## Increasing interest in family medicine

The Canadian Federation of Medical Students (CFMS) believes that high-quality and sustainable health care depends on an adequate supply of family physicians and that more must be done to address the current (and future) shortfall of practising family physicians.

Almost 4.8 million Canadians do not have a family physician (www.cfpc.ca/English/cfpc/communications/news%20releases/2005%2012%2009%20Backgrounder/default.asp?s=1), and results from the 2004 National Physician Survey indicate that 60% of practising family physicians are seeing few or no new patients. The loss of the rotating internship in 1993, a one-year postgraduate program that served to train general practitioners, has resulted in 250–300 fewer family physicians per year. Close to one-third of family physicians are 55 years of age or older and likely to retire within the next 10 years (www.cma.ca/multimedia/CMA/Content_Images/Inside_cma/Statistics/dem-number1.pdf). Because current graduation rates do not adequately address this shortage, international medical graduates have been filling the gaps, especially in underserviced areas, and many medical schools have increased the number of their entry positions.

**Box 1: Recommendations of the Canadian Federation of Medical Students for increasing the number of students choosing family medicine**

- More family physician involvement at all levels of training, including administration, student teaching and clinical rotations.
- Increased exposure to family medicine in the pre-clinical years of medical school, including rural or community experience or both. Such programs should not cause additional cost to the student.
- Mandatory rotations in family medicine that are sufficiently long for adequate student exposure. These should be completed before CaRMS applications are due.
- Support for Family Medicine Interest Groups at each medical school.
- Elimination of payments on student loans during residency and increased bursary programs to ensure medical school is affordable for underrepresented groups.
- Alternative use of funds currently allocated to "Return of Service" contracts. These initiatives encourage those particularly in need of financial support, not necessarily those with a true interest in family medicine.
- Increased system flexibility to switch programs after the PGY-1 year. Switching programs should not prolong the overall residency training period, in recognition of the experience gained in the first year.

# High-quality and sustainable health care depends on family physicians.

However, even if intake increases, fewer medical students are choosing family medicine as a specialty: according to Canadian Residency Matching Service (CaRMS) statistics, the proportion of graduates selecting family medicine as their first-choice specialty dropped from 44% to 28% between 1992 and 2005. The CFMS believes 3 key reasons explain this decline: reduced exposure to the career, changing accessibility to medical education and inflexibility of the current training system.

Evidence shows that longer involvement with family medicine in medical school increases the number of students choosing family medicine as a career.[1] Despite this, medical schools across the country continue to provide limited exposure to family medicine: many medical schools have short family medicine rotations, family physicians rarely teach core clinical concepts at the pre-clinical level, and their teaching at this level tends to focus on interviewing and psychosocial skills, which many medical students view as less important. The "hidden curriculum," which imparts the idea that family physicians play a secondary role to other specialists, adversely influences student perception and the likelihood of selecting family medicine training.[1]

Access to medical education is largely a matter of cost, which determines who is able to study medicine and what specialty students choose to study. Students from poor neighbourhoods are 7 times less likely to enter medical school than students from rich neighbourhoods.[2] As tuition rises, students accepted to medical school are increasingly unrepresentative of the total population. Affordable study is important for rural and aboriginal community recruitment, since students from rural areas are more likely to select rural family practice in the future.[3] Further, as tuition fees increase, students are forced to take on large debt. These financial loads may cause students to choose disciplines with higher associated incomes, to help eliminate their debt more quickly.

Finally, the current system of matching into a residency program through CaRMS gives students little time to explore different specialties and, once one is chosen, limits their ability to change to another. At some medical schools, students do not always finish their family medicine rotation before CaRMS deadlines. Once in residency or practice, it is difficult to change spe-

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cialties or retrain. This lack of flexibility may deter some from choosing a residency in family medicine, particularly given how difficult it is to transfer residency funding from a 2-year family medicine program to a longer program in another specialty.

The CFMS offers 7 recommendations to address the lack of exposure, accessibility and flexibility that limit family physician training (Box 1).

As the next generation of physicians, we are committed to taking a proactive role in identifying, reforming and overcoming barriers to choosing family medicine as a rewarding career. We look forward to ensuring a vibrant future for family medicine in Canada.

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## REFERENCES

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