



AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE

OFFICE OF POSTGRADUATE MEDICAL EDUCATION,
UNIVERSITY OF SYDNEY

ENHANCING PRIMARY CARE AND GENERAL PRACTICE AS A CAREER CHOICE: THE CANADIAN EXPERIENCE

Thistlethwaite JE

POLICY CONTEXT

Workforce projections from many of the developed countries of the world suggest a fall in the number of full-time equivalent general practitioners/family physicians over the next decade unless more doctors choose general practice/family medicine as a career. This is true of both Australia and Canada, and this paper explores the ways in which Canada is trying to overcome this problem in order to offer recommendations for Australia. In particular there is a move towards more team-based interprofessional care delivery in Canada, with new models of funding. It is important to find out whether health professionals are more or less attracted to a career in primary care and community settings because of this reform in health care provision.

The discussion paper '*Towards a National Primary Health Care Strategy*' published by the Australian Government's Department of Health and Ageing on 31st October 2008 contains many references to what it refers to as 'multidisciplinary teams' and 'interdisciplinary learning'. This document is of relevance to this project as it highlights the trend towards team-based care and endorses the proposition stated above that health professionals need to learn together to work together.

KEY FINDINGS

- Recruitment into rural areas of Canada is particularly difficult and initiatives to increase the rural workforce include rural placements for students, the establishment of rural medical schools (eg the Northern Ontario School of Medicine) and inducements for rural practice.
- Family medicine is recognised increasingly as being concerned with team-led care – gaining an understanding of this is partly dependent on where students and residents undergo their clinical rotations.
- Practitioners recognised that team models of care will require a change in the remuneration system for health professionals. In particular the traditional fee for service payments to FPs works against collaborative practice.

- Family health teams provide a new model of care in Ontario and exist in different forms with varying numbers and types of health professionals.
- The role of nurse practitioners is evolving and they are involved in various aspects of care.
- For medical and other health professional students suburban and rural practice attachments give a better indication of the possible scope of practice and are more likely to give students an experience of collaborative care provision.
- The amount and consequent impact of interprofessional education and learning about teamwork varied across programs and schools, but was recognised as an important component of modern healthcare education.
- Important factors relating to choice of family medicine are the age that medical students qualify and then the length of time of a residency. The family medicine residency is only two years compared to five or more for other specialties, making it highly attractive to some newly qualified doctors.
- Other positive factors relating to family medicine are the flexibility, lifestyle and variety of the work, with remuneration being less important.
- Interprofessional practice, or some form of team-based care, is a definite factor relating to choice for many professionals.

POLICY OPTIONS

Health professional education

As recommended in the Stream Six report, consideration should be given to moving more of the prequalification curriculum into the community and general practice – this is important for all health professional students. Some higher education institutions provide very little community focus for their students, reducing the likelihood of students choosing a career in the community as they have had no exposure to community practice. Moreover when students are learning in the community part of their curriculum should be delivered through interprofessional learning activities, so that students become aware of and practise team based care, while learning 'with, from and about' each other.

General practice

New models of care and remuneration need to be developed and their impact evaluated from the point of view of all stakeholders including patients and professionals. In particular GP remuneration should not be solely fee for service. Ways in which health professionals may work together should be explored; this may involve co-location or better lines of communication, as well as collaborative access to patient records. The role of practice nurses and nurse practitioners needs to be developed. It is important to research the impact of team based care on continuity of care as is its effect on patient outcomes in relation to chronic disease management and satisfaction, plus its effect on recruitment and retention of health professionals in all areas including rural.

METHODS

Data was collected at two medical schools (University of British Columbia – UBC; the Northern School of Medicine in Ontario - NOSM), plus the College of Health Disciplines (UBC) and rural areas. Stakeholders including faculty staff, clinical placement coordinators, family physicians, nurse practitioners, allied health practitioners, pharmacists, family medicine residents, medical and health professional students were identified via a snowballing technique, initially through personal contacts and then recommendations. Extensive field notes were taken.

Interviews were semi-structured based on the findings of the Stream Six report and subsequently informed by interactions in Canada to expand the areas explored. The taped interviews were transcribed and analysed with Atlas^{ti} qualitative software with preliminary results sent to stakeholders for comment, with subsequent changes mainly in terms of factual information.

For more details, please go to the [full report](#)

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