

Intelligence MEMOS



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From: Tingting Zhang

To: Canadian Healthcare Observers

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Re: **FIVE WAYS TO ADDRESS OUR FAMILY PHYSICIAN SHORTAGE**

Canadians are in a primary-care paradox.

About 14 percent of Canadians aged 12 and older – approximately 4.6 million people – did not have a regular health-care provider in 2022, [according to Statistics Canada](#). Even more alarming, about [6.6 million](#) Canadians rely on family doctors aged 65 and over, meaning that even more people could soon find themselves adrift as their physician retires.

Canada has the highest number of general practitioners per capita among comparator countries, yet ranks [worst](#) in terms of having a doctor or a regular place for medical care (only 86.2 percent of surveyed Canadians had one in 2023).

What is happening?

Several factors are at play.

First, it's no secret that the physician workforce, much like the rest of our population, is aging. There aren't enough new graduates to replace retiring physicians and meet the needs of a growing population.

Moreover, physicians have been spending fewer hours on direct patient care. Administrative tasks, such as paperwork for insurance claims, sick notes, and duplicate form requests from different organizations, consume approximately 18.5 million [hours](#) of physician time annually in Canada, equivalent to 55.6 million patient visits. Economic and cultural factors are also steering medical trainees towards specialties rather than general family practice. Without changes, the gap between the supply and demand for family physicians will only widen.

My recent C.D. Howe Institute [analysis](#) shows that under a normal retirement scenario – where 57 percent of family physicians aged 75 and over retire – the projected supply of family physicians in 2032 will meet 90 percent of the demand. If all family physicians aged 75 and over were to retire, only 78 percent of projected demand would be met, leaving us 13,845 family physicians short.

This means that about 9.6 million Canadians could be without a family physician in the next decade. The consequences of this shortage could be dire, leading to delayed or inadequate care, increased costs, and a strain on other parts of the healthcare system.

With only about 1,550 family physicians completing residency in 2022, the current pipeline of graduates is insufficient. What needs to be done?

Increasing numbers is essential, but will not suffice to meet the demands of a growing and aging population. We need a comprehensive strategy, and five well-established strategies can help.

First, we need to increase the number of training positions for prospective family doctors and accelerate pathways for international medical graduates to enter family medicine, whether direct-to-practice or through residency positions.

Second, administrative processes need to be streamlined to reduce family physicians' unnecessary workload, freeing more time for direct patient care.

Another strategy is to introduce payment models such as capitation or bundled payments that better support family physicians, making family practice more attractive and encouraging more patient enrolment and after-hours care.

As well, allowing other primary-care providers, such as nurse practitioners and pharmacists, to take on a broader range of responsibilities could assist with sharing the workload and improving patient access.

Finally, developing and expanding team-based models of care that bring together health-care professionals to provide comprehensive and continuous patient care could also benefit Canadians.

The good news is that some of these steps are starting in some provinces.

Nova Scotia is advancing on all fronts; creating a [new](#) designated pathway to residency for international medical graduates; committed to reducing physician red tape by [80 percent](#) by 2024; is a leader in paying family physicians with alternate payment; introduced pharmacist-delivered primary care for [31](#) minor ailments; and [expanded](#) team-based care at new and existing locations. Similarly, British Columbia and Ontario have made notable advancements in several of the five strategies.

Improving primary-care access is a nationwide challenge that requires concerted efforts and innovative solutions. By learning from the policies and experiences of different provinces, Canada can develop and implement effective strategies to ensure every Canadian has access to a family physician and the primary care they need. Canada's health-care system – and the health of its people – depends on it.

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A version of this Memo first [appeared](#) in The Hub.