

Family Physician Shortage: *A Canadian Healthcare Crisis*



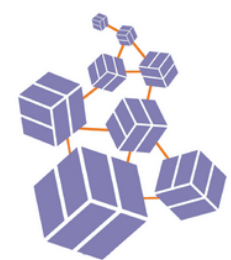
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Brandon Pentz, MSc



UNIVERSITY OF
CALGARY




Map the
System
Canada

Edmonton

Shortage of family doctors pushing more patients to overburdened ERs, physicians say



Nearly 5 million Canadians without a family doctor, College of Family Physicians Canada says

 [Julia Wong](#) · CBC News · Posted: Nov 10, 2022 2:00 AM MT | Last Updated: Nov 10, 2022 2:00 AM MT



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May 9, 2022

Critical family physician shortage must be addressed: CMA

[Executive Summary](#) / [Executive](#)

Posthaste: A severe doctor shortage in Canada is fast approaching, RBC report says

Canada will be short approximately 44,000 physicians before the end of the decade

Noella Ovid

Published Nov 25, 2022 • Last updated Nov 29, 2022 • 4 minute read

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6M Canadians don't have a family doctor, a third of them have been looking for over a year: report

**6 million Canadians
without
a family physician**



**Predicted shortage
of 31,680 family
physicians**





FULL

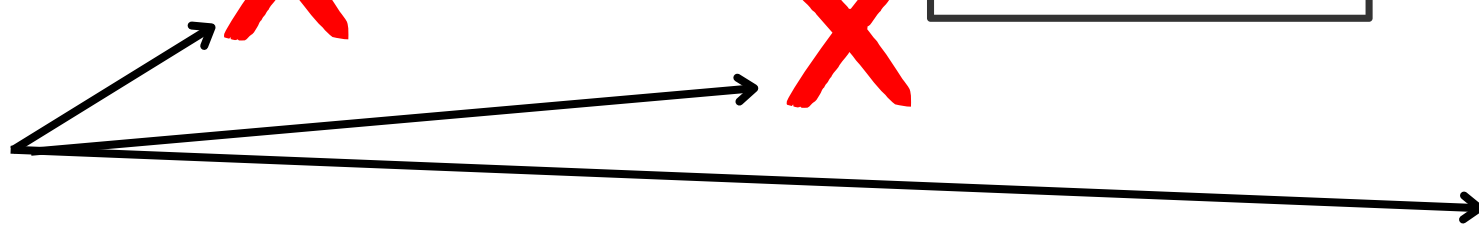
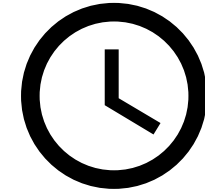


FULL



4

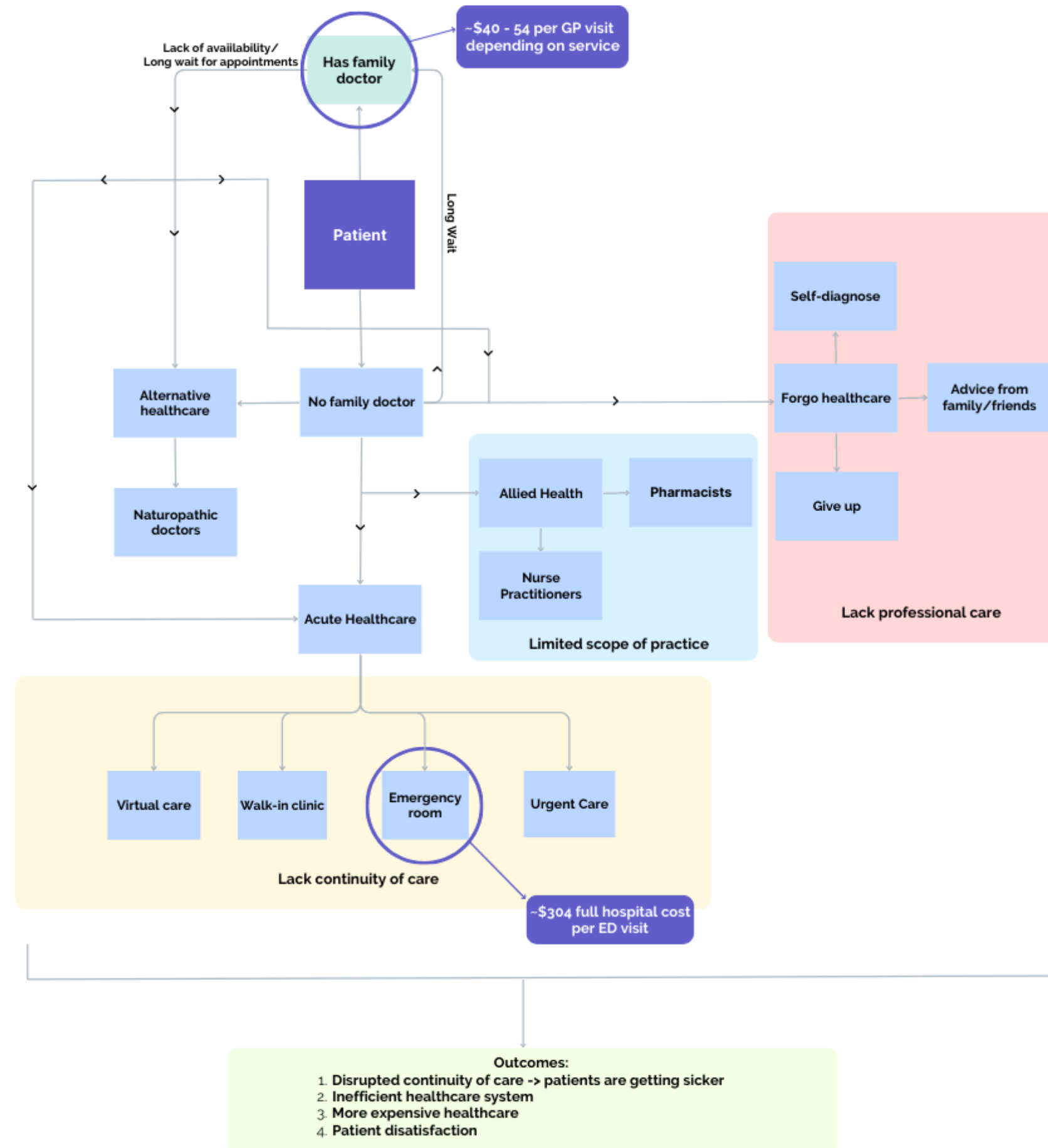
months waiting



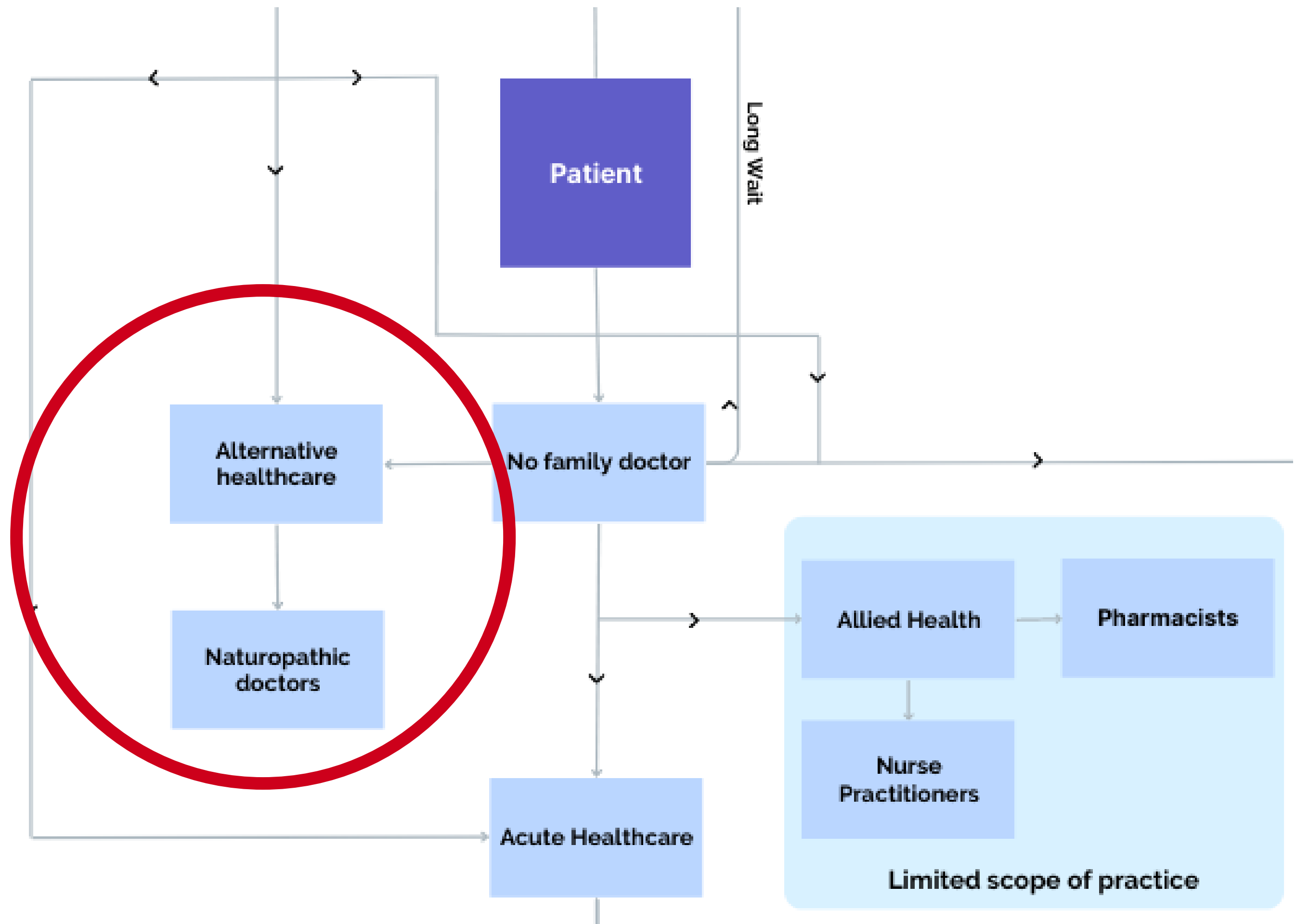
Meet Carla

Patient's journey

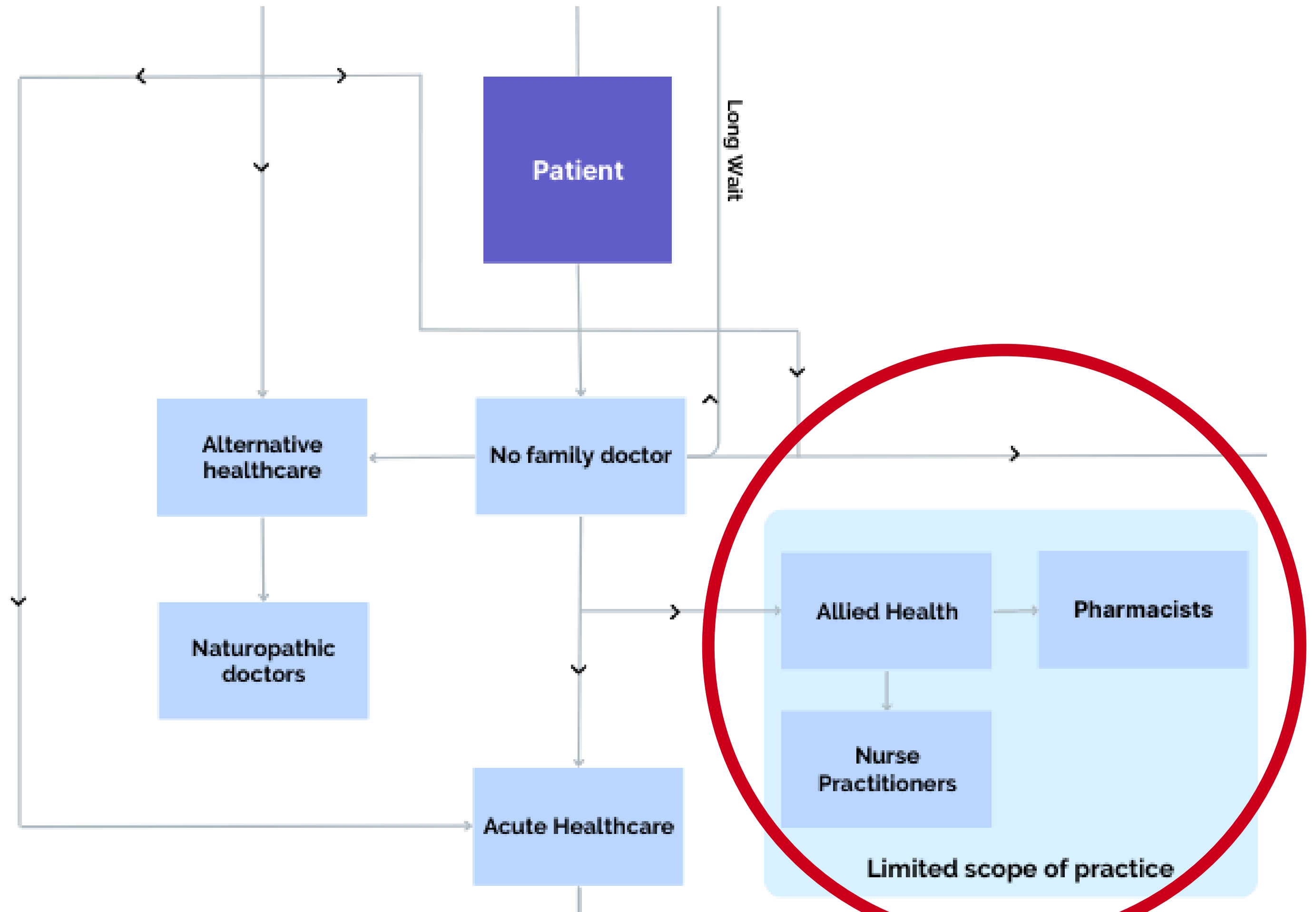
What are patient's options facing a family physician shortage in Canada?



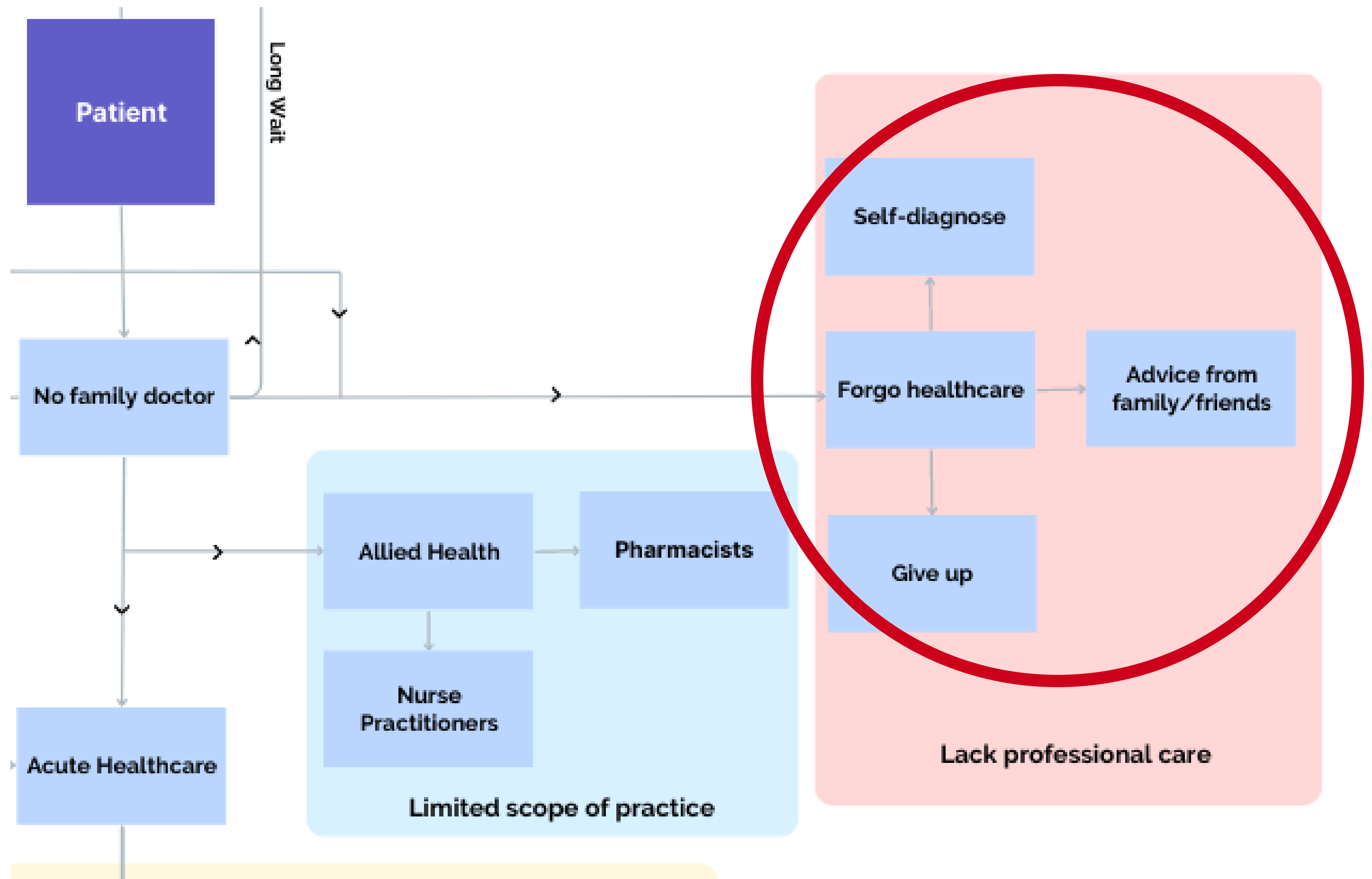
Option 1



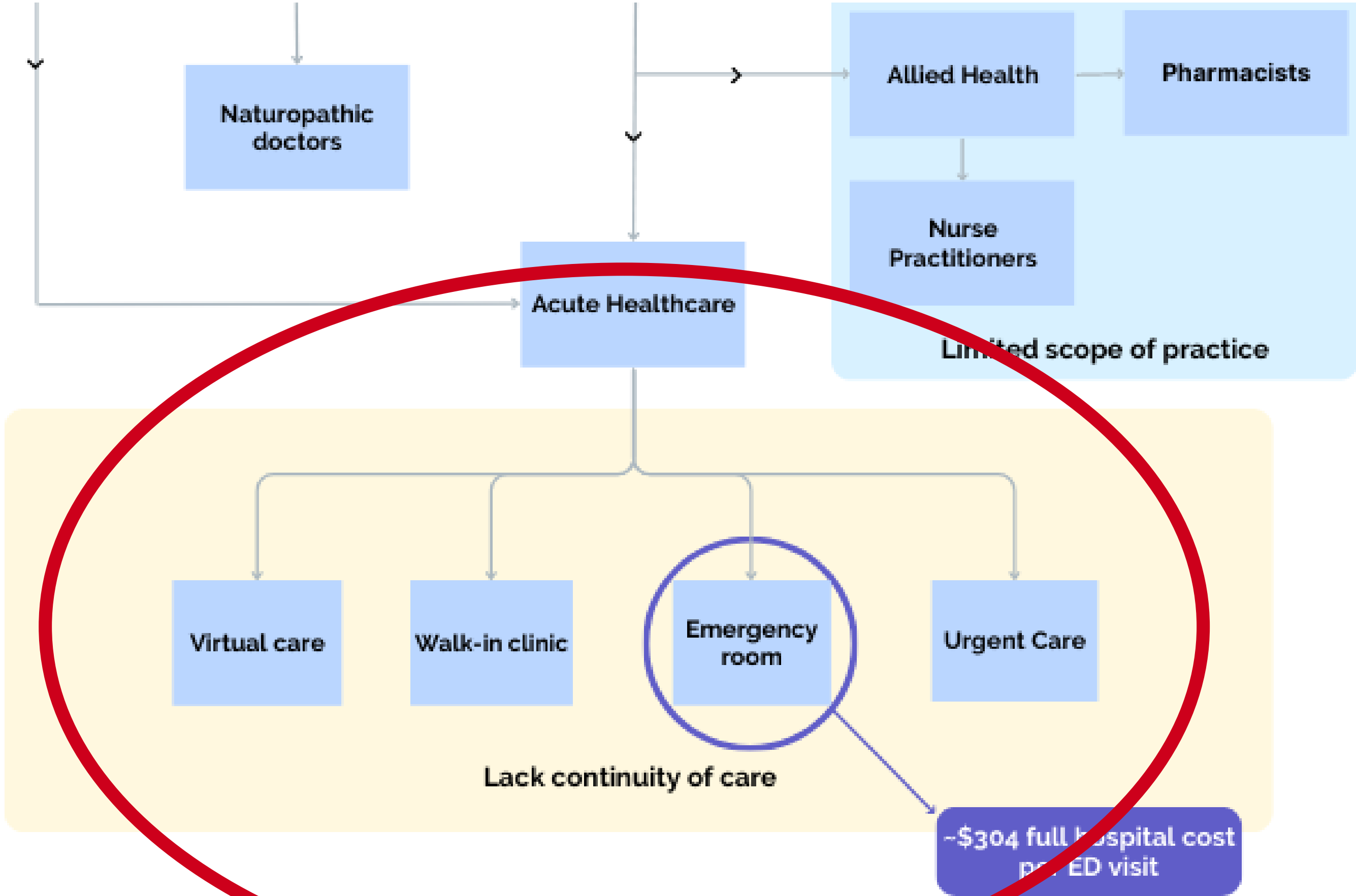
Option 2



Option 3



Option 4





**Wait to see ER doc:
4 hours**

**Wait to be admitted:
40 hours**

**6x more expensive to visit the ER
than a family physician**



**Inadequate follow up:
Patients are getting sicker**

People have died waiting in the ER


Long wait times in emergency rooms lead to deaths and poor health outcomes across North America

Health authorities won't reveal number of emergency waiting room deaths

Liz Cabrera
© 22 January 2023



Premier fired officials over waiting room death in July, but CEO says data might 'alarm' New Brunswickers

 [Jacques Poitras](#) · CBC News · Posted: Dec 14, 2022 12:10 PM MST | Last Updated: December 14, 2022

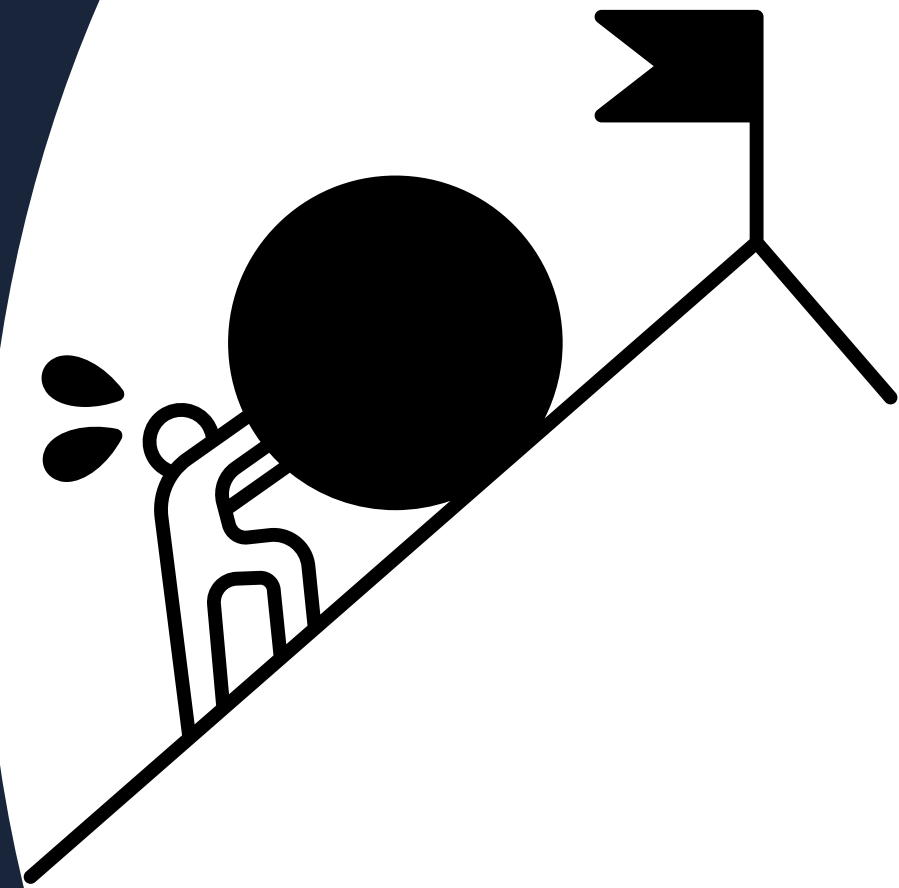
'sparks scrutiny of rising fatalities in N.S. emergency rooms



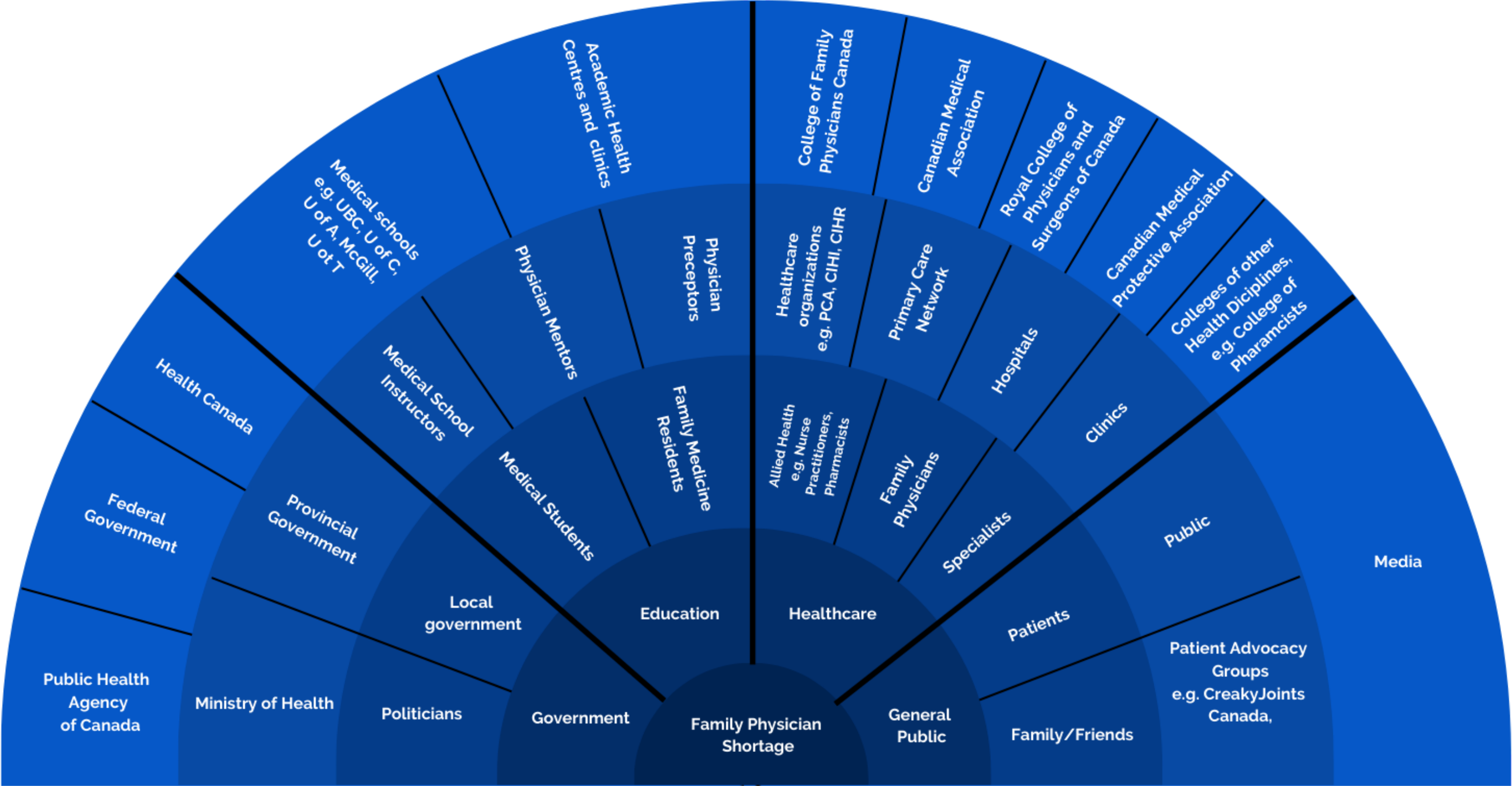
ER deaths at a six-year high in the province, according to newly released figures

 [Nicola Seguin](#), [Cassidy Chisholm](#) · CBC News · Posted: Jan 11, 2023 3:00 AM MST | Last Updated: January 11

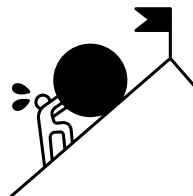
Challenge Overview



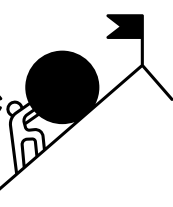
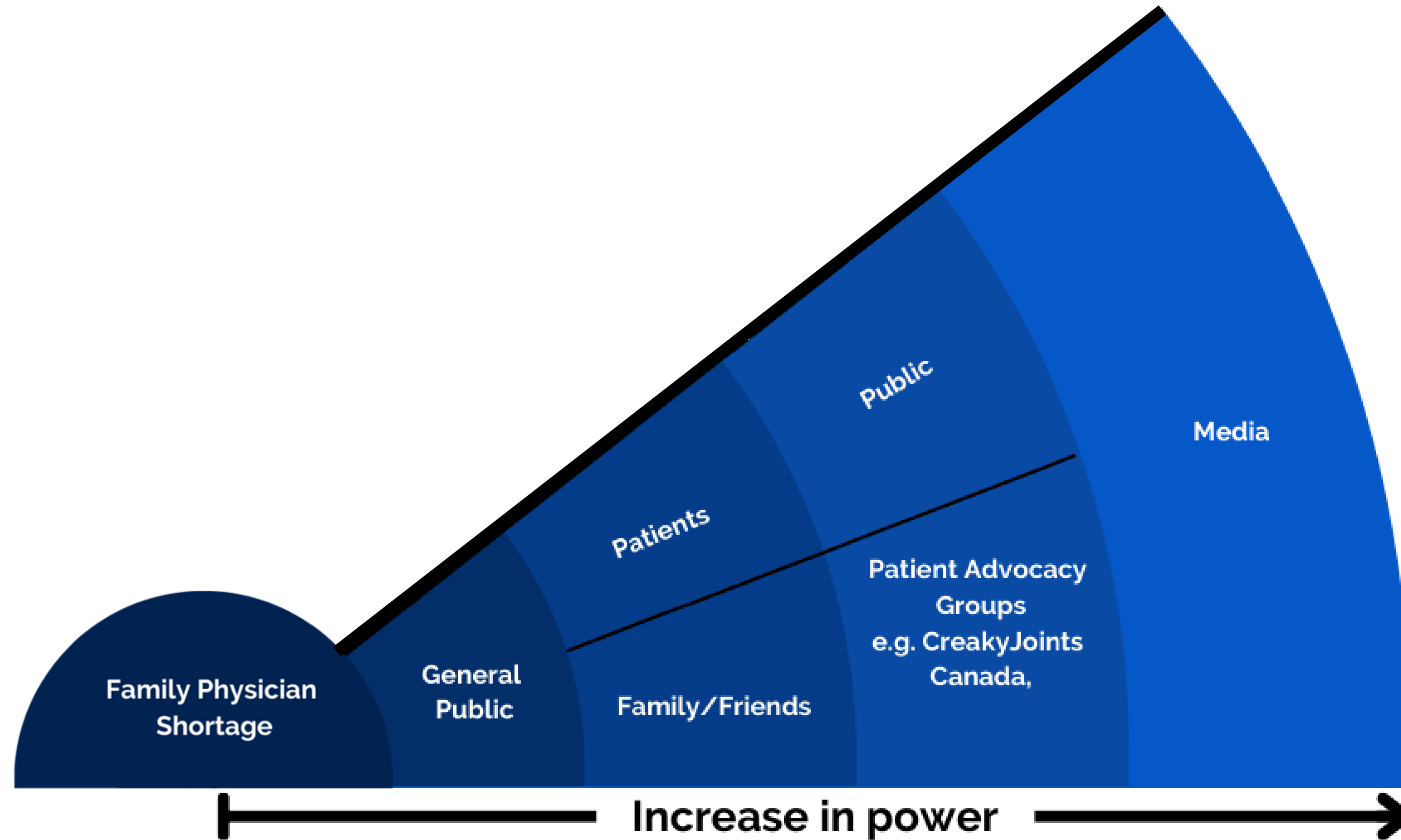
Key relationships and power dynamics: a stakeholder map



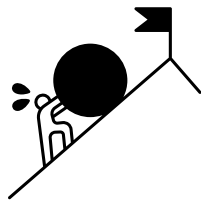
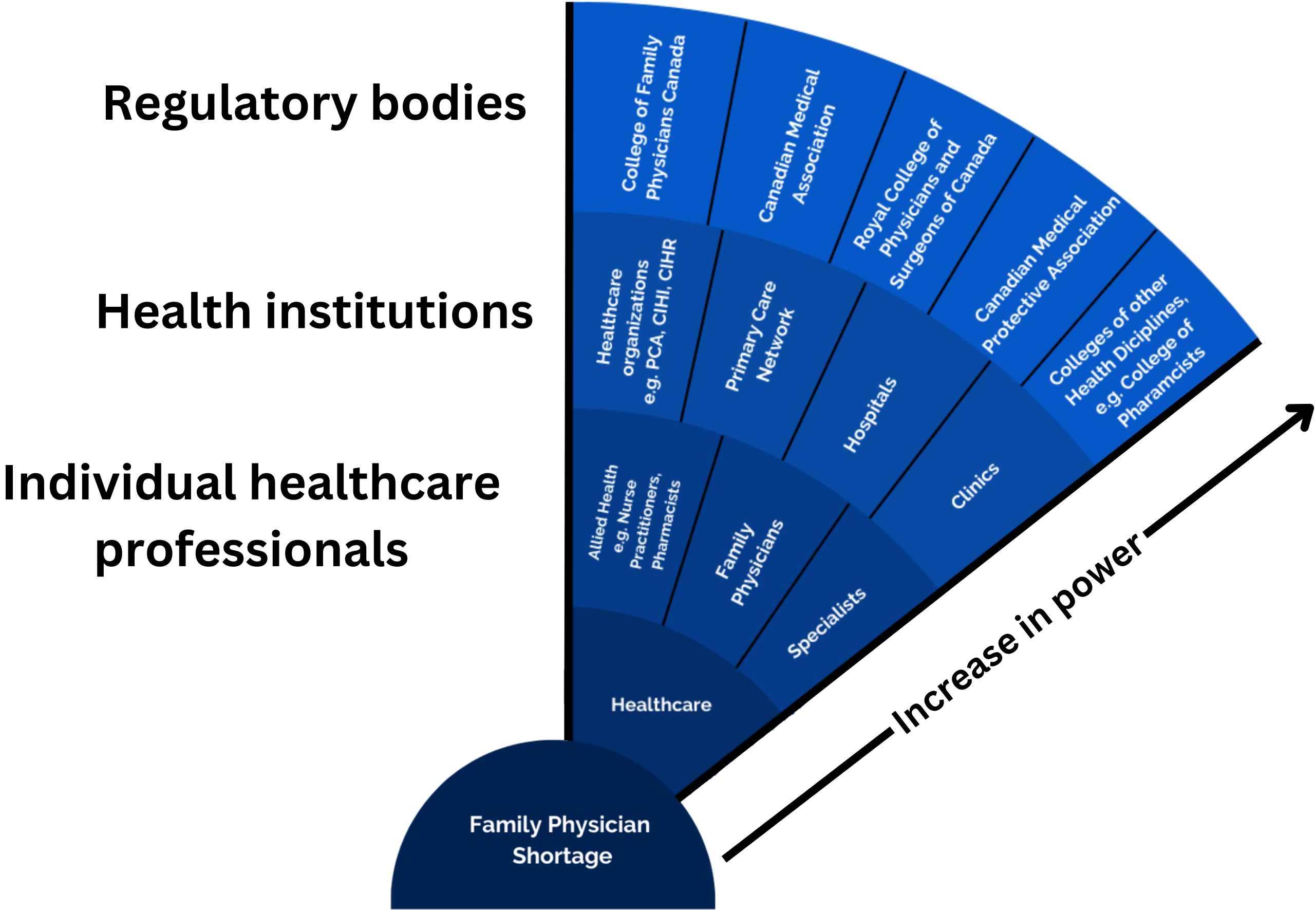
↑ Increase in power →
 ← Increase in direct impact ↓



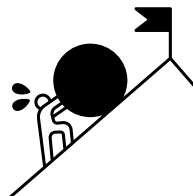
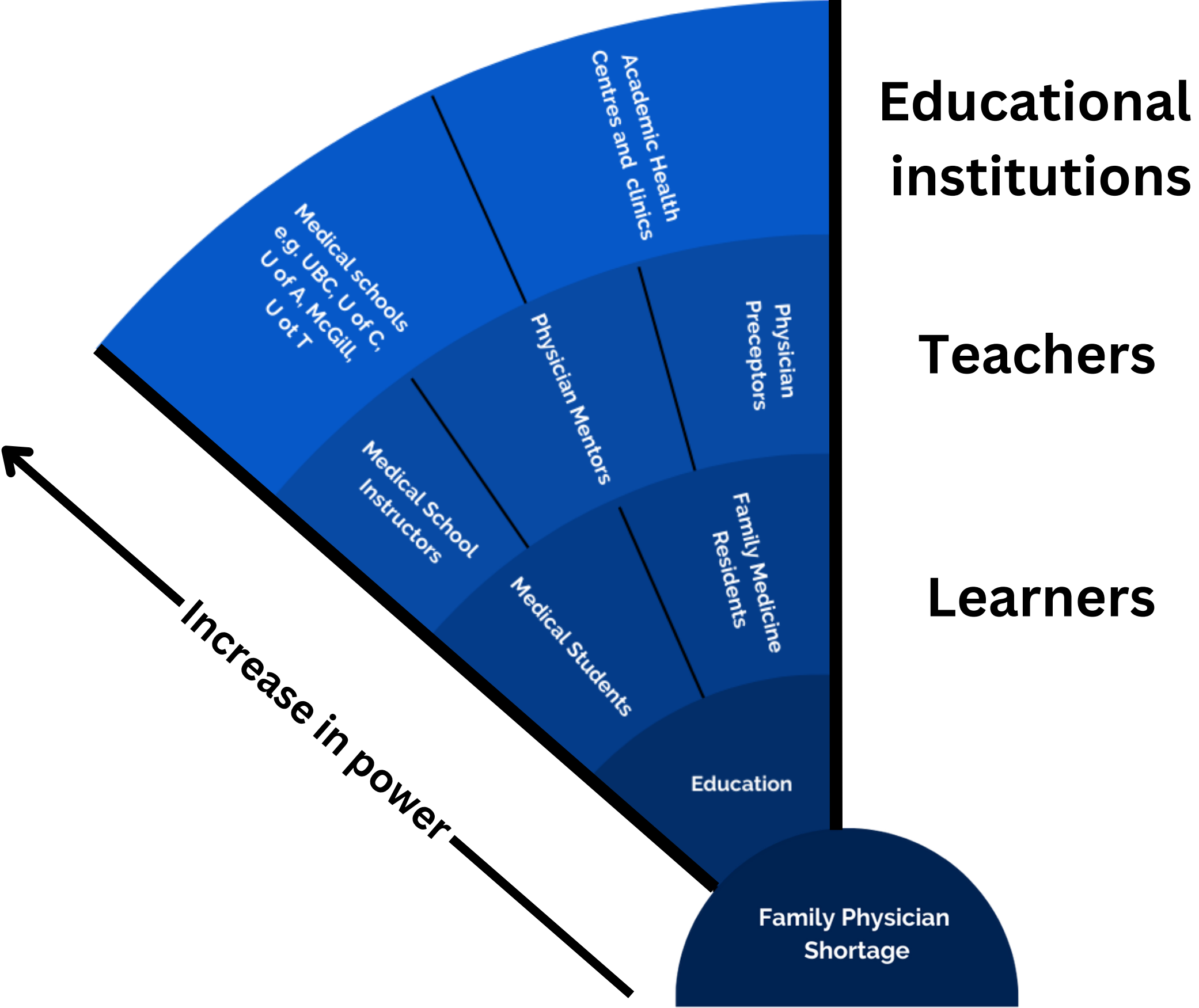
Key relationships and power dynamics: a stakeholder map



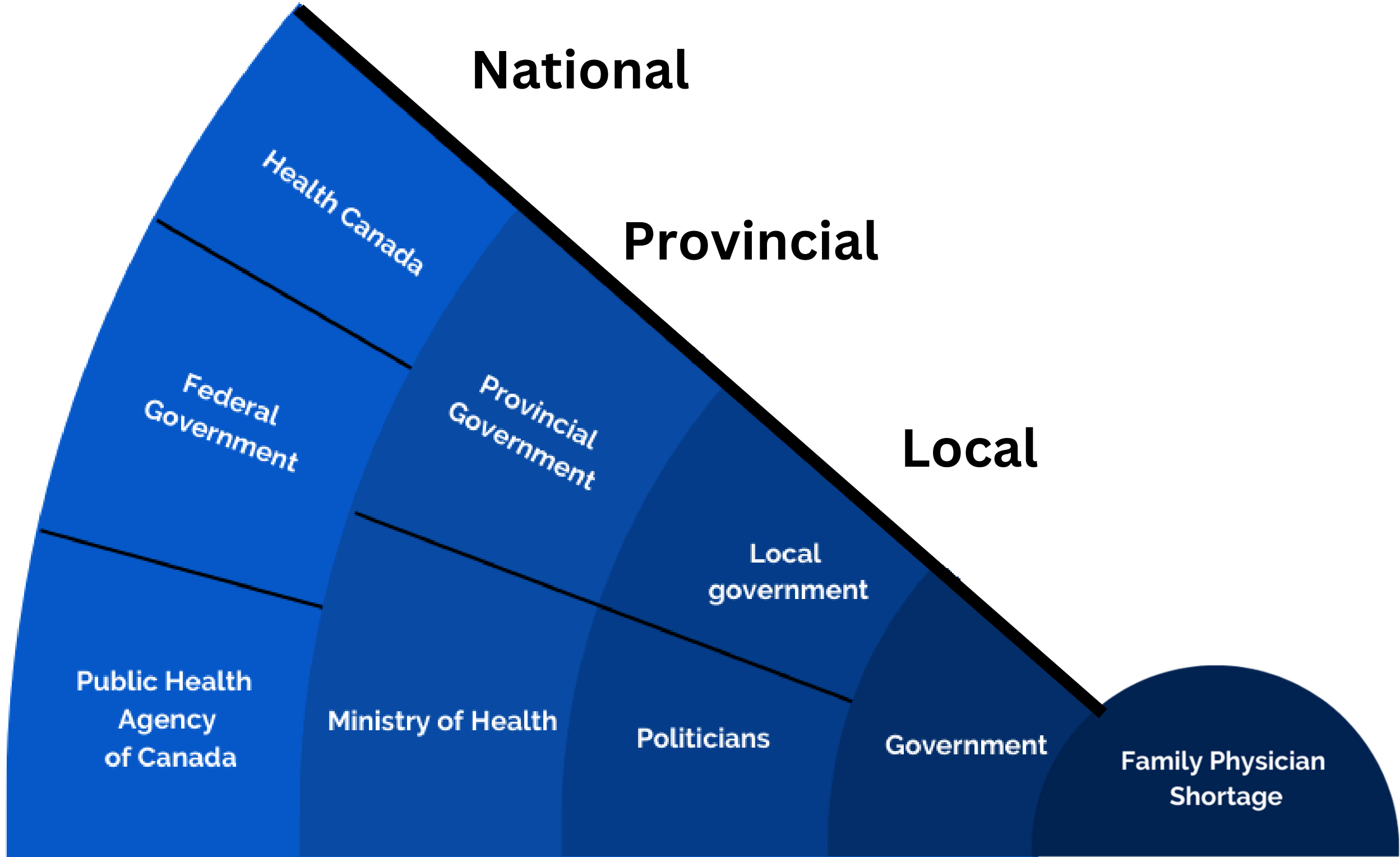
Key relationships and power dynamics: a stakeholder map



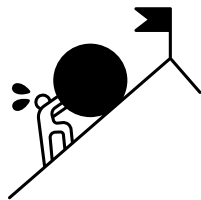
Key relationships and power dynamics: a stakeholder map



Key relationships and power dynamics: a stakeholder map



← Increase in power →

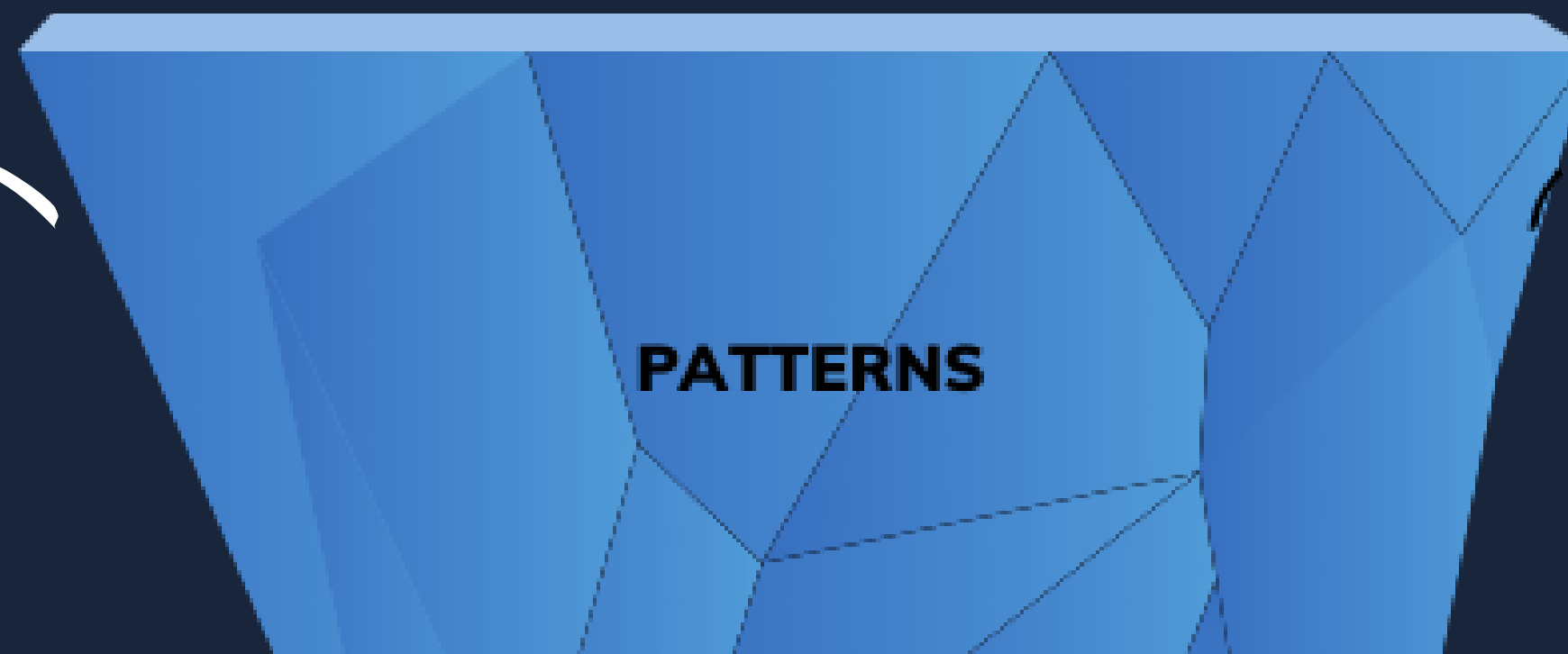


Systemic patterns: an iceberg model

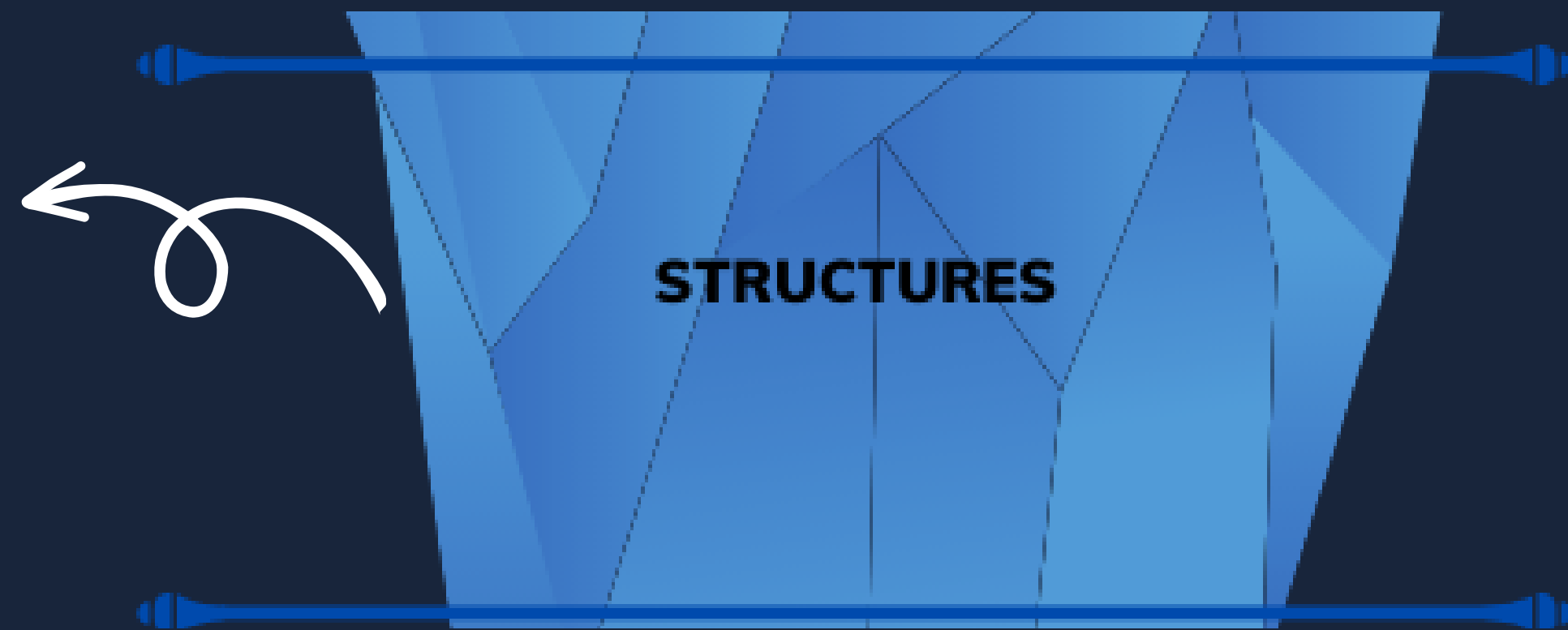
- Long wait
- Lack of access
- More ER and Urgent Care visits



- **Physician workload**
- **Expectations**
- **Burnout**
- **Complex patients**

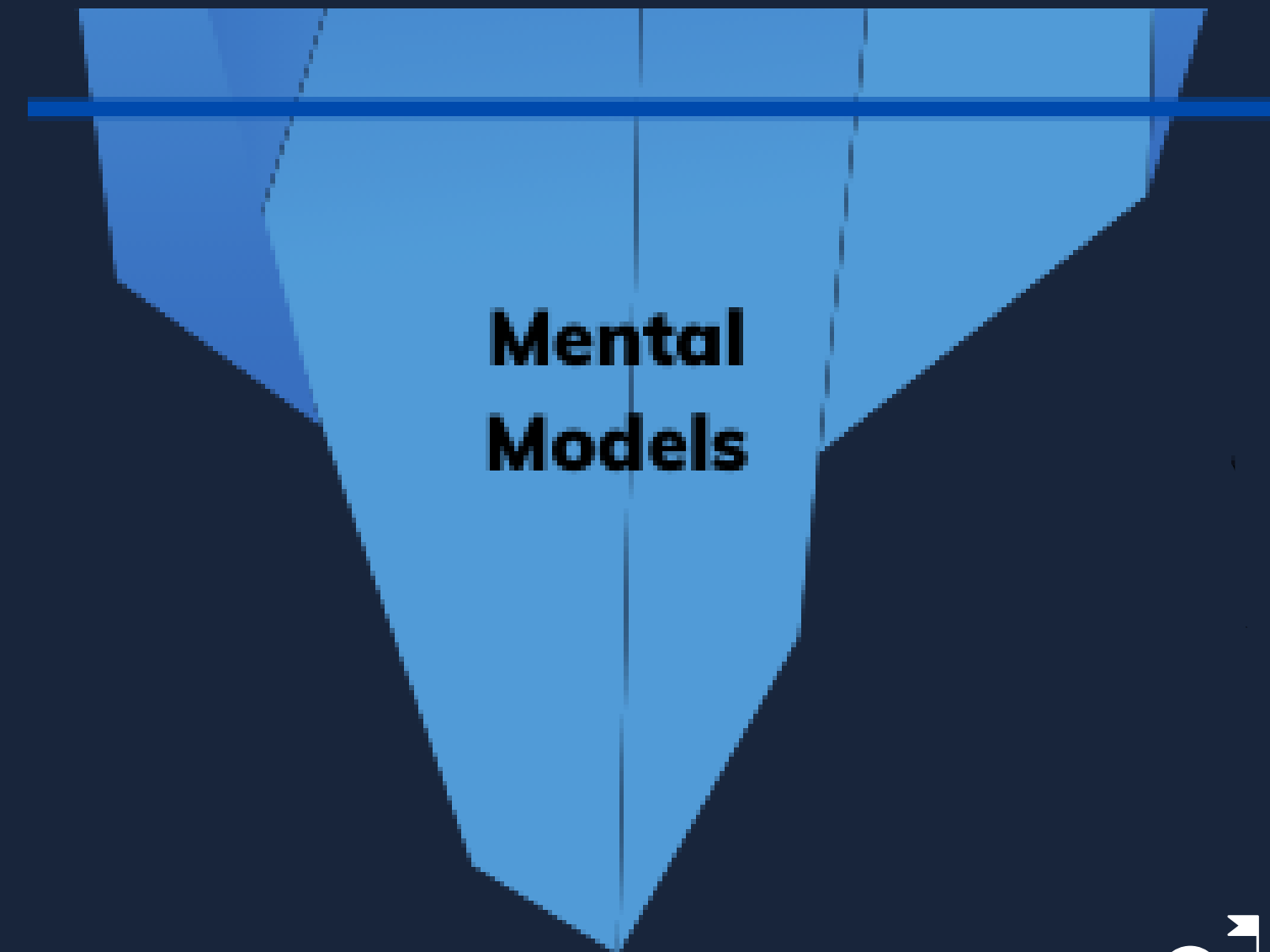


- **Government: Lack of support**
- **Family physicians: Specialized service**
- **Medical students: Lack of interest**



Deep rooted beliefs

- **Family physicians:** Not valuable and overpaid
- **Canadian healthcare system:** Can't change
- **Societal expectations:** Timely manner, acute care > preventative health



Root Causes



Root causes and the systemic impacts

Patient Demand

5. Increased patient complexity and health concerns

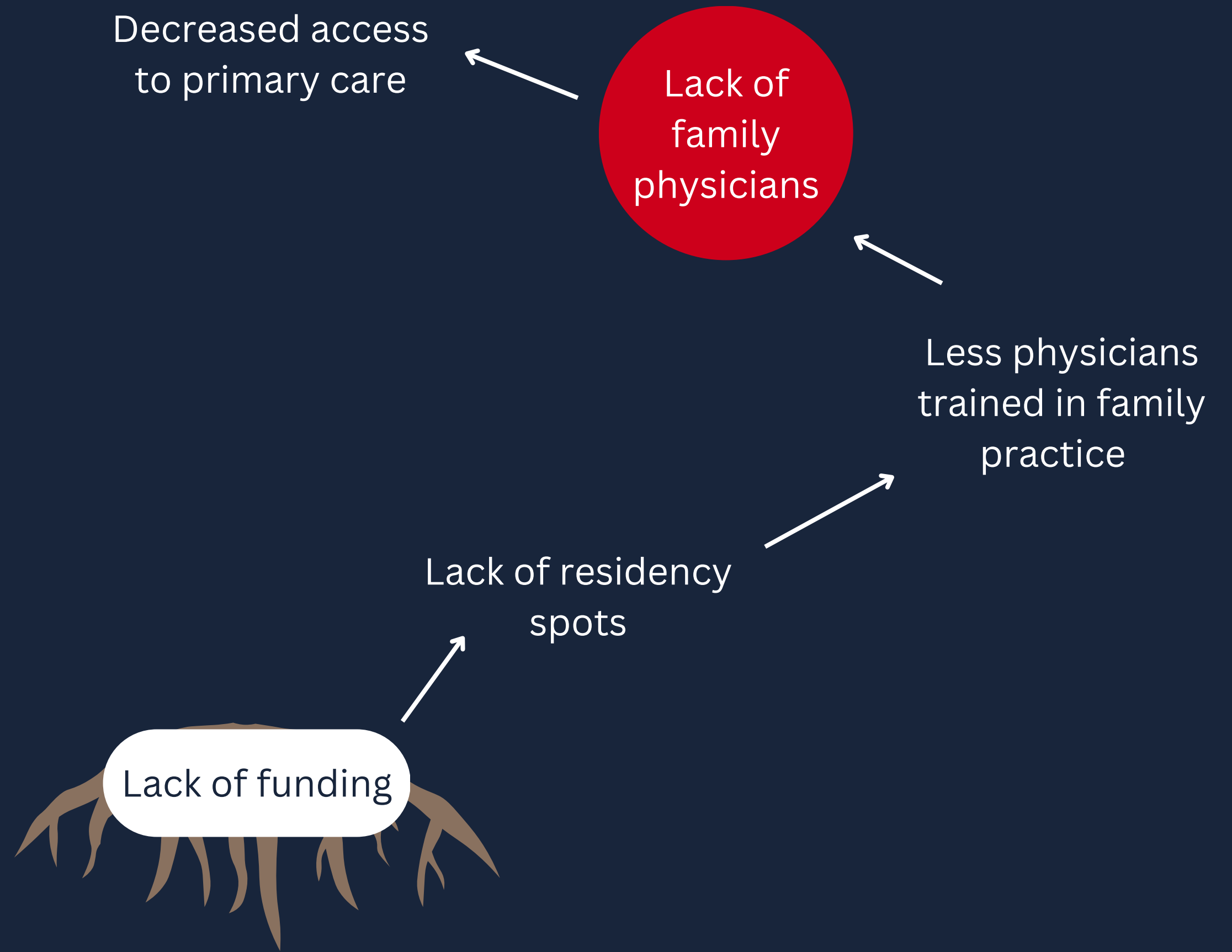


Family Physician Supply

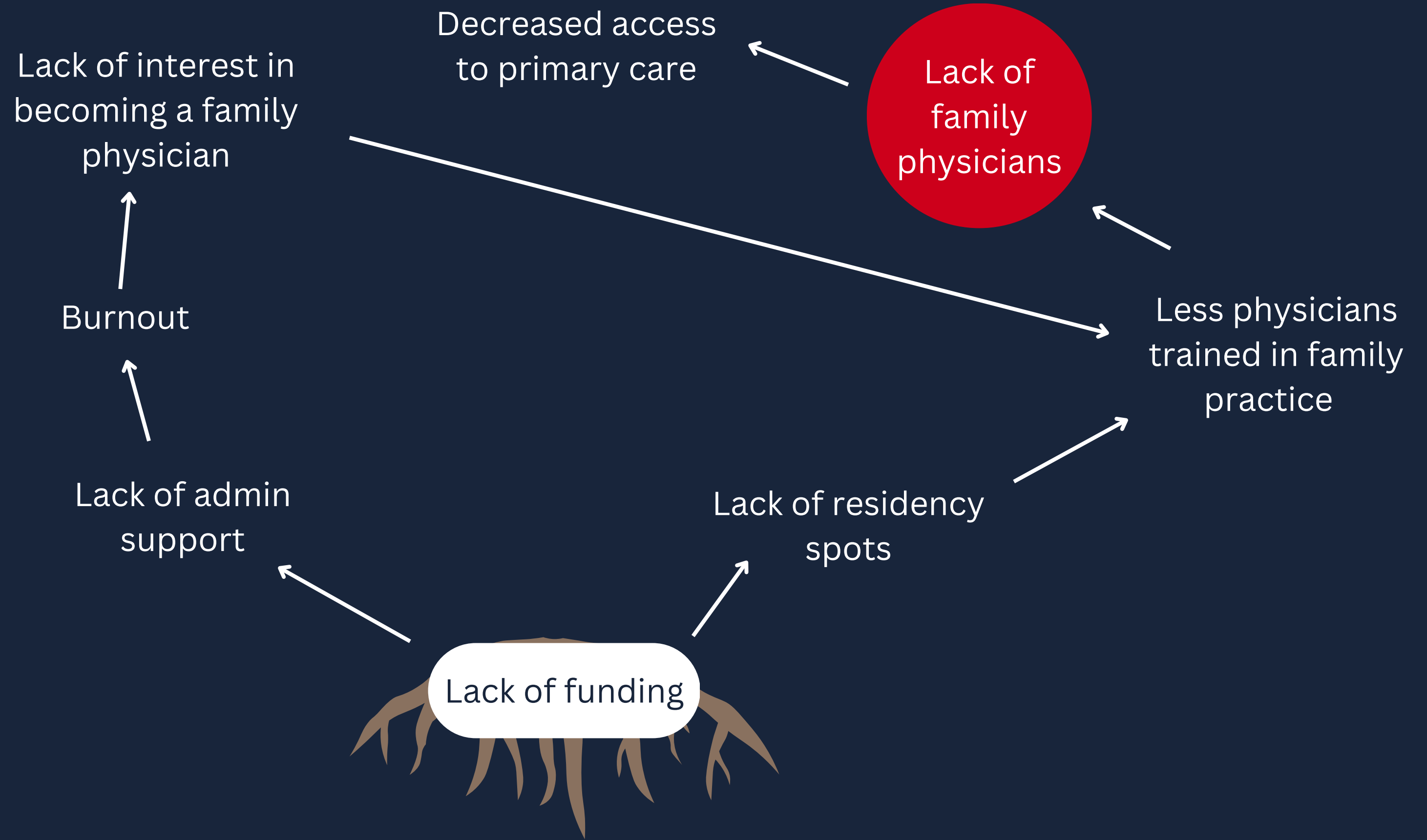
1. Lack of funding for medical trainees
2. Lack of interest in family medicine
3. Unsupportive primary care system
4. Changing practice styles



1. Lack of funding

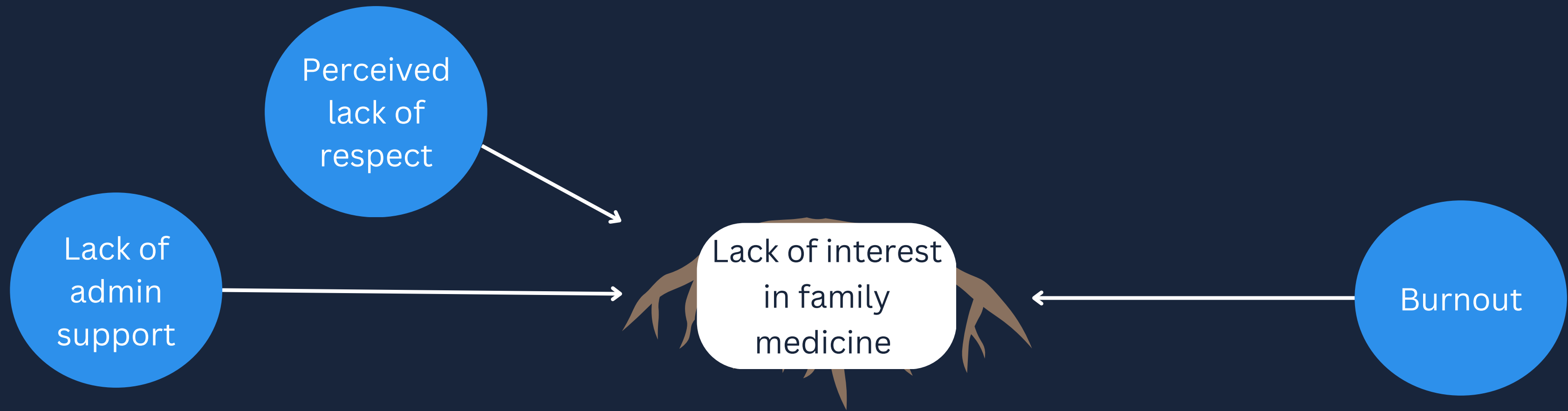


1. Lack of funding

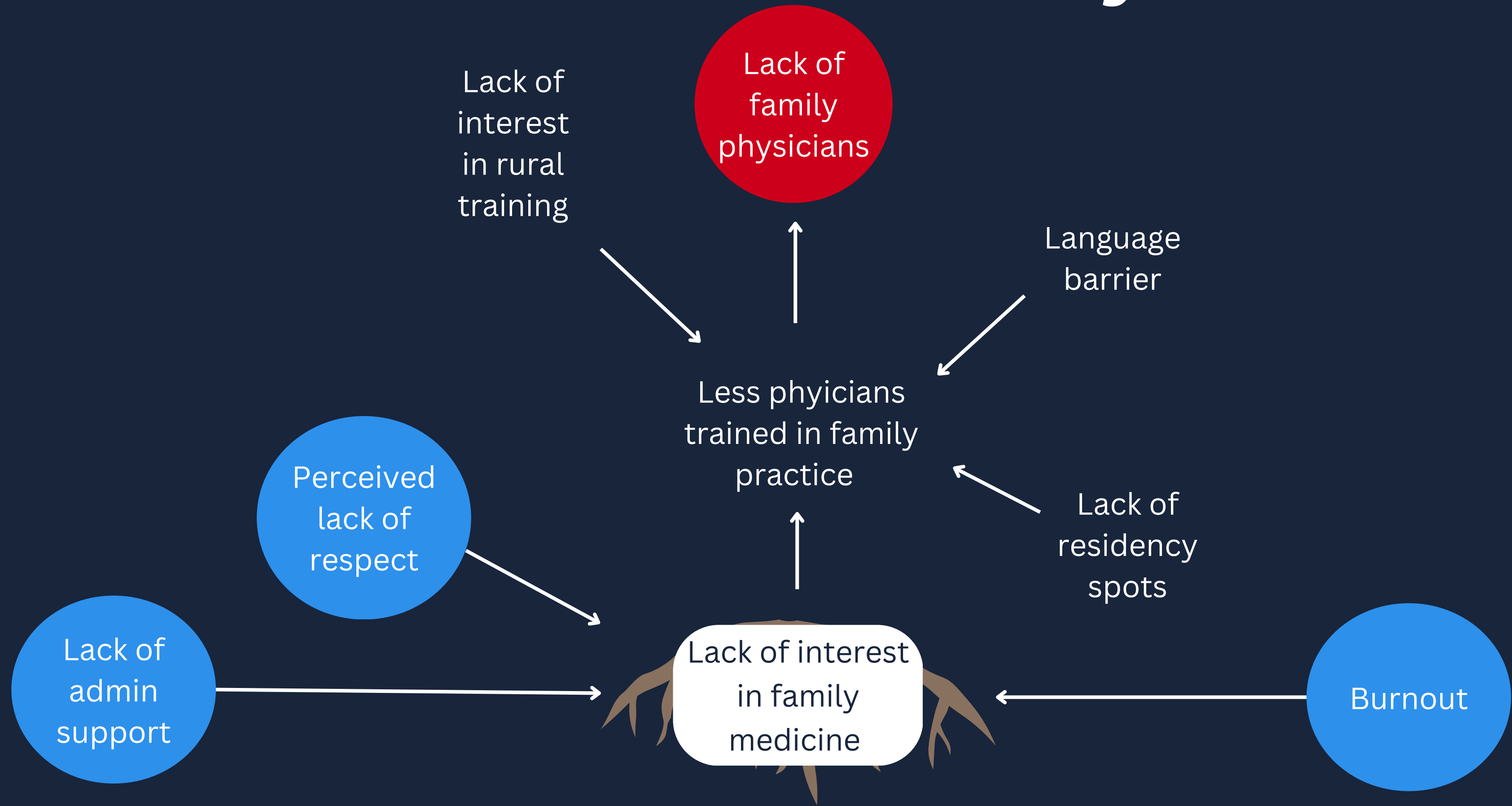


**“Imagine if our public education system was structured where teachers needed to start their own schools, and then we paid them per student per lesson” - Dr. Rita McCracken
(CBC News: The National)**

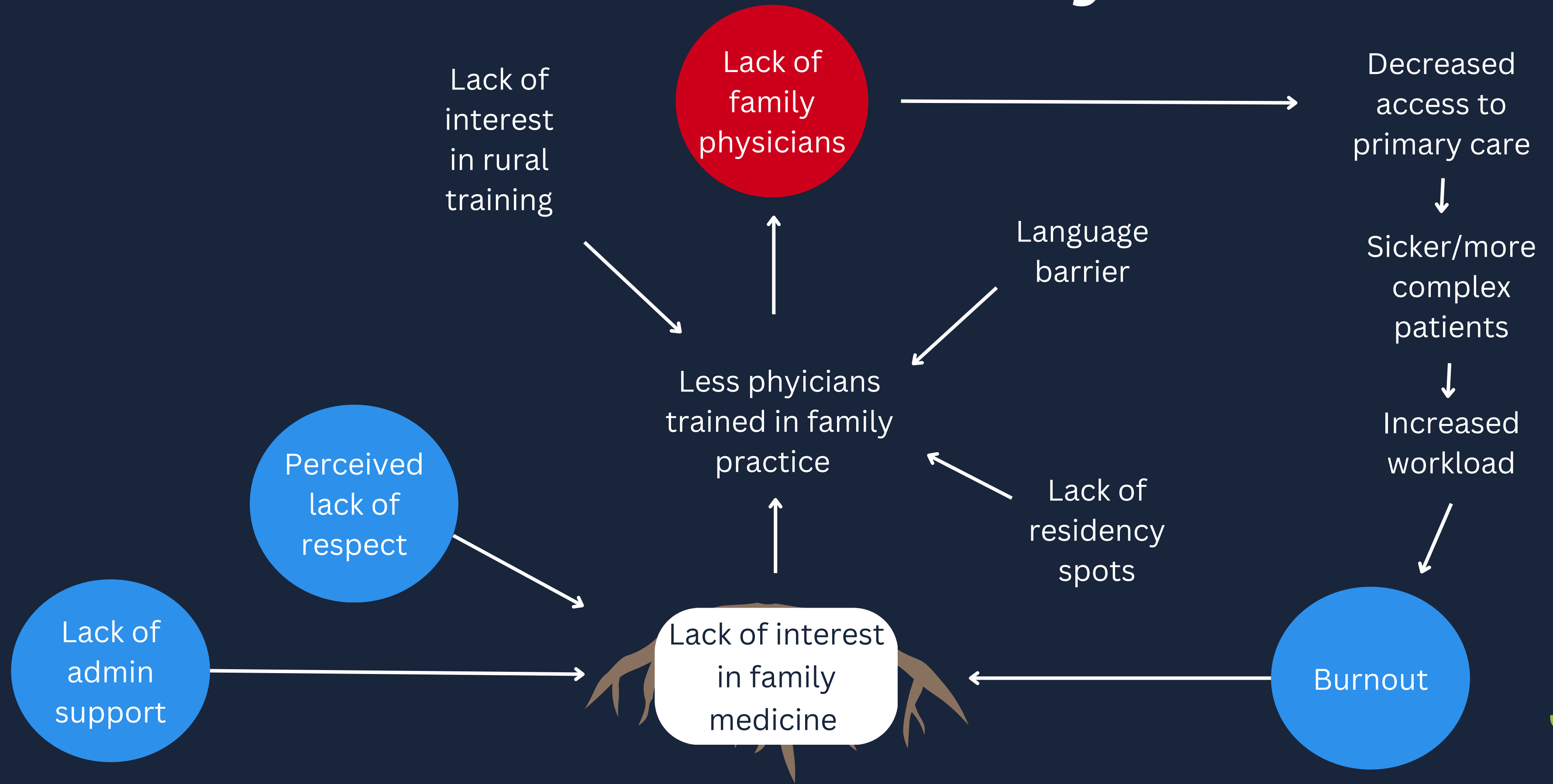
2. Lack of interest in family medicine



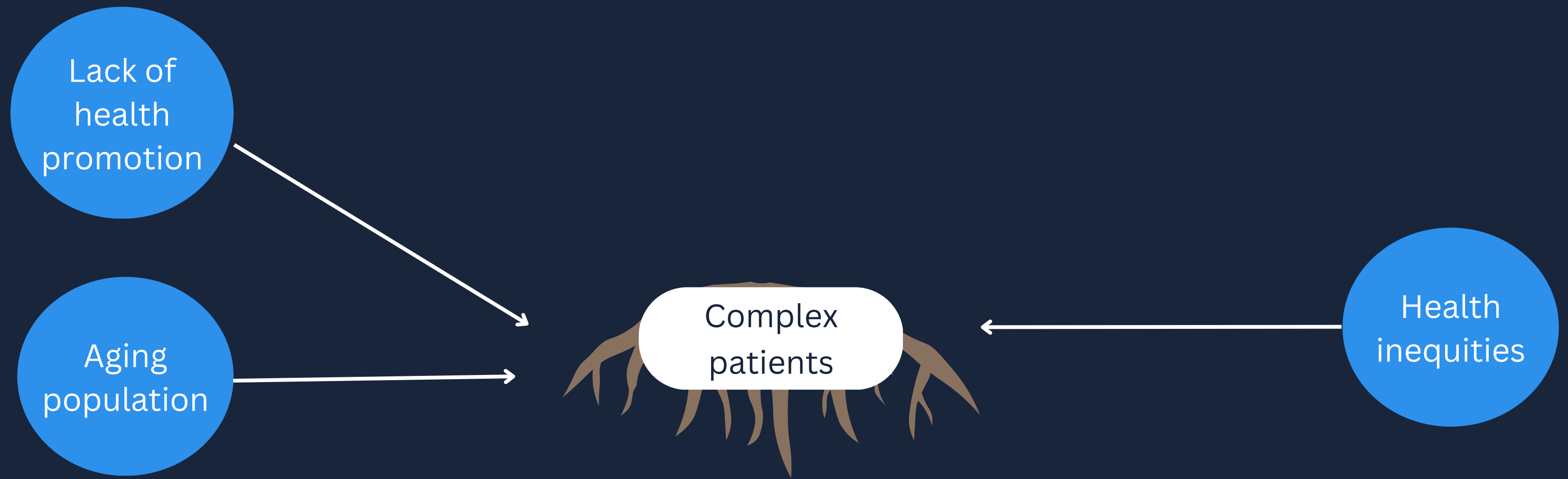
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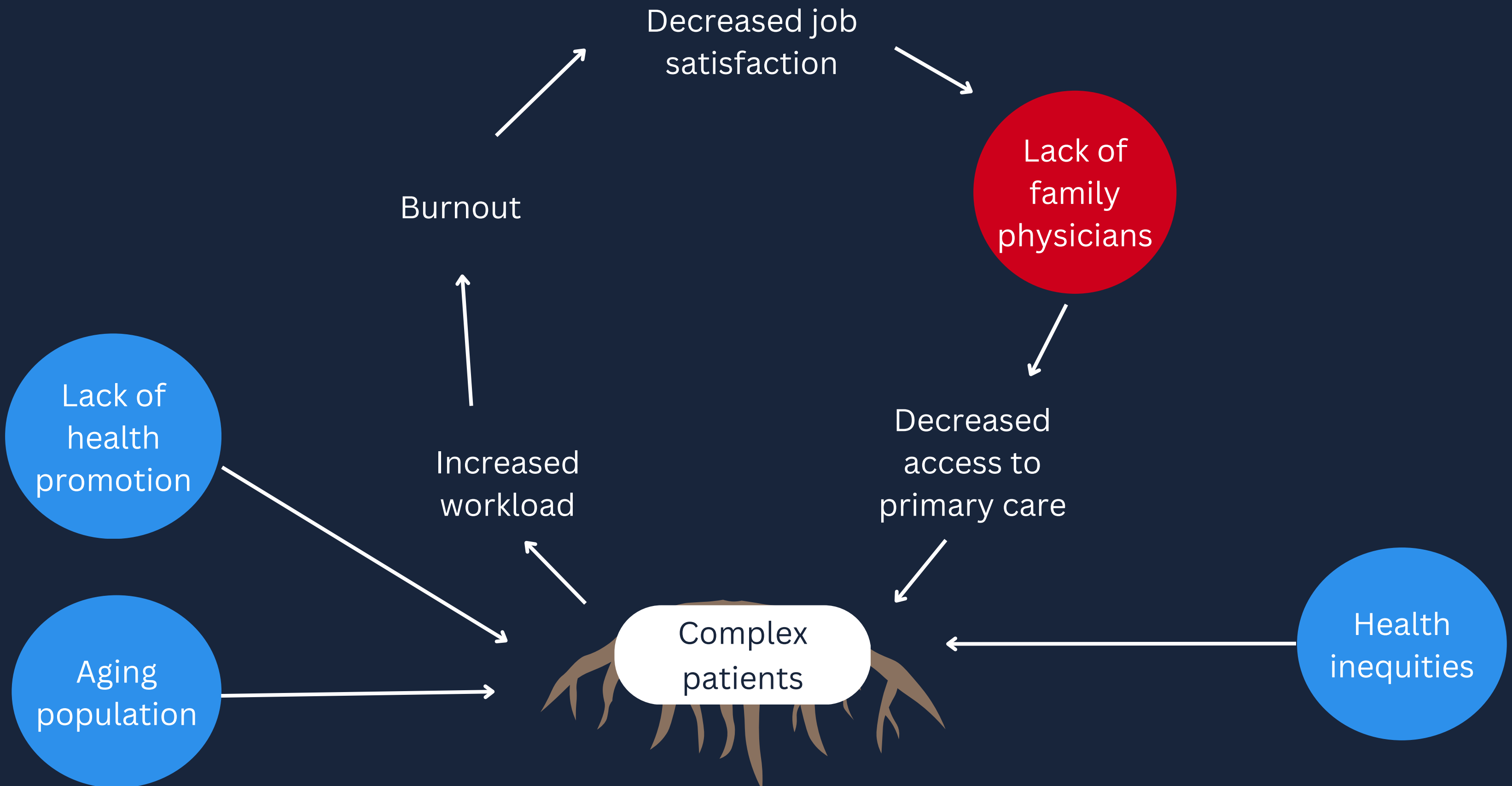
2. Lack of interest in family medicine



3. Increasing patient complexity



3. Increasing patient complexity



Solutions landscape



Local solutions



**Thessalon,
Ontario**



Nurse practitioner-led clinics



Local solutions



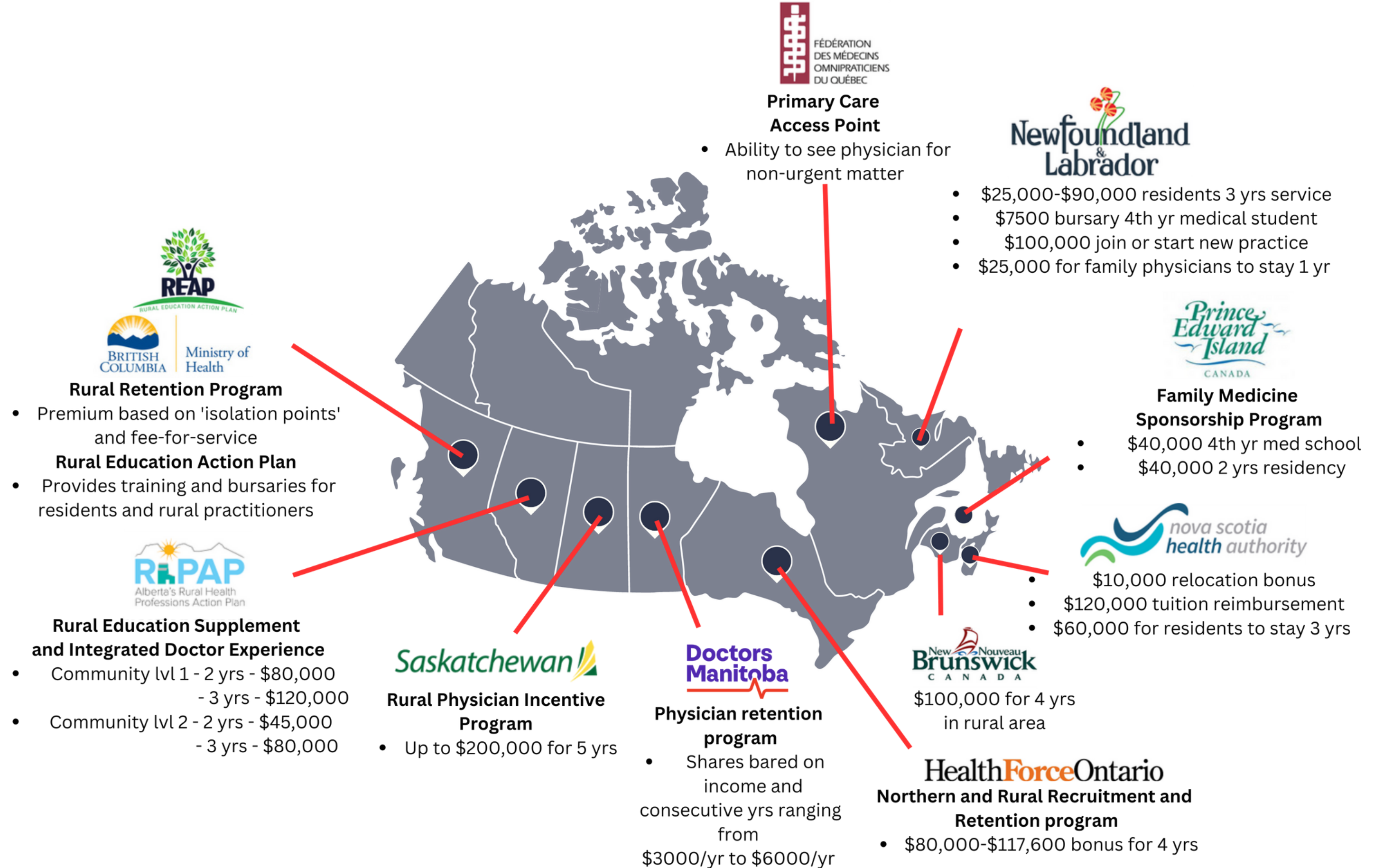
**Lethbridge,
Alberta**



Pharmacists-led clinics



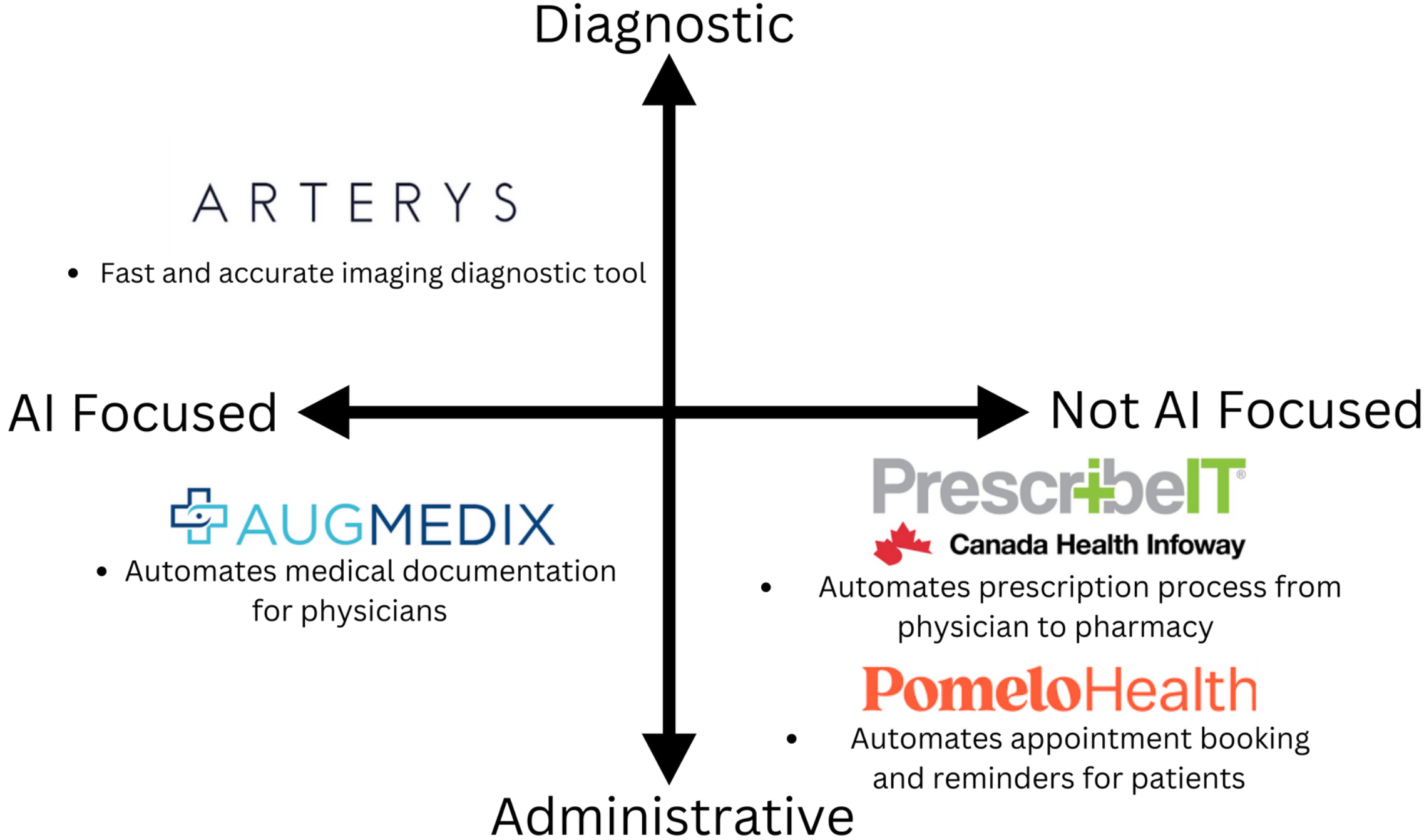
Provincial solutions: Funding



Provincial solutions: Funding



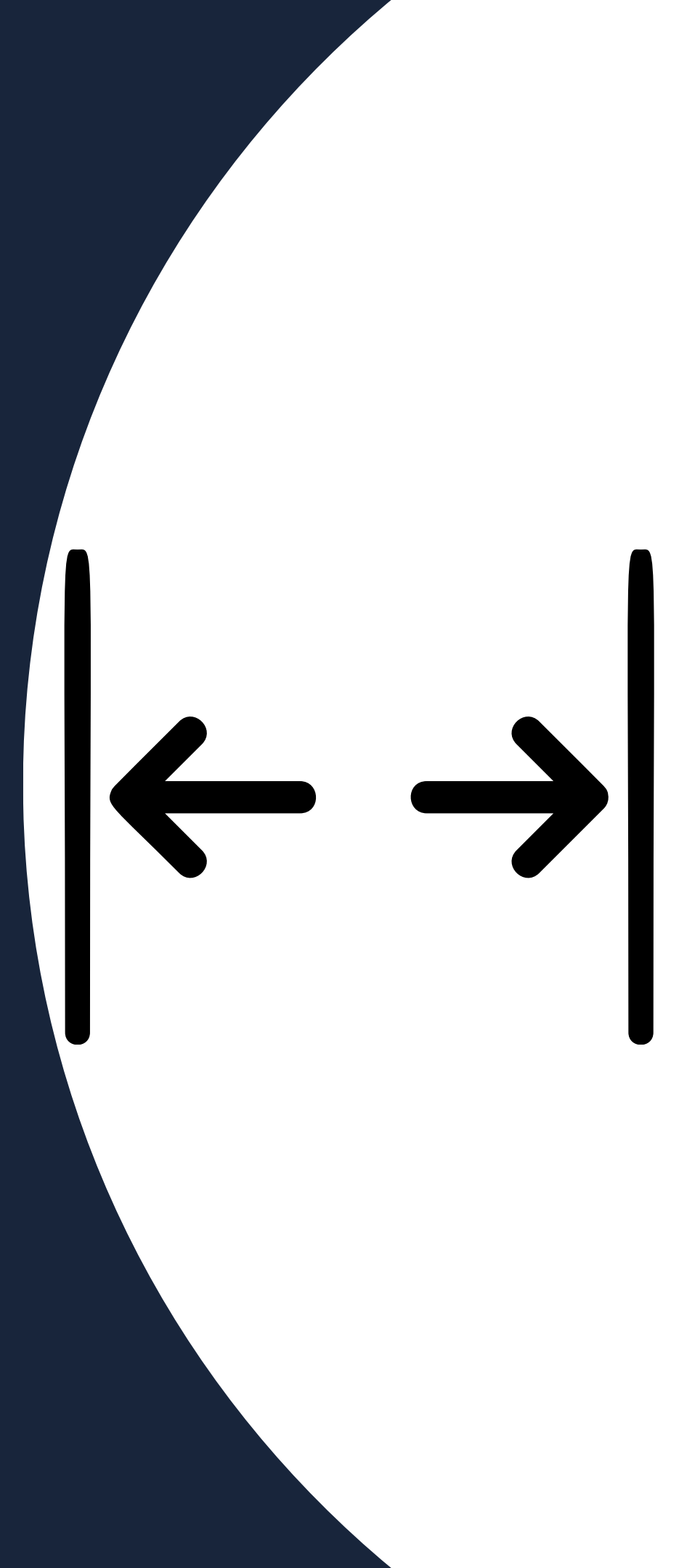
National solutions: Technology



National solutions: Foreign-trained doctors



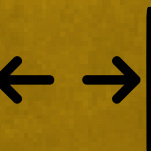
Gaps



Root
Causes

Existing
Solutions

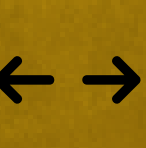
**Inadequate increase in
funding**



Root
Causes

Existing
Solutions

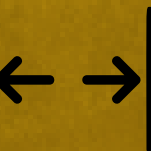
**Undesirable residency
locations**



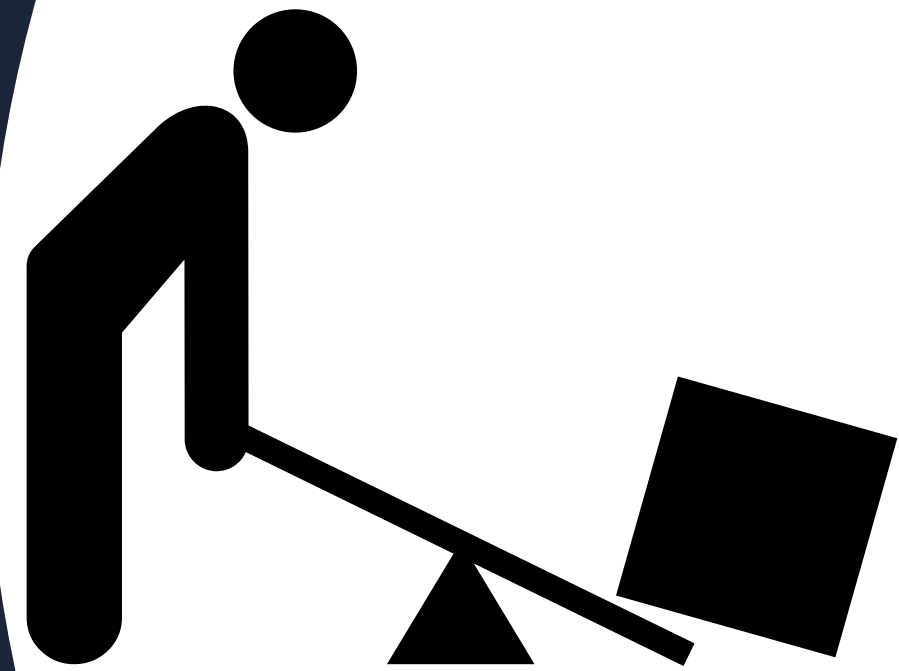
Root
Causes

Existing
Solutions

**Health and social
inequities**



Levers of Change





Increase Funding for Medical Trainees

- Example: Targeted Enhanced Recruitment Scheme in the UK - £20,000 for 3 years in underserved areas



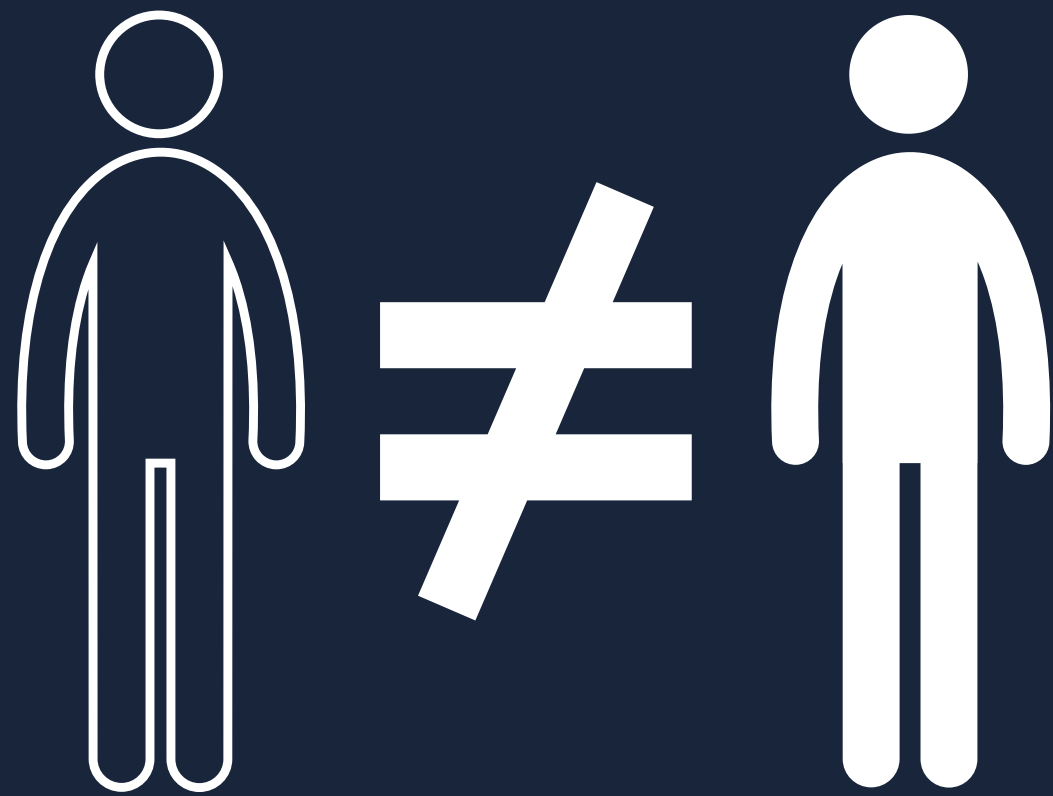
Change Physician Compensation

- Example: Longitudinal Family Physician program in British Columbia



Encourage French and Rural Practice

- Example: Rural Health Multidisciplinary Program (Australia) or Rural Ontario Medical Program (Alberta)



Address Inequalities and Social Determinants of Health



Carla now