

# BRIEF FROM THE FMOQ TO THE HOUSE OF COMMONS STANDING COMMITTEE ON HEALTH

THE STATE OF THE FAMILY MEDICINE  
WORKFORCE IN QUEBEC

April 25, 2022



FÉDÉRATION DES MÉDECINS  
OMNIPRATICIENS DU QUÉBEC

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## **THE FÉDÉRATION DES MÉDECINS OMNIPRATICIENS DU QUÉBEC**

The Fédération des médecins omnipraticiens du Québec (FMOQ) is a professional association.

It consists of 19 affiliated associations and represents the approximately 10,000 general practitioners in Quebec.

The FMOQ is the voice of family doctors.

## **THE ROLE OF THE FMOQ AND ITS MEMBERS DURING THE PANDEMIC**

During the pandemic, the FMOQ and its members answered the call in all health care areas. They took the initiative and quickly and proactively reorganized primary care delivery while supporting secondary patient care and care in the various facility-based services.

In their primary medical clinics, in emergency rooms and on hospital floors, in long-term care facilities, in local community service centres and at home—no matter where they practise—Quebec’s family physicians delivered the goods. They continue to do so today and they will again tomorrow. They are dedicated to meeting the public’s needs. In Quebec, family doctors offer both primary and secondary medical care. Among all Canadian doctors, they are the most likely to provide secondary care.

The additional effort required of family doctors by the public health emergency obviously had an impact. This push resulted in more days worked and therefore noticeable signs of exhaustion on the ground. Doctors have made a tremendous physical, psychological and professional effort. This pace cannot be sustained in the medium and long runs, despite the public’s growing needs and the backlogs caused by the pandemic.

In some ways, medical practice has also been upended. To give but one example, the forced adoption of telemedicine in everyday practice has changed habits quickly and enduringly.

Unfortunately, our workforce is not ideally positioned to sustain all this work with the public and properly coordinate all these changes to the profession. In fact, we are seriously shorthanded.

## **THE SHORTAGE OF FAMILY DOCTORS IN QUEBEC**

As we have repeated many times in recent months, Quebec is currently 1,000 family doctors short of the number necessary to meet all of its needs.

There are many reasons for this shortage. Besides the more recent pandemic-related disruptions and fatigue that have affected the overall workforce and the increase in the number and complexity of medical administrative tasks in recent years, Quebec's family doctors have for several years now been unfairly targeted by legislative attacks whose only outcome has been to reduce the profession's appeal among those aspiring to practise medicine.

Only a few days ago, the Canadian Resident Matching Service (CaRMS) published its 2022 statistics.

In Quebec this year, 90 family medicine residency positions were simply unfilled during the first round of matching by CaRMS. In 2021, over 70 family medicine residency positions remained vacant in Quebec's four faculties of medicine. Over this period, across all other medical specialties, only one position, that same year, remained vacant.

An unfilled family medicine position can negatively affect access to primary care for 30 years.

We believe this situation is as sad as it is alarming. Family medicine in Quebec urgently needs to be promoted among medical students.

Since 2013, 400 family medicine residency positions in Quebec have been abandoned, even as the number of retirements continues to rise. In 2021, nearly 300 family physicians who were seeing and treating primary care patients said they wanted to stop practising medicine in the next two years. This figure is unprecedented.

## REVEALING STATISTICS

As noted above, Quebec is currently facing a shortfall of at least 1,000 family physicians. The shortage has worsened since 2015–2016. Over the past six years, the net number of new doctors has been lower than the number of departures.

Period	Number of practising doctors	Number of new doctors	Number of departures	Net gain
2014–2015	<b>8,895</b>	347	166	<b>181</b>
2015–2016	<b>9,030</b>	352	217	<b>135</b>
2016–2017	<b>9,115</b>	363	278	<b>85</b>
2017–2018	<b>9,264</b>	385	236	<b>149</b>
2018–2019	<b>9,400</b>	398	262	<b>136</b>
2019–2020	<b>9,572</b>	421	249	<b>172</b>
2020–2021	<b>9,791</b>	431	231	<b>200</b>

Less primary care is provided in Quebec than in the rest of Canada (but Quebec has more secondary care with fewer staff), and its family doctors are more versatile: 51% work in two or more settings.

According to the latest data available (2020–2021), approximately 9,800 general practitioners work in Quebec’s public system (about 1,000 fewer than the number of specialist physicians, a situation found nowhere else in Canada). While more than 7,500 of them see primary care patients, over 3,737 treat patients in hospital settings, some 2,453 work in emergency rooms, 2,303 work in CHSLDs and long-term care, over 617 do obstetrics (34,000 births), and others work in palliative care, rehabilitation, intensive care, public health, health administration, etc. Many—about 3,900—work in more than one setting at a time. The versatility of Quebec’s family doctors (about 35% of their work is done in the province’s health care facilities compared with just over 20% in the rest of Canada) must be considered in order to properly assess the state of the family medicine workforce in Quebec.

Family medicine is also experiencing an influx of women. About 60% of family doctors are women. The proportion of women is higher (70%) among doctors under age 60. In the rest of Canada, fewer women practise family medicine. Pregnancy-related preventive withdrawals are increasingly frequent, including during the pandemic. The colleagues of doctors on leave must ensure continuity of care for the latter group’s patients during their absence, which increases the former group’s workload and reduces the availability of care for patients without a family doctor. Assuming that

doctors take an average of 400 maternity leaves per year, the result is that nearly 4% of the workforce is unavailable to care for patients.

## **REMOTE REGIONS**

The state of the family medicine workforce in the remote parts of Quebec is far from optimal, but has been relatively stable in recent years. However, the region of Abitibi-Témiscamingue, the Chibougamau area and the Magdalen Islands stand apart. These geographical areas are having more trouble recruiting than the others.

## **RURAL AREAS**

Rural areas are facing the greatest challenge in Quebec today. Family physicians in rural areas are often late-career doctors who have devoted most of their practice to their community. Replacements are very difficult to find in these rural communities, even if they are not always located very far from an urban centre. Many young doctors are reluctant to begin their careers in such isolated communities. A number of sub-regions are experiencing serious recruitment challenges, including the Pontiac area.

## **INDIGENOUS COMMUNITIES**

For several years now, spaces have been reserved for students from the various Indigenous communities in Quebec. The Quebec First Nations and Inuit Faculties of Medicine Program offers six spaces for First Nations students at Quebec universities.

The FMOQ supports this program and believes it will significantly enhance the provision of medical services in these communities.

## **THE QUEBEC PHYSICIAN'S HEALTH PROGRAM (PAMQ)**

Established in 1990, the PAMQ is a non-profit organization that works to help doctors who are dealing with a situation that may be harming their psychological and overall health.

Requests for help through the program have been increasing steadily in recent years.

In 2017–2018, 241 family doctors submitted a request for help to the PAMQ. In 2020–2021, this figure exceeded 400 requests. That says it all.

## **FEDERAL GOVERNMENT SUPPORT**

We believe the federal government should significantly increase health transfers to the Quebec government. The goal should be to improve support for family physicians' practices and give them access to better technical platforms. The value placed on the family doctor profession in Quebec is currently a key issue in our health care system.

At the same time, better valuing family medicine can be supported through the federal academic grant funds provided to Quebec universities. The field of medicine and the public would surely benefit.

As noted above, the burden of medical administrative tasks weighs heavily on our already overworked family physicians. The federal government and Crown corporations could be encouraged to review the various demands placed on family doctors (tax credits, forms) and the regulations of all kinds that needlessly complicate the practice of family medicine.

We should also note that our patients' poor access to specialized care and wait times for appointments and surgeries lead them to overuse our services (for both physical, pain and other problems, and anxiety issues related to diagnostic and therapeutic delays). This issue further adds to family doctors' workload, which is already too great.

Given the current shortage of family physicians, we can no longer practise in the same way. We need to delegate and work with other professionals more. Reorganizing the work in this way requires support and change management while ensuring that patients remain the priority.

## **CONCLUSION**

While our testimony may be alarmist in some respects, we also want parliamentarians to remember that family doctors are proud of who they are and what they do every day in their various care settings.

We are pleased to help secure the future of the public health care system. We believe in our role and in our unique medical expertise. However, in light of the information we have shared, it is clear that the value of our profession needs to be reemphasized.

In closing, we encourage all parliamentarians to watch the "Prendre soin de vous" videos that the FMOQ produced to better inform Quebeckers about the many facets of our field of medicine.