President's Letter

September 3, 2019

NLMA to Undertake Family Medicine Human Resource Forecast

Dear Colleagues:

Every citizen deserves to have a continuous relationship with a family doctor, but in our province family medicine is eroding. In order to identify the exact size of the problem the NLMA has commissioned a family physician human resource forecast. It will be the cornerstone for specific proposals to arrest and reverse the major problems in family medicine that have persisted for too long.

Between 50,000 and 65,000 patients do not have a family doctor. Within the past 2-3 years, many senior doctors with large patient panels have retired without new willing doctors to replace them. Patients are alarmed that they are being orphaned. New doctors are not being attracted in sufficient numbers, in large part because they struggle to maintain viable practices within the traditional fee-for-service payment model. They have been trained in a more comprehensive, teambased model, but these models of care are simply not available in Newfoundland and Labrador. Instead many new doctors seek work as locums, hospitalists, or in emergency rooms, or they just leave the province. Among the remaining family physicians, their clinics now regularly receive 30-plus phone calls per day from patients desperately looking for a new doctor to take on their care. The doctors who remain are under constant stress with heavy workloads and unreasonable expectations placed on them. They need better policies, care models and supports to achieve successful practices.

This year the situation in St. John's has become particularly acute with pending retirements. This happened in the Conception Bay North region within the past few years, and that region remains woefully under-served due to a shortage of family doctors. Doctors currently in the region are overworked and under-supported in our health system, and it is the patients who suffer because so many lack a continuous relationship with a family doctor. Additionally, many of these orphaned patients go on to receive costly piecemeal care with repeated unnecessary visits to emergency rooms, or walk-in clinics, which often results in additional unnecessary and costly tests being ordered, as this occurs when there is no established continuous relationship with a family physician.

Many other regions experience similar stress, especially regions that have been unable to attract doctors to stay for the long term. Many of doctors recruited to rural areas stay for 2-3 years and then seek opportunities elsewhere in Canada. International recruitment is being additionally challenged as the standards for licensing continue to increase. Rural recruitment has always been difficult, but the current system needs an overhaul. Doing the same thing repeatedly without improvement is not serving our patients well.

Last year the NLMA, along with the Newfoundland and Labrador College of Family Physicians and the Discipline of Family Medicine, outlined a 10-year vision for family practice. We presented it to the government in hopes it would stimulate a new plan, because change will not happen without a plan. To start, we called on government to prepare a family physician human resource plan as the key building block for improving the health of family medicine.

Rather than continue to wait, the NLMA has hired Dr. David Peachey, a health human resources consultant, to develop a supply and demand forecast for family medicine in Newfoundland and Labrador. We must know the precise dimensions of the family medicine shortage so that we can establish specific goals for fixing it. In addition to his HR consulting expertise, Dr. Peachey is a former Director of Professional Affairs at the Ontario Medical Association and he has clinical experience spanning 40 years, including comprehensive family medicine, emergency medicine, and urgent care.



Charlene Fitzgerald MD, CCFP, FCFP President

The analysis will:

- Update and describe the current status of family practice supply and demand in Newfoundland and Labrador and, to the extent possible, in sub-regions;
- Forecast the human resource deficit in five years and 10 years, if retention and recruitment patterns remain unchanged; and
- Identify the magnitude of additional supply necessary to eliminate the deficit over five years, taking into
 account the variance in the size of patient panels of retiring physicians compared to those of new-topractice physicians.

In the coming weeks, Dr. Peachey will be reaching out to the NL Centre for Health Information, Regional Health Authorities, Family Practice Networks, the Faculty of Medicine and the Department of Health and Community Services to gather qualitative and quantitative data as part of his analysis. Dr. Peachey's final report, which will be completed later this fall, will be shared with members, our partners, and stakeholders.

Sincerely,

Charlene Fitzgerald, MD, CCFP, FCFP President

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