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Background

- Access to high-quality primary care increases life expectancy, decreases morbidity and results in better quality of life for patients
- Health systems organized around primary care have better population outcomes and greater system efficiency
- Currently, millions of Canadians are unable to find a family physician and are suffering the consequences of inadequate access to primary care
- Policies aimed at meeting patients' needs for primary care should consider the context and implications of family medicine workforce trends

Objectives

To examine trends over time in workforce stock and flow, primary care service capacity, and family medicine residency positions and career choices of medical students in Ontario

Question

What can we learn from these trends to guide policies aimed at optimizing the family medicine workforce?

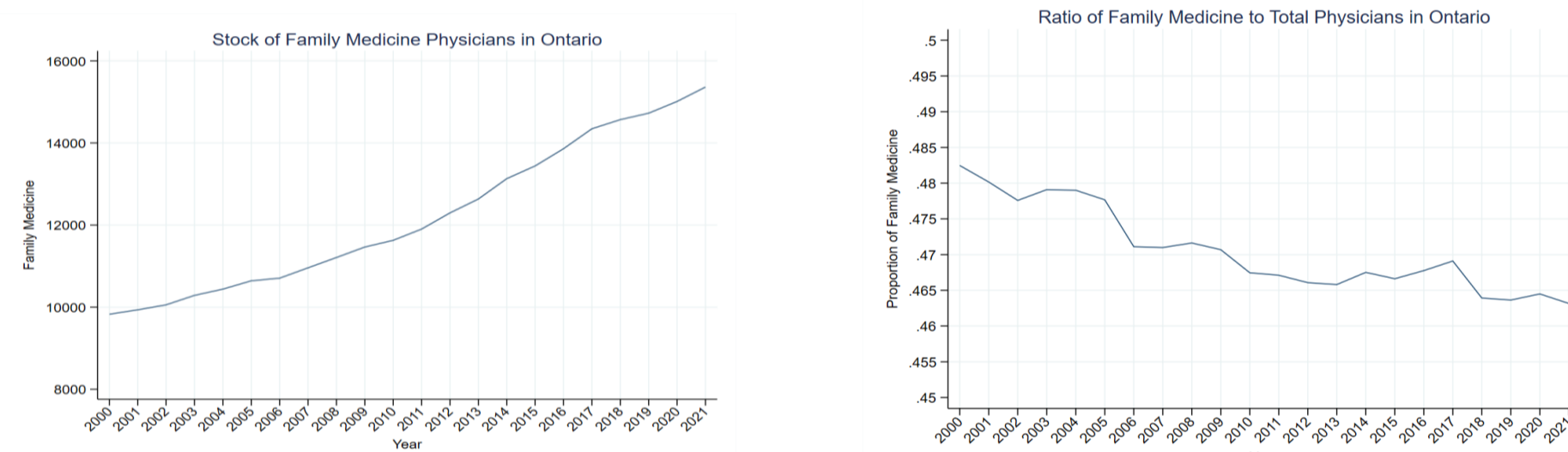
Methodology & Data

Synthesis and analysis of data from three sources:

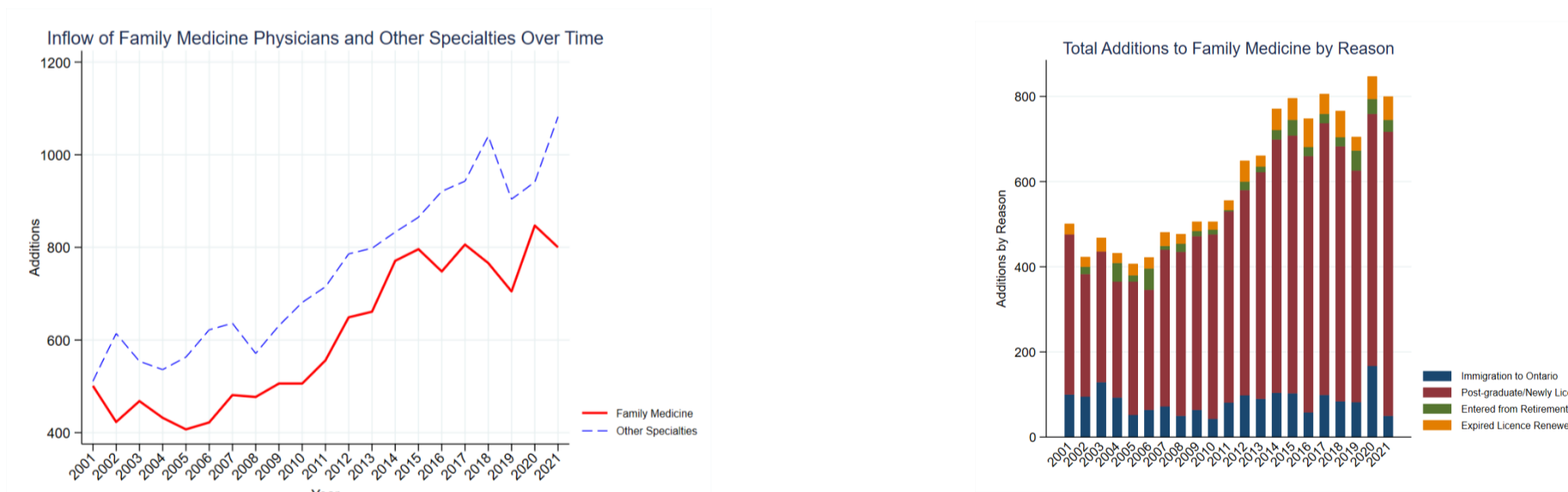
OPRC	2000-2021	Ontario	Physicians in Ontario by Specialty of Practice, Inflows to Practice by Reason and Specialty, Outflows from Practice by Reason and Specialty
Labour Force Survey	1987-2022	Canada	Family Physicians: Self-reported actual hours of work in the week preceding the survey
CaRMS	2001-2022	Ontario	Total Graduates, Total Participants, Total Positions, Family Medicine Positions, Vacancies after 1 st Iteration, Unfilled Positions after 2 nd Iteration

Results

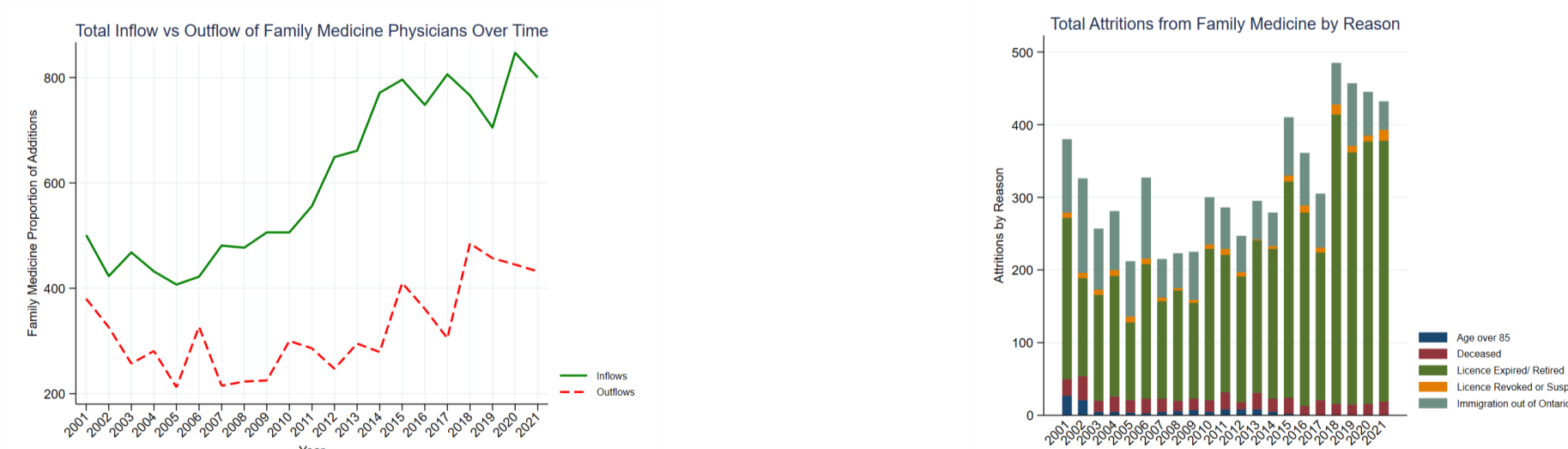
Workforce Stock & Flow



The absolute number of family physicians in Ontario is rising, but the proportion of family physicians in the overall physician workforce is declining

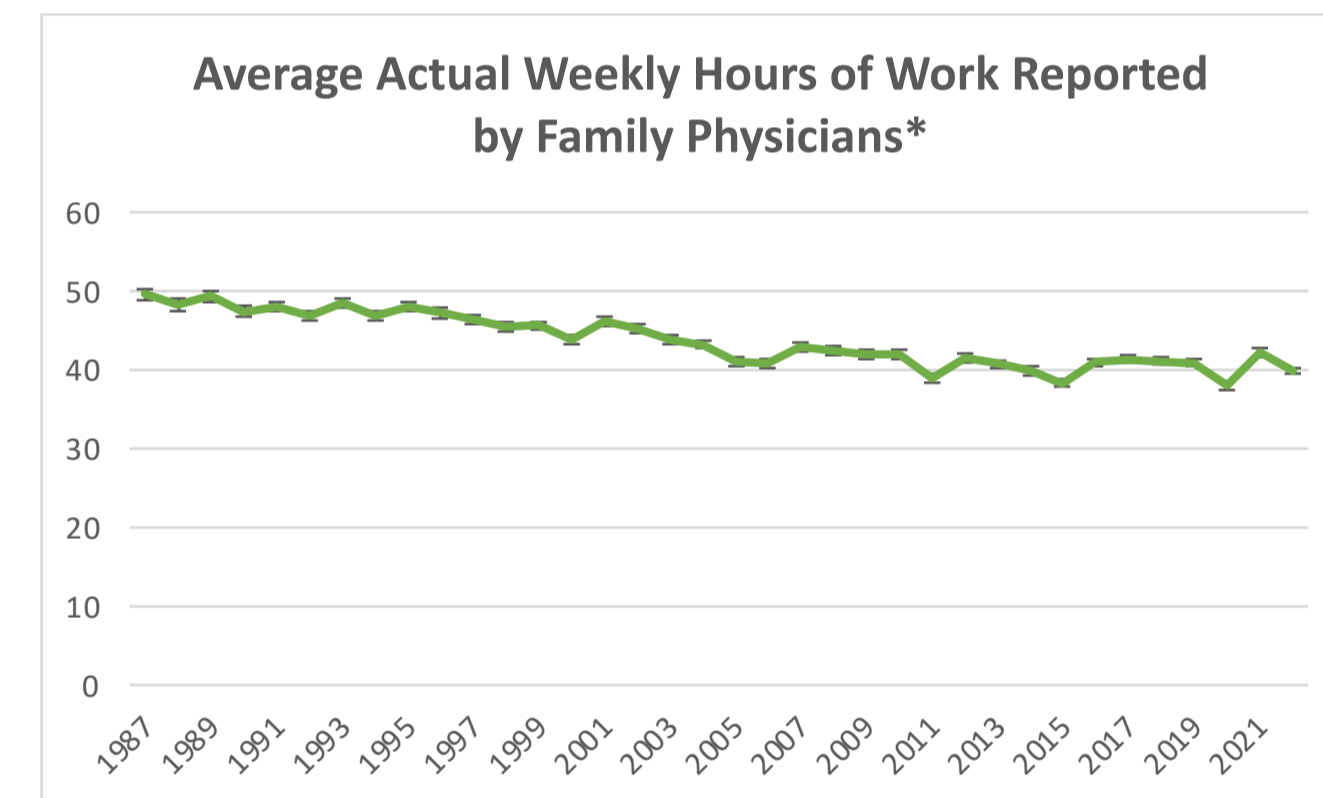


More specialty physicians join the workforce than family physicians; additions to the family medicine workforce come primarily from postgraduate training



Inflows exceed outflows; most attrition from the family medicine workforce is due to retirement

Service Capacity



*The hours measured in these estimates are self-reported actual hours of work in the week preceding the survey, including absences; self-reported "usual" hours tend to exceed self-reported actual hours

Average weekly hours of work of family physicians are declining

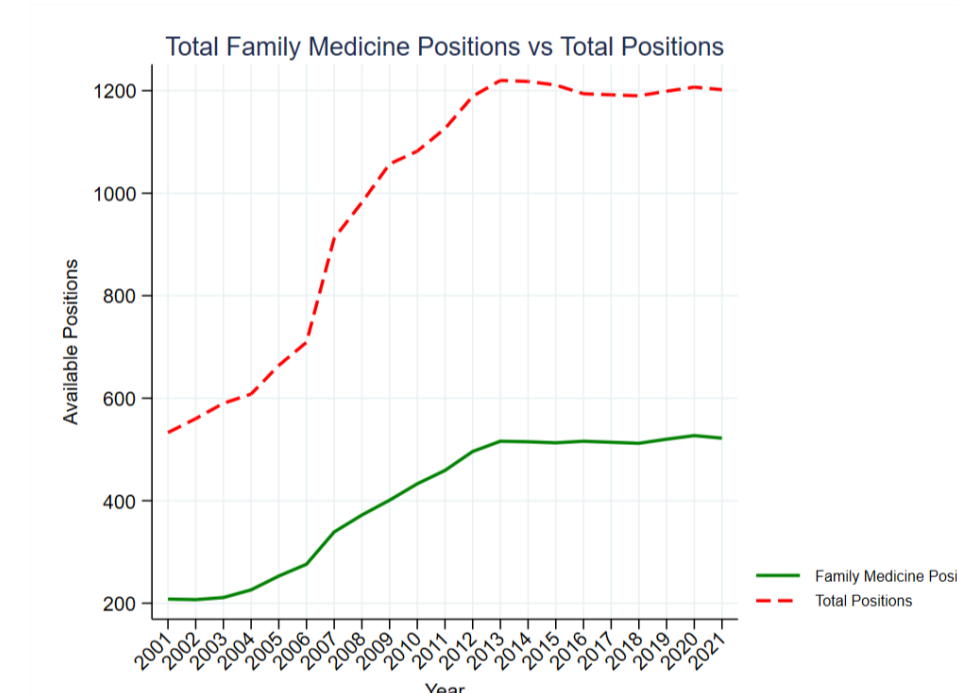
On average, in **1987** family physicians worked **49.65** hours per week, while in **2001** they worked **46.16** hours per week, and in **2022** they worked **39.98** hours per week

Overall, between 1987 and 2022, family physicians' average weekly hours of work declined by **19.5%**

Average weekly hours of work of specialists are declining in parallel

Residency Positions & Career Choice

Between 2001 and 2022, the number of Family Medicine residency positions in Ontario increased by a factor of 2.5



The proportion of positions allocated to Family Medicine has hovered around 40%

There is considerable temporal variation in unfilled Family Medicine positions:

- Between **2001 and 2008**, there were **279** vacancies after the first iteration and **133** unfilled positions after the second iteration
- Between **2009 and 2018**, there were **304** vacancies after the first iteration and only **2** unfilled positions after the second iteration
- Between **2019 and 2022**, there were **203** vacancies after the first iteration and **41** unfilled positions after the second iteration

Summary

- Although the absolute number of family physicians in Ontario is increasing, attrition through retirement is also rising
- Family medicine service capacity (average weekly hours of work) is declining
- Demand for family medicine training positions amongst Canadian medical graduates is tepid, but international medical graduates may be willing to undertake careers in family medicine

Policy Implications

- Additions to the family medicine workforce must keep pace with capacity lost through attrition and decreased hours of work
- Interventions to bolster physician service capacity (or prevent further decline) should be considered
- Workforce trends can inform policy related to:
 - Medical school admissions
 - Family medicine residency position quotas
 - Disposition of vacant positions
- Evidence is available to inform decision-making and workforce trends should be considered as part of integrated health workforce planning

Key Take Home Messages:

1

Anchoring policy decisions in evidence is necessary in order to optimize the family medicine workforce of the future

2

An integrated health workforce plan that considers workforce trends should inform health system decision-making