of availability of locums
- Lack of availability of cultural opportunities



CMGs interested in Family Medicine

- Community and family oriented
- Desire a work-life balance
- Greater diversity in practice



Take-Home Message

- Interest in Family Medicine is increasing
- Committed to Family Medicine
- The desire for a work-life balance may influence future physicians from practicing in rural areas for the long-term.