THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Factors That Influence Practice Choices of Early-Career Family Physicians: An Outcomes of Training Project evidence summary

January 2022

The College of Family Physicians of Canada
2630 Skymark Avenue
Mississauga, ON L4W 5A4

Telephone: 905-629-0900
Toll-free: 1-800-387-6197
Email: academicfm@cfpc.ca

© 2022 The College of Family Physicians of Canada

All rights reserved. This material may be reproduced in full for educational, personal, and non-commercial use only, with attribution provided according to the citation information below. For all other uses permission must be acquired from the College of Family Physicians of Canada.

How to cite this document
Aggarwal M, Holtby A, Oandasan I, eds. *Factors That Influence Practice Choices of Early-Career Family Physicians: An Outcomes of Training Project evidence summary*. Mississauga, ON: College of Family Physicians of Canada; 2022.

Author affiliations
Monica Aggarwal, PhD; Assistant Professor, Dalla Lana School of Public Health, University of Toronto

Alixandra Holtby, MA; Evaluation and Research Analytics Project Lead, College of Family Physicians of Canada

Ivy Oandasan, MD, CCFP, MHSc, FCFP; Director, Education; Co-Lead, Education Evaluation and Research Unit; Outcomes of Training Project Evaluation Lead, College of Family Physicians of Canada

Acknowledgements
The College of Family Physicians of Canada acknowledges all those who contributed their expertise to the development of this evidence summary. This includes the 17 university-based family medicine residency programs that have partnered with the College of Family Physicians of Canada to evaluate the Triple C Competency-Based Curriculum through the Family Medicine Longitudinal Survey, which provided the data used in this publication. We also thank the key contributors who provided important information to support this work.

Individual contributors:
Mahsa Haghighi, Evaluation and Research Analytics Project Lead, College of Family Physicians of Canada

Organizational contributors:
College of Family Physicians of Canada: Academic Family Medicine Division; Communications, Creative and Production Services, and Translation and French Language Services; and the Education Evaluation and Research Unit

Background

In 2010 the College of Family Physicians of Canada (CFPC) introduced the Triple C Competency-Based Curriculum. The goal of the Triple C is to ensure graduates are ready to begin practising comprehensive family medicine in any community in Canada.[1] After more than a decade's worth of experience with Triple C, the CFPC leveraged the opportunity to explore the findings of the program evaluation plan[2] and examine how the Triple C has influenced learners. The CFPC used findings from the Family Medicine Longitudinal Survey (FMLS) to review factors that shape the practice choices of early-career family physicians.

Objective

The purpose of this study was to examine the factors that shape the practice choices of early-career family physicians with respect to comprehensive care domains as defined by the CFPC in the FMLS. Comprehensive care was described as the type of care family physicians provide (either on their own or as part of a team) to a defined population of patients across the life cycle in multiple clinical settings (e.g., office-based, in-hospital, home) and addressing a spectrum of clinical issues (from preventive to acute to chronic disease and palliative care).[3]

Methods

We collected and analyzed quantitative and qualitative data using the FMLS, which is a pan-Canadian survey the CFPC administers to family medicine residents in the 17 university-based family medicine residency programs and early-career family physicians. The FMLS is administered at three points in time: entry to residency (T1), exit from residency (T2), and three years into practice (T3). It captures information from residents and early-career physicians about their learning experiences during family medicine training, their perceived preparedness for unsupervised practice, and their practice intentions and practice choices.

For this study we reviewed the data from early-career family physicians who completed the FMLS (T3) at three years into practice in fall 2018 and 2019 from 15 and 17 programs, respectively. Participants consented to have their de-identified data from the survey entered into a secure national database held by the CFPC. The study was approved by the human research ethics board at each of the 17 participating university-based family medicine departments.

We examined cross-sectional T3 data at the aggregate level. Our analysis concentrated on responses to questions that focused on which comprehensive clinical care domains were not part of the practices of early-career family physicians and why the domains were not part of their practices. The questions asked of survey participants in practice were: "Which of the following [comprehensive care] domains of care do you include in your family medicine practice? Select all that apply" and "Please tell us why [domain] is not part of your practice. Select all that apply." The responses participants could select were: This domain is not an area of interest; There are obstacles outside of my control; I do not feel competent; I do not feel confident; I would if I had more training; I would if I had a mentor; and Other, please specify. Participants were instructed to select all those that applied.

Participants had the opportunity to specify obstacles outside their control and to elaborate on their responses in the Other category. Two researchers independently and iteratively read and coded all the responses before discussing the analysis to permit analyst triangulation. Both deductive and inductive coding were used for the analysis.

Analysis: Descriptive statistics and a thematic analysis on responses to two partially open-ended questions were conducted.

Findings

In 2018, 206 of 1,199 early-career family physicians (response rate 17.2 per cent) and 357 of 1,508 early-career family physicians (response rate 23.7 per cent) responded to the T3 surveys, respectively. In 2018, 15 programs participated; in 2019, 17 programs participated. The response rates and demographic characteristics of early-career family physicians who responded to the T3 surveys are outlined in **Table 1**. Only valid responses were

included in demographic percentages; respondents who said "Prefer not to respond" or did not respond were not included in demographic percentages.

More than 50 per cent of family physicians reported that long-term care, intrapartum care, emergency care, and home care were not part of their family medicine practices (**Figure 1**).

The most common reason provided for not including all the domains (except for care across the life cycle) was a lack of personal interest. More than 50 per cent of family physicians reported this as the reason for not providing chronic disease management, emergency department care, intrapartum care, mental health care, home care, hospital care, and long-term care (**Figure 2**). Please

Table 1. Demographic characteristics of participants in FMLS T3

Demographic	T3 (2018) (n = 206, 17.2%)	T3 (2019) (n = 357, 23.7%)
Mean age (years)	33.6	33.2
Sex (Female)	133 (65.5%)	236 (67.0%)
Married/common law	160 (79.6%)	284 (80.2%)
Have/expecting children	112 (55.6%)	185 (52.7%)
Grew up in an inner-city/urban/suburban environment	123 (60.0%)	222 (62.4%)
Grew up in a small-town/rural environment	74 (36.1%)	116 (32.6%)

Figure 1. Percentages of family physician survey respondents who do not provide care by domain, setting, or population

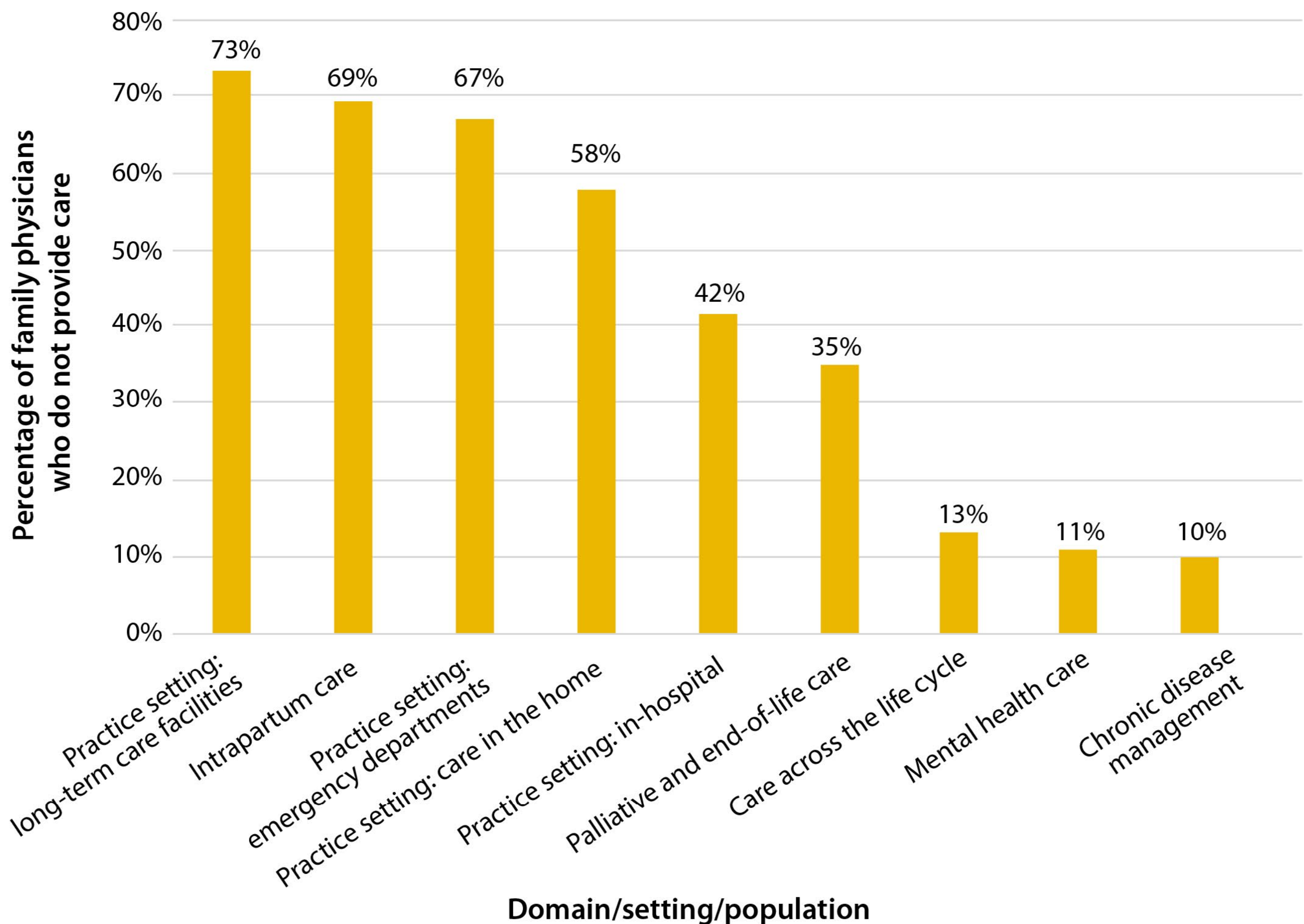
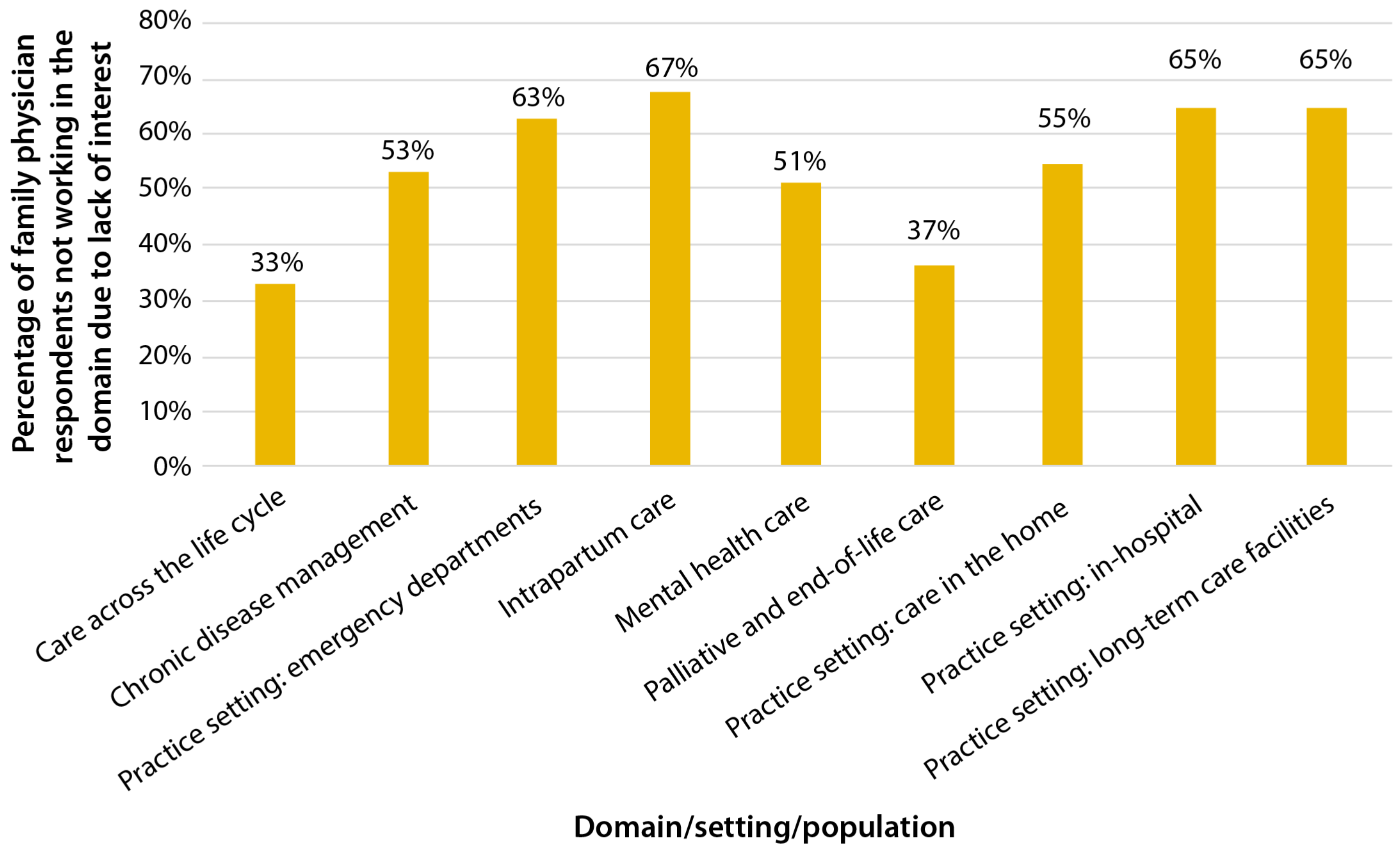


Figure 2. Percentages of family physician respondents who indicated they are not working in a domain or setting or with a population because it is not an area of interest



note, since respondents could select multiple options, percentages can add up to more than 100 per cent.

The second most common reason given for not including emergency department, intrapartum, and hospital care in their practices was not feeling competent or confident (**Figure 3**). Among those not providing emergency care, approximately one-third (34 per cent) reported not providing emergency are because they did not feel competent, and 38 per cent reported not working in this domain because of a lack of confidence. Of those not choosing to include intrapartum care in their family practices, about one-fifth (21 per cent) reported a perceived lack of competence or a lack of confidence. For those not providing hospital care, 12 per cent did not because of a perceived lack of competence and 17 per cent due to a lack of confidence.

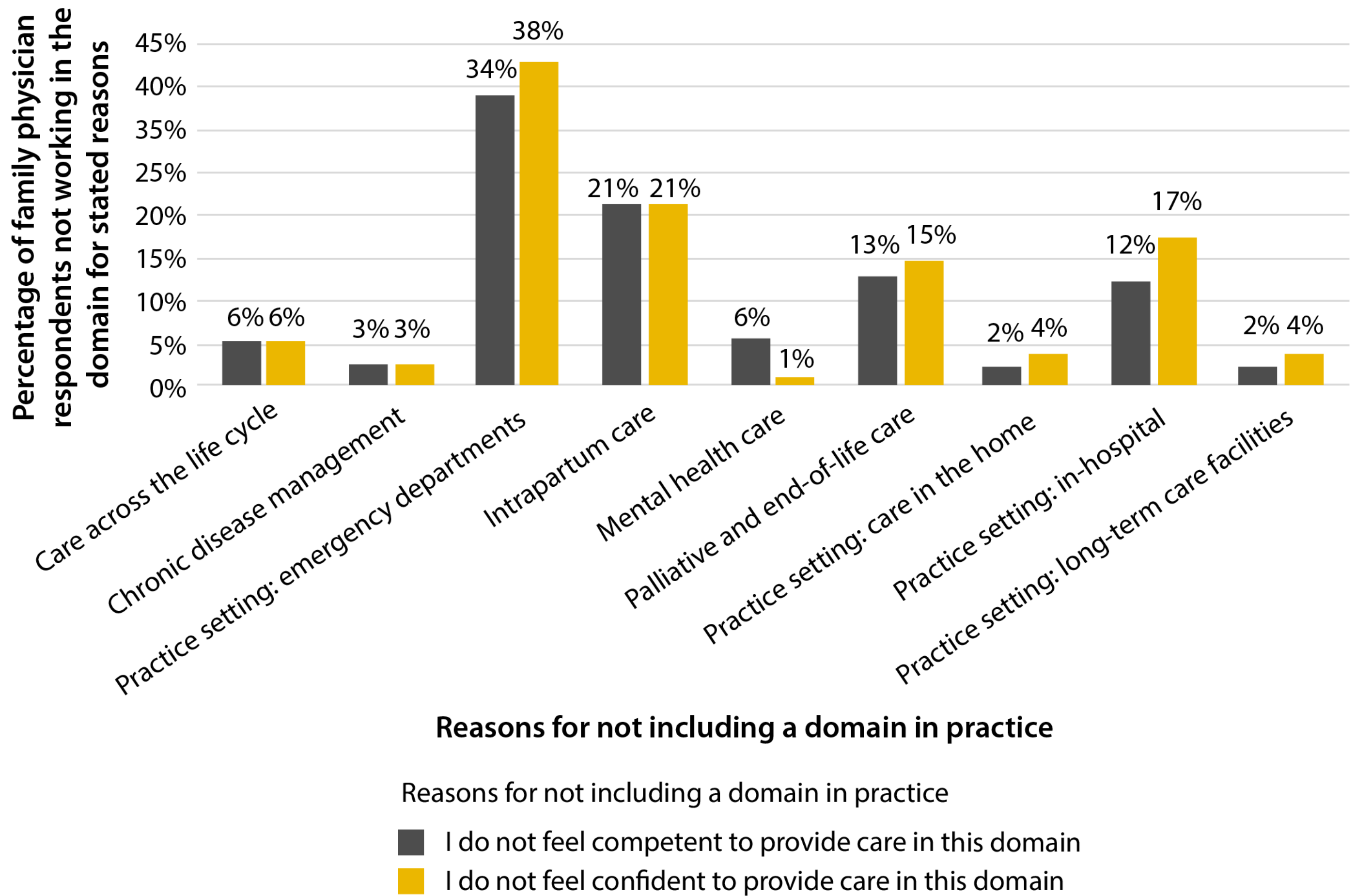
Among those who chose not to provide emergency care, 11 per cent reported they would if they'd had more training (**Figure 4**). For those who chose not to provide palliative care, 17 per cent reported they would have included it in their family practices if they'd had more training, while 13 per cent said they would have if they'd had a mentor.

Several family physicians reported that they were not working in certain domains because there were obstacles in their way or for some other reason (**Figure 5**). In the survey, respondents were able to describe their "other" reasons.

Thematic analysis

For care across the life cycle, chronic disease management, mental health care, palliative care, and intrapartum care, early-career family physicians who chose not to include these domains in their work identified practice models as the main obstacle. These respondents reported that they were currently working

Figure 3. Percentages of family physician respondents not including a domain, setting, or population in their practices due to not feeling competent or confident



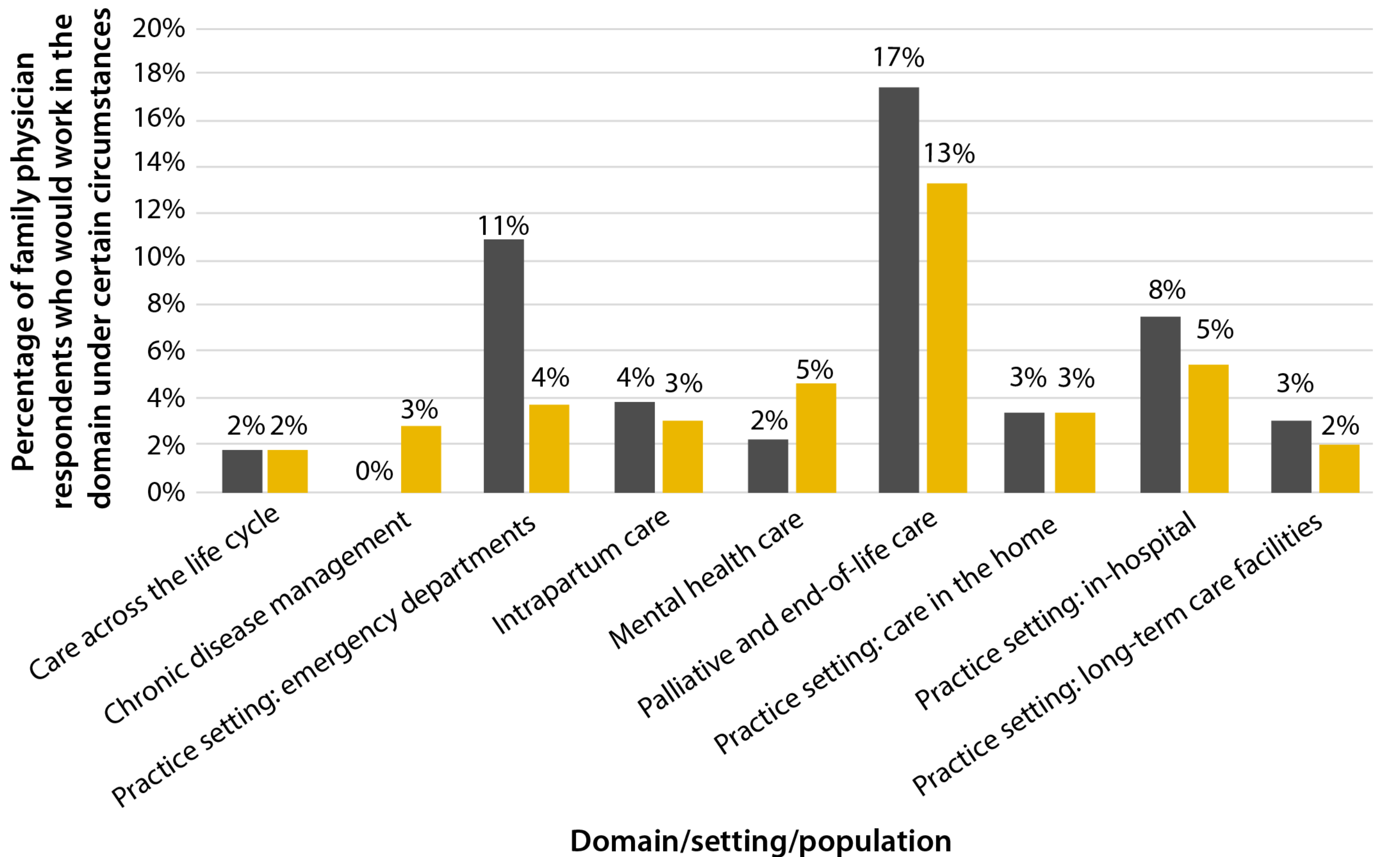
in practice models supporting focused practices, locums, hospitalist care, and practices focused on specific populations. Hence it was challenging for them to include the clinical domains in their practices (**Table 2**). Participants' comments included: "I focus on maternal and newborn health and do not want to commit to longitudinal care at this point in my practice"; "Primarily working in focused practice of addictions"; and "Not able to do [X] as part of my locum work."

The time commitment associated with working in certain clinical domains was another theme that emerged. Participants noted: "I can't do everything"; "ZERO time"; "We have just 24 hours in a day!"; and "Takes too much time, I'm afraid of losing my balance in life."

For in-hospital care, home care, and long-term care, time commitment was the top obstacle or reason respondents gave for not including these domains. Practice location emerged as the next most common obstacle for in-hospital care (**Table 3**). Respondents said: "No hospitals near my place of practice" and "There is no hospital in the town that I live in, making driving to and from the nearest hospital to do rounds unrealistic."

Remuneration was identified as an obstacle to providing home care. Participants' responses included: "Not well compensated for required time"; "Time—house calls take too long to accommodate in a busy practice setting (and are a money losing endeavour compared to clinic work)"; and "Not worth the money

Figure 4. Percentages of family physician respondents who would include a domain, setting, or population in their practices if they had more training or a mentor



*Note: **Figure 4** data value labels have been rounded.

in a city. Better visit codes would potentially change that but spending 30 min in traffic makes it unviable at current billing codes."

Practice model was identified as a barrier to providing long-term care and home care. For emergency department care, external organization credentialling emerged as the top reason respondents gave for not including this domain, and time commitment was the second obstacle. This is reflected in the following comments: "My hospital does not allow family doctors to work in the ER without a PGY3"; and "Only CCFP EM or FRCPC EM practise EM in my setting."

Limitations

There are limitations to this study. First, the response rates were low for FMLS T3. The findings presented are based on self-reported data and are subject to social desirability bias.

Figure 5. Percentages of family physician respondents not including domains in their practices due to obstacles outside their control or other reasons

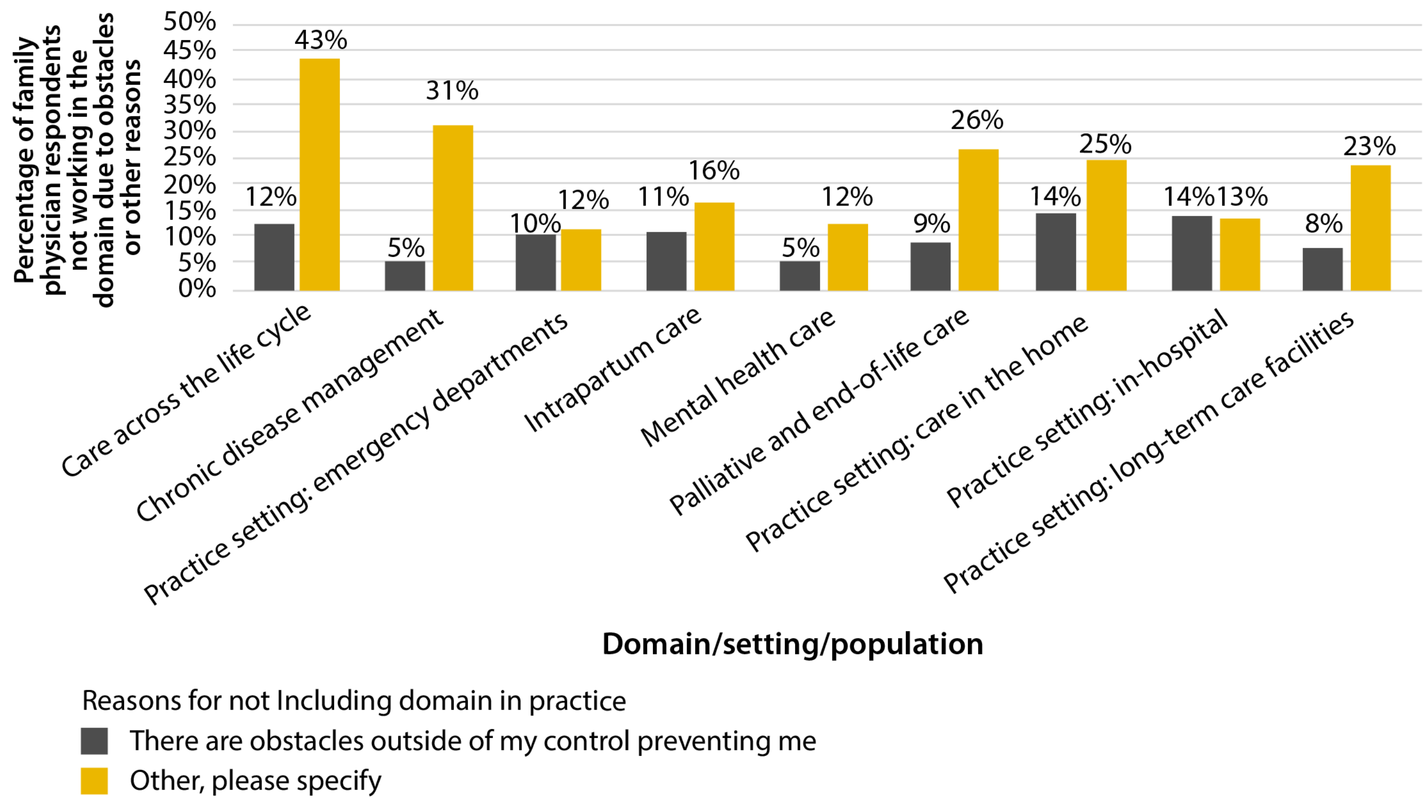


Table 2. First and second most common obstacles/reasons for not including domains in practice

Domain	First Most Common Obstacle/Reason	Second Most Common Obstacle/Reason
Care across the life cycle	Practice model*	Time commitment
Chronic disease management	Practice model	Time commitment
Mental health	Practice model	Time commitment
Palliative care	Practice model	Time commitment
Intrapartum care	Practice model	Time commitment

*Practice model: focused practice, locums, hospitalist, special interest, practice focused on specific populations

Discussion

This study found that personal, organizational, and system-level factors shape the reasons that early-career family physicians do not include certain domains in their scopes of practice. A lack of personal interest was the most common reason for not including a domain for all clinical comprehensive care domains except for care across the life cycle. The second most common reason for not working in emergency departments or providing intrapartum care or hospital care was a feeling of a lack of competence or self-confidence. Barriers and other reasons cited for not working in certain domains included: personal factors such as time

Table 3. First and second most common obstacles/reasons for not including settings in practice

Setting	First Most Common Obstacle/Reason	Second Most Common Obstacle/Reason
Practice setting: in-hospital	Time commitment	Practice model
Practice setting: care in the home	Time commitment	System remuneration/ Practice model
Practice setting: long-term care facilities	Time commitment	Practice model
Emergency department	Credentialling requirement	Time commitment

commitments; organizational factors such as practice models, practice location, and external organizational credentialling requirements; and system factors such as remuneration.

The implication of the lack of personal interest points to the need to examine whether family medicine programs are recruiting students who are interested in providing comprehensive care across a range of clinical domains. The perspective of having a lack of time for including certain domains makes us wonder whether family physicians are adequately supported in their practice environments. The reduction in providing care in these domains points to a need to examine whether there are direct implications for workforce planning with assumptions made about what family physicians do or do not do in practice. A perceived lack of competence and a lack of confidence in certain domains raise concerns about whether family medicine residency education is adequately preparing family physicians for practice.

Conclusion

This study highlights the fact that there are numerous factors influencing the choices of early-career family physicians in relation to the clinical domains they include as parts of their family medicine practices. The recognition that there are personal factors, such as a lack of interest; educational factors influencing feelings of a lack of competence or confidence; organizational factors related to practice models; hospital privilege limitations; and system factors, such as remuneration challenges, all highlight the need for policy-makers to consider these factors when optimizing the roles of family physicians in the health care system. Education is one key factor in producing family physicians who are prepared to practise in the health care system, but there are other factors that also influence what they actually do in practice.

Further information

To read the full report—*Preparing Our Future Family Physicians: An educational prescription for strengthening health care in changing times*–and related evidence and scholarship, please visit **https://www.cfpc.ca/futurefp**.

To request de-identified Family Medicine Longitudinal Survey data please contact the Education Evaluation and Research Unit (**eeru@cfpc.ca**).

References

1. Oandasan I, Saucier D, eds. *Triple C Competency-based Curriculum Report – Part 2: Advancing Implementation*. Mississauga, ON: College of Family Physicians of Canada; 2013. Available from: **https://www.cfpc.ca/CFPC/media/Resources/Education/TripleC_Report_pt2.pdf**. Accessed July 26, 2021.

2. Oandasan I, on behalf of the Triple C Competency Based Curriculum Task Force. *A National Program Evaluation Approach to Study the Impact of Triple C. In: Oandasan I, Saucier D, eds. Triple C Competency-based Curriculum Report – Part 2: Advancing Implementation*. Mississauga, ON: College of Family Physicians of Canada; 2013. Available from: **https://www.cfpc.ca/uploadedFiles/Education/_PDFs/TripleC_Report_pt2.pdf#page=127**. Accessed July 27, 2021.

3. Oandasan I, Archibald D, Authier L, Lawrence K, McEwen LA, Palacios Mackay M, et al. Practice intentions of exiting family medicine residents in Canada. *Can Fam Physician*. 2018;64(7):520-528. Available from: **https://www.cfp.ca/content/64/7/520**. Accessed July 27, 2021.