



# A Prescription for Primary Care

## A collaborative approach to a common challenge



As Canadians recover from the COVID-19 pandemic, new crises are adding to the various long-standing challenges that have faced Canadian health care as a whole and family medicine as a discipline. Provider burnout has been pushed to record levels, administrative burden has expanded unmanageably, and family doctors leaving the profession increase the strain on those who remain and continue to deal with ever-increasing and complex population demands for primary care. Overworked emergency departments and primary care clinics both struggle to attract and retain a sufficient workforce.

Family physicians continue to provide high-quality care despite these challenging circumstances but are doing so at great personal sacrifice. Therefore, it's imperative to seize opportunities that will improve both the system performance and the experience of people working in the system as well as those served by it.

The College of Family Physicians of Canada (CFPC), as the long-standing voice of family medicine, is committed to leading important advocacy, enacting lasting solutions, and driving positive outcomes in communities and across the health care system.

The ultimate goal is an accessible, well-functioning primary care system that builds on the foundation that family medicine has long provided, that answers to the values of accessibility, equity, and team-based care, that provides patients with comprehensive care in their communities, and that supports family doctors in pursuing professionally satisfying and sustainable careers.

In order to solve the complex systemic issues that permeate Canadian health care we need to turn our attention to transformation that addresses evolving health care needs. The 2023 [funding proposal from the federal government](#) provides resources for four key investment areas, notably in family medicine.

In considering how to deploy these resources, the CFPC proposes a Prescription for Primary Care:

- **Moving to team-based care:** An interprofessional team providing care to a roster of patients, aligned with the principles of the [Patient's Medical Home](#)
- **Setting family medicine as a cornerstone:** Family physicians are a foundational part of primary care teams, elevating the capacity and expertise of colleagues as a result of their depth and breadth of their medical training
- **Ensuring access for all:** Everyone deserves access to the expertise of a family doctor through a collaborative Patient's Medical Home
- **Investing in administrative supports:** Focused and concrete efforts toward reducing the administrative burden placed on family physicians, removing low-value processes, and shifting tasks between team members to ensure that family physicians are working to the full scope of their training and expertise
- **Providing fair remuneration commensurate with unique expertise in complexity:** Shifting away from fee-for-service remuneration that incentivizes volume and episodic care and moving toward blended capitation models that better contribute to comprehensiveness and continuity of care. Family physicians' remuneration must reflect their foundational importance and contribute to a sustainable professional experience.

- **Supporting full scope of practice:** Support family physicians to continue providing care beyond the primary care system. Make sure that systems are flexible, enabling family doctors to make the best of the services they're able to provide across settings in different capacities, maintaining their foundational role as a patient's trusted partner in care.
- **Planning to meet community needs:** A renewed focus on understanding and meeting the needs of communities that practices serve, taking into account social determinants of health and collaborating with community services
- **Using digital solutions and integration:** Investment in a convenient and integrated set of digital tools including electronic medical records and virtual care that complement and bolster continuity of care
- **Driving with data:** Dedicated and substantive investments in data collection to inform planning and delivering care across Canada. Family medicine research is a key component of a successful and informed health care system.

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The CFPC's publication *Family Practice Reform Policy Proposal* features a detailed set of recommendations that put these principles into action. It is imperative that the federal government prioritizes investment in these areas as part of their agreements with provinces and territories on new funding. We must increase funding, but also invest resources differently to get different results.

At the same time we must ensure that the future workforce is prepared to tackle the evolving and emerging challenges—from increased reliance on interprofessional teams, to collaboration with public health in the wake of the COVID-19 pandemic, to better meeting the complex needs of an ageing population.

To that end, the CFPC continues to implement the recommendations of the Outcomes of Training Project that will prepare family physicians of the future, and will better meet evolving needs of patients, families, and communities across Canada. The enhanced residency curriculum aims to provide additional exposure to key areas such as home and long-term care, addictions and mental health, Indigenous health, equity and anti-racism, as well as emerging digital technologies.

The Team Primary Care grant funded by Employment and Social Development Canada provides the means to pivot existing training programs toward an interprofessional approach where a variety of health care providers are educated together in collaborative settings. This allows them to enter practice ready to provide team-based care.

Education is a precondition for meaningful change. Simply changing structures or models isn't enough for success. In order for education reform to yield its full benefits, it is imperative that practice reform keeps pace so that graduating health care professionals can apply their skills in settings and environments that match the interprofessional sites where they trained. Practice reform approaches are described above.



## Myth-busting suboptimal solutions

The following policy proposals will not contribute constructively to addressing the current crisis:

- **Virtual walk-in clinics, particularly those operating on a for-profit basis:** Such services disrupt continuity and threaten equity. The optimal use of virtual care should be within existing patient-provider relationships to strengthen continuity of care with existing providers and provide greater convenience for patients and the teams that care for them.
- **Family medicine substitutes:** Substituting family physicians with other health care providers is not feasible. While other providers play important roles and thrive in collaborative teams, providing critical services and support, they do not have the depth and breadth of medical knowledge held by family physicians. Collaboration—not substitution—is the way to address the significant current gaps in care.
- **International recruitment:** Focusing on recruiting more physicians, particularly through international searches, will not single-handedly solve the crisis. While international medical graduates (IMGs) are an important component, the following must be considered:
  - o The same rigorous standards of competency assessment must be applied to both Canadian-trained and internationally-educated health professionals; recruiting IMGs must be done ethically to not threaten the workforce supply of vulnerable countries
  - o Bringing more physicians into a dysfunctional system will only result in more dissatisfaction
- **Rotating internships:** A return to rotating internships is not a feasible choice, as family medicine is a distinct discipline that requires dedicated and focused training, meeting the evolving and complex needs of communities across Canada. The CFPC's certification process aims for excellence in care and not merely minimal competence.

We invite all partners—policy-makers, health professional organizations, patients, and providers—to join us as we enact this prescription for a healthier Canada.

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