



The College of
Family Physicians
of Canada

Le Collège des
médecins de famille
du Canada

Position Statement:

Improving Access to Care for Patients in Canada

October 2007

This year's theme for the main public policy initiative of The College of Family Physicians of Canada (CFPC) is "**Improving Access to Care for Patients in Canada**" with particular attention to Primary Care Wait Times, Access to Family Physicians, and Collaborative Inter-professional Care that emphasizes the relationships between family doctors and nurses.

These messages and recommendations are based on policies and positions of the CFPC Board and key Board Committees, (e.g. The Advisory Committee on Primary Care Renewal), as well as CFPC endorsed reports of external groups in which CFPC members have participated, (e.g. Primary Health Care Transition Fund projects such as Enhancing Interdisciplinary Collaboration in Primary Health Care and the Shared Mental Health Care Initiative).

1. Primary Care Wait Times

Extensive work is being done across Canada to establish wait times benchmarks and targets for patients with reference to a small number of highly specialized areas of care. The CFPC and family doctors support these initiatives. What we have been clear about, however, is the need to develop timely access to care that is more patient-centered and reflective of the patient's full wait time experience. To achieve this it will be necessary to ensure that future wait time studies and recommendations include a more appropriate focus on the spectrum of primary care wait time challenges including:

- (a) How long it should take for people in any community in Canada to find a personal family physician to provide and coordinate the care for both themselves and their families;**
- (b) Strategies related to inter-professional teams, remuneration incentives for family physicians and primary care team members, patient scheduling and appointment booking systems, and referrals to consultant specialists that might be introduced in family practice settings to help enhance access for patients to the full spectrum of primary, secondary and tertiary care services; and,**
- (c) Establishing wait time targets and benchmarks for clinical areas that go well beyond the five areas of care that are presently the focus of attention.**

To address these and other issues related to access to and through the primary care environment that family doctors and their patients experience every day in every community throughout Canada, the CFPC and CMA have formed a **Primary Care Wait Time Partnership**. That group has just completed phase one of its work, an interim scoping out paper that defines the challenges and sets the stage for primary care wait time targets and benchmarks to be recommended. The final paper is expected next spring.

The following sections address two elements that are essential to our system's achieving safe and acceptable primary care wait times for patients:

- Access to family physicians
- Access to collaborative inter-professional care

2. Access to Family Physicians

The CFPC recommends that:

- i. Every Canadian should have a personal family physician.**
 - Repeated public polls confirm the high value Canadians place on having a family physician and their frustrations with not having one.
 - Evidence strongly supports better health outcomes for those in communities with better access to family physicians and associated primary health care professionals, (e.g. Starfield et al).
 - Of those without a family physician, some think they don't need one but are unaware of the benefits to their health; others say they have given up trying to find one because of the ongoing shortages in their communities
- ii. 95% of the population in every community across Canada should have a personal family physician by 2012.**
 - Presently 85% of the population has a family physician, leaving approximately 15% or 5 million people in Canada without.
 - Family physician numbers cannot be looked at simply as a national average. Some provinces and some communities have significantly greater shortages than others.
 - The CFPC welcomes the support of governments and other key stakeholders in continuing to develop strategies to increase the number of family physicians in Canada. These include strategies to:
 - i. Increase the proportion of medical students choosing family medicine as lifelong careers
 - ii. Enhance support for family medicine residency programs in all 17 medical schools across Canada

- iii. Support family physicians in practice to ensure the retention of a sustainable number providing comprehensive, continuing care as well as those providing care in areas of special need
- iv. Ensure the right numbers and mix of international medical graduates in family practice
- v. Address the growing income gap between family physicians and other specialists to achieve equity in remuneration

3. Access to Collaborative Inter-Professional Care

A key strategy to achieving the best possible health outcomes will be enhanced access to collaborative care with other health professionals.

The CFPC and family physicians in Canada respect and highly value the roles of other health care professionals in the delivery of health care services – and believe that these roles should be more strongly supported. While each patient should have a family physician with the family doctor’s role central to the provision and coordination of medical care, we strongly support enhanced roles for other health professionals accompanied by increased system funding, resources and recognition of their potential roles.

As part of a commitment to enhancing inter- professional care, a goal of the CFPC has been to offer support to all nurses and nurse practitioners who work with family doctors in any family practice setting. In turn we have looked to nurses to voice their support for the role of family physicians as essential providers of medical care for patients across Canada. To address this, CFPC and Canadian Nurses Association (CNA) leaders met and have agreed to a conjoint vision related to family physicians, nurses and/or nurse practitioners (NPs) working together in family practice/primary care settings – one that would see family physicians and nurses develop a better understanding and support for each others roles, respect for each profession’s unique knowledge and skills, and recognition of the potential increased contribution each could make by working together as a team - all in the patient’s best interests. It was agreed that true collaboration involves maximizing the skills of each professional on the team in a complementary manner . **No health care professional should be a substitute for the role of another.**

The long history of family doctors and nurses working together in offices and hospitals across the country provides evidence that this should be achievable. Information from medical association member surveys and the National Physician Survey indicate significant and growing interest and support on the part of family doctors in all types of communities for opportunities to have skilled nurses, including family practice nurses and nurse practitioners, and other health professionals working together with them in their practices. It has also been clearly recognized that system support for the funding and resources to make this happen will be essential.