

Training and Practice of Northern Family Medicine Residents

The Family Medicine Tracking Study is a multi-year study that tracks the residents and graduates of the Northeastern Ontario Family Medicine Program (NOFM). This community-based, two-year residency program, operated from Sudbury and affiliated with the University of Ottawa, is designed to train graduates from any Canadian

medical school for the practice of family medicine. It provides residents with special skills and experience for practice in northern and rural settings. A goal of the program is to support recruitment and retention of physicians in northeastern Ontario.

Numbers of surveys returned by residents and graduates each year

Survey Date	Entry	Exit	2-Year Grads	5-Year Grads	Total
1999	11	('97) 10	('95) 11	('92) 11	43
2000	16	('98) 12	('96) 9	('93) 8	45
2001	13	('99) 12	('97) 11	('94) 13	49
2002	14	('00) 16	('98) 12	('95) 12	54
2003	10	('01) 12	('99) 11	('96) 9	42
Total	64	62	54	53	233

The year of entry of the cohort is in brackets.

The tracking study was initiated in 1999 and entails entry surveys, exit surveys and follow-up surveys. This *Research in FOCUS on Research* looks at the four surveys that were conducted each year from 1999 to 2003. The overall response rate was 86%. One-half of the respondents were female. Of the new residents, 38% lived with a spouse or partner and 5% had one or more children. These figures increased to 77% and 53%, respectively, for the five-year graduates.

This issue of *Research in FOCUS on Research* reports on the study findings related to the NOFM training and the medical practices of the graduates. A separate issue examines questions about the residents' previous experience of the North, where they intended to practise, and where the graduates actually do practise.

This issue of *Research in FOCUS on Research* is based on research reports of the Family Medicine Tracking Study, a multi-year study that tracks the residents and graduates of the Northeastern Ontario Family Medicine Program (NOFM). The reports were prepared by researchers of the Centre for Rural and Northern Health Research, Laurentian University, in collaboration with NOFM.

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Training

Assessing the NOFM Program

Two years after graduation, the graduate respondents felt that the NOFM Program had done a *very good job* in preparing them in the following areas: independent learning, critical appraisal, computer use, drug utilization, in-hospital patient care, minor/office surgery, obstetrics – labour and delivery, and well-baby care.

The respondents felt that the program had provided *adequate* preparation in health promotion and disease prevention, practice management skills, medical-legal issues, emergency medicine, trauma care, obstetrics – prenatal care, care of ill children, care of the aged/geriatrics, gynaecology, and women’s health issues.

The areas of learning that did not receive high ratings included public health, psychotherapy/counselling – individuals, couples, family, and rehabilitation/long-term care.

A third year of residency?

In general, most entering NOFM residents were open to the notion of obtaining additional residency training. However, interest in a third year of residency training decreased significantly by the end of the two-year program (see figure below).

The entry respondents were most interested in more training in emergency medicine, anaesthesia, preparation for rural practice and additional experiences in surgery. Most popular among those considering further training as they graduated were anaesthesia, emergency medicine, and additional experience in geriatrics or obstetrics.

Close to one-third of those who responded to the survey two and five years after graduation reported that they had, in fact, taken further training, mostly in emergency medicine.

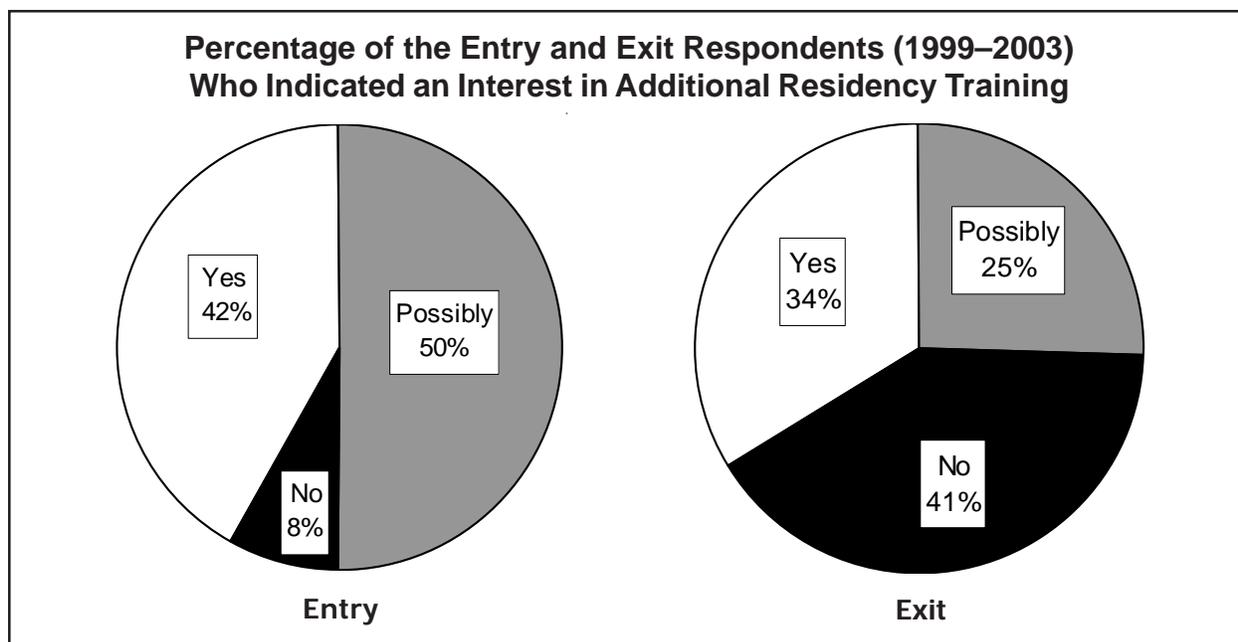
Practice intent

Respondents were asked at entry and exit which components of practice they intended to include in their future practice. Both groups of respondents strongly intended to include adult medicine, health maintenance and promotion, well-baby and child care, and acting as a teacher or preceptor. Their intent to include the following was weaker: counselling and psychotherapy, surgery – major procedures, anaesthesia, and occupational health.

In Actual Practice

What type of practice do the graduates work in?

The 2- and 5-year graduates have very similar practice profiles. The respondents indicated the characteristics of their medical practice as follows:



Practice profile of NOFM graduates	After 2 years n=54*	After 5 years n=52
Hospital-based (e.g. emergency)	28	19
Group practice (3–5 physicians)	21	18
Teaching/research	9	14
Ambulatory care unit/ Walk-in clinic	6	10
House-call services	10	6
Solo practice	7	8
Group practice (2 physicians)	7	7
Group practice (6 or more physicians)	5	6
<i>Locum tenens</i>	5	2
Community/university health centre	2	3
Public health	1	2
Administration	1	1

* One of the respondents did not answer this question.

Note: Multiple responses were permitted. Some 5-year respondents are the same people as the 2-year respondents, just three years later.

In addition, a few graduates indicated that they work in other types of practice, including:

- ▶ nursing homes
- ▶ outreach clinic to remote communities
- ▶ various types of clinics, including cancer, sports medicine, orthopaedics, care of elderly/geriatric
- ▶ anaesthesia
- ▶ hospital committee work.

Over 85% of the graduates practise in a community with at least one hospital, with the rest practising in locations that are from 8 to 60 kilometres from a hospital. Approximately two-thirds have active hospital privileges in at least one hospital.

What medical services do they offer?

NOFM graduates offer a wide range of medical services, most indicating several services. In order of most often reported, more than half of the graduates see patients in their office, provide palliative care, psychotherapy and counselling, hospital in-patient care as the attending physician, and regular coverage in emergency departments.

Some graduates reported that they regularly work in walk-in or after-hour clinics, work in the operating room as an assistant, provide full obstetrical care (excluding delivery), provide newborn care in a hospital, care for patients in nursing homes, visit patients in their homes, or provide on-call coverage for a solo or group practice or a hospital.

Only a handful look after patients with physical or developmental disabilities, provide full obstetrical care (including delivery), provide other on-call coverage, work regularly in the operating room as an anaesthetist, work regularly in the operating room as a surgeon, and provide occupational health services in a workplace.

How do they spend their time?

About two-thirds of the graduates work on-call hours, about half of them working more than 50 on-call hours during a typical month. Most graduates work from 43 to 48 weeks each year.

Graduates average about 22 to 26 hours per week caring for patients in their office or clinic and between 11 and 14 hours per week in the emergency department as attending physician. Other activities such as research, teaching, continuing medical education and administration take between half an hour and 4 hours per week. Graduates see between 19 and 32 patients in an average working day, with the more recent graduates tending to see fewer patients in a day.

How are they paid?

Graduates are remunerated in a number of ways, with many of the graduates receiving multiple forms of payment. By far the most common is fee-for-service (indicated by 85% of the graduates). About 40% receive hourly or sessional payment, roughly a third are salaried, 15% receive pay for other services (e.g. on-call stipend, teaching, bursaries), and a small number receive capitation payment.

How available are specialist services?

More than half of the graduate respondents rated as *very good* or *excellent* the availability of the following within 50 kilometres of their community: emergency room services, anaesthesia, obstetrics and gynaecology, and diagnostic services. Less available are specialist physicians' services, orthopaedic surgery, physiotherapy, hospital beds, occupational therapy, and community nursing services. The graduates found psychiatry, homemaking services and long-term care beds the least available within 50 kilometres.

The distance from the communities where the graduates practise to a hospital that accepts referrals for more complicated medical or surgical problems can vary greatly, from 0 to 400 kilometres, with the average around 100 kilometres.

Are other physicians available to take new patients?

More than three-quarters of the graduate respondents rated the availability of other family physicians willing to accept new patients as *poor*. Almost all the remaining respondents gave only a *fair* rating.

How satisfied are the graduates with their practice?

Fewer than one-third of the respondents expressed that they were *extremely satisfied* with their current medical practice. But when both

extremely satisfied and *somewhat satisfied* responses are combined, the proportion rises to about three-quarters of the total respondents. Most expressed that they were satisfied with the opportunity for varied medical experiences and for their working relationships with fellow physicians. The greatest dissatisfaction was with work load, government health care policies, and the lack of opportunities for continuing medical education.

Summary

- ▶ The graduate respondents felt that the NOFM Program had prepared them *very well* or *adequately* in most areas of practice.
- ▶ Interest among residents in a third year of residency decreased by the time of graduation. Interest was highest in further training in emergency medicine and anaesthesia.
- ▶ Graduates typically work in a hospital setting or a group practice. They offer a wide range of medical services, with the most common form of payment being fee-for service. Not all specialist services are readily available.
- ▶ Graduates are generally satisfied with their current medical practice, especially with the opportunity for varied medical experiences.

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