THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Scope of Practice of Family Physicians in Canada: An Outcomes of Training Project evidence summary

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Background

The goal of residency training is to prepare family medicine graduates to enter and adapt to the practice of comprehensive family medicine anywhere in Canada. The Family Medicine Professional Profile (FMPP)[1] was launched as the College of Family Physicians of Canada's (CFPC) position statement for the discipline of family medicine to communicate the collective contributions, capabilities, and commitments of family physicians, which include providing comprehensive care to everyone in Canada (**Figure 1**). It is the responsibility of the CFPC to set the educational standards for training family physicians that enable them to provide the scope of practice described in the profile.

There is no one national database that describes the mix (or scope of practice) of family physicians in Canada to reflect the domains within the FMPP[2] The CFPC felt it was important to explore what baseline data exist on scope of practice before launching the Outcomes of Training Project recommendations for curriculum change. A key goal of the Outcomes of Training Project is to describe the expected abilities of family medicine graduates as they contribute to family physicians' collective responsibility to provide comprehensive care to their patients and communities. The Canadian Medical Protective Association (CMPA) membership database was identified as one source that could offer information describing the varying scope of work of family physicians.

Objective

A review was conducted to assess the CMPA membership database's ability to describe the work of family physicians. The data were explored to consider their applicability, representativeness, and alignment with the FMPP. The review examined the temporal and regional practice patterns of early-career family physicians in Canada with respect to the descriptions the CMPA uses in relation to general practitioners and family physicians. The following questions guided the inquiry:

Figure 1. Primary responsibilities of family physicians as described in the Family Medicine Professional Profile

1. **Comprehensive medical care for all people, ages, life stages, and presentations. This care includes all clinical domains, both acute and chronic, and all stages, from preventive to palliative care. Family physicians work across care settings and regulatory environments, including:**
   - Primary care
   - Emergency care
   - Home and long-term care
   - Hospital care
   - Maternal and newborn care

2. **Leadership** at all levels for accessible, high-quality, comprehensive, and continuous first-contact health care that responds to local conditions, and for research that advances an understanding of this care.

3. **Advocacy** for access to culturally safe, affordable, high-quality, and comprehensive health care, along with the social conditions that promote health. This requires outreach and engagement, such as working with community partners and including patients experiencing hardship and/or barriers to care.

4. **Scholarship (teaching/quality improvement (QI)/research)** as reflected in practice-based QI activities, an evidence-informed approach to care, and in the roles of teacher and mentor. Family physicians advance the knowledge of the discipline through a continuum of research activities.

1. What proportion of early-career general practitioners/family physicians participate in various types of work as defined by the CMPA?
2. How does the proportion of early-career general practitioners/family physicians in various types of work vary over time? By geography? By community type (urban and rural areas)?
3. What proportion of early-career general practitioners/family physicians change their work type category over time?

Methods

Data were requested from the CMPA, a not-for-profit mutual defence organization that provides medico-legal advice and support for its more than 100,000 physician members (more than 95 per cent of Canadian doctors). The CMPA maintains a large, national administrative database with information on medico-legal case management and uses the information to support approved research requests, business decisions, and the creation of educational products for members.

The CMPA collects cost data on the types of work (TOW) that CMPA members in general practice or family medicine engage in, which it uses to set fees. Members are asked to select the type of work that most accurately reflects their professional responsibilities. The TOW categories are based on the level of risk associated with the work conducted. For general practice or family medicine, members are classified into the four categories described in **Table 1**.

It should be noted that the CMPA does not distinguish between general practice and family medicine in its categories. It does not ask whether the member is certified by the CFPC or the Collège des médecins du Quebec. For the purposes of this review, the terms general practitioners and family physicians were used interchangeably and in alignment with the CMPA's categorizations. The TOW was used as a proxy measure to describe the scope of work of general practitioners/family physicians. With this in mind, those who entered

Table 1. General practice or family medicine member classifications

TOW 35	Family medicine or general practice (excluding anesthesia, obstetrics, and shifts in the emergency department)
TOW 78	Family medicine or general practice (including obstetrics, anesthesia, surgery, and shifts in the emergency department)

TOW 35 (excluding anesthesia, obstetrics, and shifts in the emergency department) were assumed to have a narrower scope of practice compared with those who were categorized in TOW 73, 78, or 79. For location, the CMPA collects a member's correspondence address, including postal code. This postal code is used to identify a community type (urban or rural) based on Statistics Canada's Postal Code Conversion File and its definitions. It is important to note that the community type identified may not necessarily represent the location where a physician practises.

Findings

The CMPA was found to collect data related to the demographics of family physicians, their geographical locations, and some descriptors of their leadership, scholarship, and professional activities. For the purposes of this review, the TOW code was used to consider scope of practice (**Table 2**).

Table 2. Scope of practice and type of work codes

Primary Care	TOW 35	Family medicine or general practice (excluding anesthesia, obstetrics, and shifts in the emergency department)
Primary Care, Emergency Care, Hospital Care, Maternal and Newborn Care, General Practice Anesthesia	TOW 78	Family medicine or general practice (including obstetrics, anesthesia, surgery, and shifts in the emergency department)

1. **Demographics of new general practitioners/family physicians by jurisdiction by year**

   In 2008 there were 1,155 new members of the CMPA who chose TOW 35, 73, 78, or 79 to describe their work. This number increased at an average rate of 4 per cent annually to 1,744 new members in 2019.

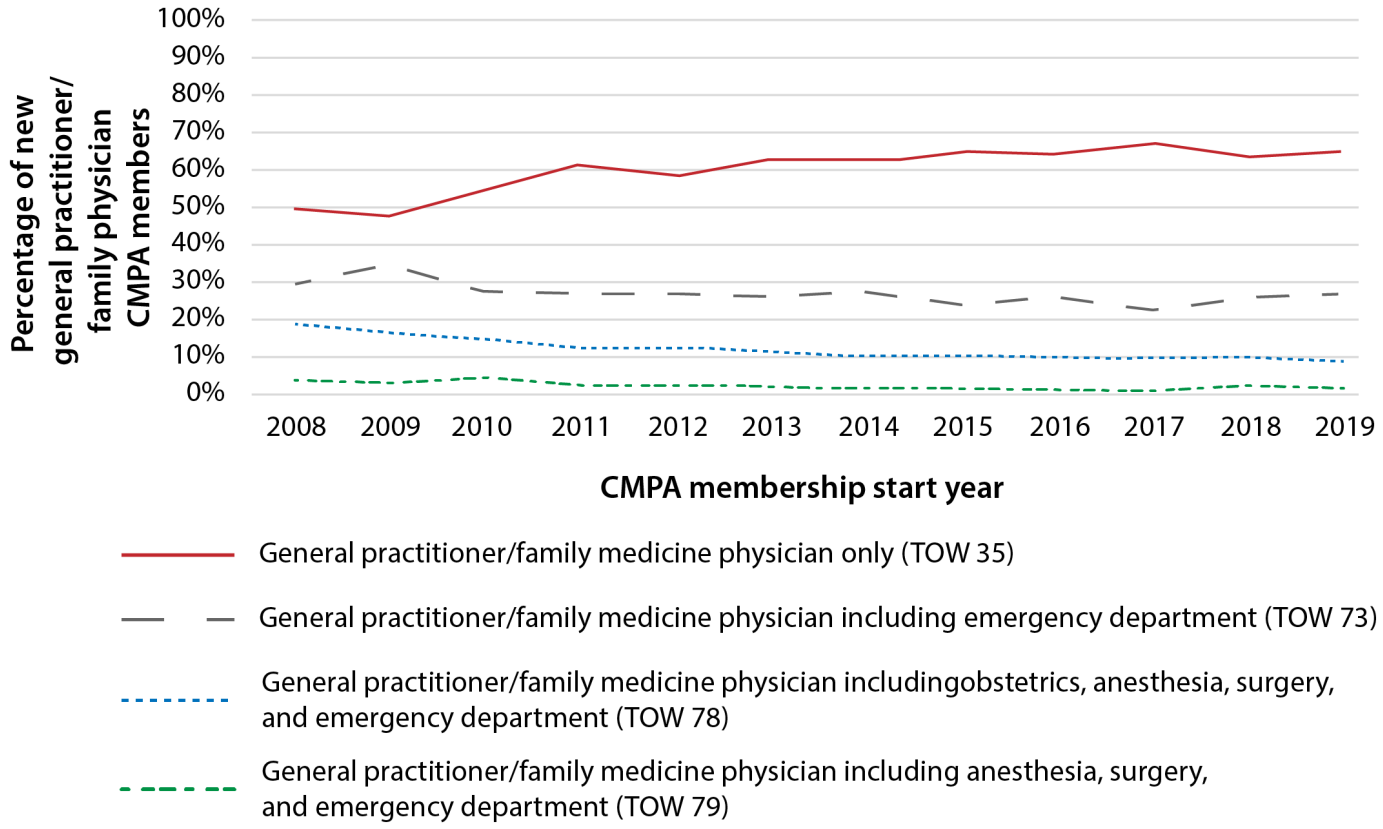
2. **Proportions of new family physician CMPA members by type of work**

   The proportion of new CMPA members in the family physician or general practitioner category (TOW 35) generally increased over the 12 years, from 49.4 per cent in 2008 to 64.0 per cent in 2019 (**Figure 2**). The proportion of new members who were categorized as family physicians or general practitioners who provide care in obstetrics, anesthesia, surgery, and the emergency department (TOW 78) declined over the 12 years, from 18.2 per cent in 2008 to 8.6 per cent in 2019. The proportion of new members categorized as having a family medicine or general practice and providing care in anesthesia, surgery, and the emergency department (TOW 79) generally declined over 12 years, from 3.4 per cent in 2008 to 1.3 per cent in 2019. The proportion of new members categorized as family physicians or general practitioners with shifts in the emergency department (TOW 73) varied over the same time period, with an average of 28.8 per cent.

3. **Proportions of new general practitioners/family physicians by type of work and jurisdiction**

   The regions where most new family physicians work in family medicine or general practice only (TOW 35) were British Columbia, Alberta, Ontario, Quebec, and Other (New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Prince Edward Island, and Yukon). In these regions the second most common type of work was family medicine or general practice with shifts in the emergency department (TOW 73). In Saskatchewan and Manitoba most family physicians and general practitioners work in family medicine or general practice with shifts in the emergency department (TOW 73), followed by general practitioners/family physicians who work in family medicine or general practice only (TOW 35). For all regions, the least common types of work were family medicine or general practice with emergency department shifts, obstetrics, anesthesia, and surgery (TOW 78) and in family medicine or general practice with emergency department shifts, anesthesia, and surgery (TOW 79).

Figure 2. Percentage of new CMPA family physician members by type of work and membership start year, from 2008 to 2019



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4. Proportions of new general practitioners/ family physicians by type of work and jurisdiction by year

Between 2008 and 2019 the proportion of new general practitioner/family physician CMPA members in family medicine or general practice (TOW 35) increased in all jurisdictions except Ontario, where that proportion remained relatively consistent over time. The proportions of new general practitioners/family physicians in family medicine or general practice with emergency department shifts, anesthesia, and surgery (TOW 79) and in family medicine or general practice with emergency department shifts, anesthesia, surgery, and obstetrics (TOW 78) decreased over time in all jurisdictions. In most jurisdictions the proportion of new general practitioners/family physicians who do family medicine or general practice and include emergency department shifts (TOW 73) fluctuated, with no clear trend during the 2008 to 2019 period. However, the proportion of new general practitioners/family physicians doing family medicine or general practice with emergency department shifts (TOW 73) declined in Quebec and in the Other category (New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Prince Edward Island, and Yukon).

5. Proportions of new general practitioners/ family physicians by type of work and community type

Most new general practitioner/family physician CMPA members in family medicine or general practice (TOW 35) during the 2008 to 2019 period were located in urban settings (92 per cent) while

few were based in rural settings (6.8 per cent). More general practitioners/family physicians working in family medicine or general practice with emergency department shifts (TOW 73) (24.1 per cent); in family medicine or general practice with emergency department shifts, obstetrics, surgery, and anesthesia (TOW 78); and in family medicine or general practice with emergency department shifts, surgery, and anesthesia (TOW 79) were providing these services in rural areas ranging from 24.6 per cent (TOW 78) to 29.7 per cent (TOW 79).

6. **Proportions of new general practitioners/family physicians by type of work and community type by year**

   Between 2008 and 2019 the proportions of new general practitioner/family physician CMPA members in family medicine or general practice (TOW 35) and those in family medicine/general practice with shifts in the emergency department (TOW 73) located in rural settings were relatively consistent over time, with slightly higher proportions of general practitioners/family physicians (approximately 30 per cent) located in rural practice for the years 2016 to 2018. The proportion of new general practitioners/family physicians in family medicine or general practice including emergency department shifts, obstetrics, anesthesia, and surgery (TOW 78) located in rural settings was relatively consistent for most years, with slightly higher percentages (approximately 30 per cent) for the years 2010, 2011, 2015, and 2017.

7. **Proportions of new general practitioners/family physicians (by type of work) who changed their type of work**

   New general practitioners/family physician members who provide a range of services across settings (TOW 73, 78, and 79) changed their type of work category more frequently compared with members solely in family medicine or general practice (TOW 35). For example, slightly more than half (51 per cent) of the general practitioners/family physicians who began practice providing family medicine or general practice, emergency department care, obstetrics, anesthesia, and surgery (TOW 78) between 2008 and 2019 changed their work type at least once in that span of years. General practitioners/family physicians who were doing family medicine or general practice with emergency department shifts (TOW 73) or family medicine or general practice with emergency department shifts, obstetrics, anesthesia, and surgery (TOW 78) changed their type of work most frequently to family medicine or general practice (TOW 35).

Limitations

There were three main limitations to this study. First, the number of general practitioners/family physicians included may not represent the number of full-time, actively practising general practitioners/family physicians in Canada. For example, there are some general practitioners/family physicians who continue to hold CMPA membership at retirement and who may be working part time or as locums. Second, the number of general practitioners/family physicians included in this study may not be equivalent to the number of general practitioners/family physicians with Certification in the College of Family Physicians of Canada. These data include general practitioners/family physicians who are members of the CMPA based on the type of work performed, which is associated with medico-legal risk. While it is likely that most CMPA members who are general practitioners/family physicians are certified by the CFPC, these data may include individuals with provisional licences, international medical graduates, and other specialists who practise in a manner similar to that of general practitioners/family physicians. Finally, any cells with a value of 10 or less were suppressed or combined with other variables. This suppression was done because of the CMPA's privacy policy on sharing data.

Discussion

This study found that the number of new CMPA members across Canada who are general practitioners/family physicians increased at a rate of about 4 per cent annually over 12 years. The proportion of new general practitioner/family physician members increased in Quebec over time, while there were slight reductions in the proportion of new general practitioners/family

physicians in Manitoba, New Brunswick, Newfoundland and Labrador, and Saskatchewan.

The scope of practice of general practitioners/family physicians narrowed among new CMPA members between 2008 and 2019. The proportion of new general practitioner/family physician members who report being in family medicine or general practice (TOW 35) increased over the 12-year period, whereas the proportions of new general practitioner/family physician members who report being in family medicine or general practice and providing obstetrics, anesthesia, surgery, and shifts in the emergency department (TOW 78) or who report being in family medicine or general practice and providing anesthesia, surgery, and shifts in the emergency department (TOW 79) declined. The proportion of members categorized as family physicians or general practitioners with shifts in the emergency department (TOW 73) was variable but relatively stable over time. These patterns were consistent across jurisdictions with the exception of Ontario, where the proportion of new general practitioners/family physicians in family medicine or general practice (TOW 35) was stable over time. Most general practitioners/family physicians work exclusively in family medicine or general practice (TOW 35) in all jurisdictions except Saskatchewan and Manitoba, where most general practitioners/family physicians work in family medicine and general practice with shifts in the emergency department (TOW 73).

Ninety-two per cent of general practitioners/family physicians practising family medicine or in general practice (TOW 35) report locating in urban settings as opposed to rural settings. Approximately one-quarter to one-third of general practitioners/family physicians working in family medicine or general practice report providing a range of services as reflected in TOW 73 and 78 in rural areas. These trends were relatively consistent over time.

Nationally, about one-third of new general practitioner/family physician members reported changing their type of work over 12 years. Using the CMPA's description of TOW, most general practitioners/family physicians who reported changing their type of work moved from a family practice that included primary care plus emergency care, obstetrics, anesthesia and/or surgery (TOW 73, 78, 79) to a general practice/family practice without any of these services (TOW 35). With the limited data we have from other national databases across Canada, the information from the CMPA suggests the potential narrowing of scope of practice by family physicians, a finding that aligns with provincial literature that suggests fewer physicians are providing services at non–office-based locations[3] and the provision of comprehensive care is declining.[4]

Conclusion

This review provides evidence that over a period of 12 years, from 2008 to 2019—despite an average annual increase of 4 per cent in the number of new CMPA members who described themselves as family physicians or general practitioners—the reported scope of family physicians is narrowing, with fewer reporting involvement in emergency medicine, obstetrics, surgery, and/or general practice anesthesia. Family physicians working in rural communities were more likely to report having broader scopes of practice.

The CMPA data, although available to the CFPC, have limitations since scope of practice is based on the inclusion or exclusion of specific domains and does not include other clinical domains of comprehensive care. Furthermore, the use of CMPA data is limited by the need to submit a data request, the time to acquire approval, and time to access the data.

For the implementation of the Outcomes of Training Project, which aims to enhance learners' preparedness for practice and encourage the delivery of comprehensive care, having a measure of scope of practice is important. It will be essential for the CFPC to have access to data that accurately describe the scope of practice of family physicians to determine whether policy decisions are effective. The CMPA is one source of data that could be drawn upon, but the data lack specificity. Despite this, at a macro level the findings based on the CMPA's categorizations demonstrate that family physicians' reported scopes of practice have narrowed. It is important for the CFPC to determine whether this trend is corroborated by other data sources, pointing again to the need for high-quality data to describe the mix, number, and scope of practice of family physicians in Canada.

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**.

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