

The Role & Value of Family Physicians in Ontario

The Keystone of Primary Health Care *Discussion Paper*

The Section on General & Family Practice is a section of the Ontario Medical Association representing over 15,000 family physicians.



A keystone is the central stone at the apex of an arch, crucial for locking all other stones into position. This ensures the stability and integrity of the entire structure. Just as a keystone maintains the cohesion of an arch, it is essential for the overall integrity and functionality of any structure it supports.

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Summary

Key Insights:

- Family physicians provide a unique value to the healthcare system through their medical expertise, cost-effective care, clinical risk management, comprehensive medical scope, and continuity of care.
- Family physicians occupy a unique role in the healthcare system that cannot be equaled by any other healthcare provider, whether an allied health professional or a specialist physician.
- Ontario's healthcare system is in crisis, and establishing a robust primary care foundation with family physician expertise and leadership is crucial to addressing and solving this crisis.
- As healthcare continues to evolve with changing scopes, technological innovations, and the corporatization and privatization of services, family medicine must adapt to remain effective and relevant.

Recommended Action to Government, Medical Colleagues and Family Physicians:

- **Recognize Unique Value:** Recognize the unique contributions family physicians bring to the healthcare system through comprehensive, patient-centered care that cannot be replaced by other providers.
- **Acknowledge Family Physicians with Respect:** Convey appreciation for family physicians and their vast contribution to the care of Ontarians. Immediately stop devaluing our vast expertise and training by referring to us as primary care providers and other health professionals as physician-equivalents.
- **Increase Primary Care Investment:** Advocate for increased investment in primary care, ensuring fair and appropriate remuneration for family physicians.
- **Engage Family Physicians in Health System Reform:** Actively involve family physicians in health system reform efforts, engaging them collectively, systematically, and meaningfully.
- **Embrace Change and Adaptation:** We encourage our fellow family physicians to recognize the evolving healthcare landscape and proactively embrace changes in scope, technology, and care delivery models to enhance our roles and improve patient outcomes.

This important work is only possible through the contributions of you, our members, and dedicated colleagues. This advocacy effort has not been funded by the OMA.



Introduction

Why this paper? Why now?

Ontario's health care system is in crisis. It is no longer on the brink of collapse; it is actively collapsing around us. One need not look further than the line-ups of people in communities in Ontario hoping to get access to a family physician who says they are accepting patients. Family physicians who provide more than half of the overall medical care and the majority of primary care in Ontario, are burned out and leaving comprehensive practice at alarming rates, as the complexity of the patients they care for (and should care for) is rising.

The current and recent governments have been misguided and short-sighted in their approaches to bolster other facets of primary care while devaluing the importance of family doctors as the keystone of community-based care and of our entire healthcare system.

New and innovative models of care continue to emerge and evolve. Team-based care is the expectation, and scopes of practice of many health-care providers are evolving. As models of care become more collaborative and the scopes of practice of many health-care providers change, we must ensure the unique value and role of the family physician is clearly defined and understood as a key factor for improved patient outcomes.



Family Physicians: The Keystone of our Health Care System

Family physicians are the keystone of any effective healthcare system. They form the foundation of primary health careⁱ, and countries with strong primary health care have better health than those without, boasting better patient outcomes and satisfaction, lower costs and higher provider satisfactionⁱ.

According to Canadian Institute for Health Information (CIHI) National Physician Database, family physicians make up 49% of the physician workforce in Ontarioⁱⁱ. In addition to providing longitudinal and comprehensive care in family medicine clinics, many family physicians also offer specialized services such as hospital care, obstetrics, and long-term care. Many rural generalists deliver the entire range of these services to their communities. Frankly put, without family physicians, our health care system will cease to function. As the number of family physicians continues to decrease, our system is moving perilously close to the point of collapse.

Consistent with the CIHI data, and acknowledged by Ontario Health, family physicians are the foundation of the primary health care system in Ontarioⁱⁱⁱ. They are most often the first stop for people who need health or wellness advice, treatment of a health issue or injury, or diagnosis and management of multiple health conditions. Family physicians are providing this foundational care in large urban centres to the most remote reaches of our province. They are serving Ontarians from all walks of life, with medical and social diversity that data shows are ever increasing in complexity^{iv}.

*1. The terms 'Primary Care' and 'Primary Health Care' are both used in this document. It should be noted that the definitions of each are unique and each is used purposely throughout this document. Definitions are from the World Health Organization: **Primary care** is a key process in a health system that provides promotive, protective, preventive, curative, rehabilitative, and palliative services throughout the life course. **Primary health care (PHC)** is a broader whole-of-society approach with three components: (a) primary care and essential public health functions as a core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities. (WHO).*

The foundation of Ontario's primary health care (family medicine) is unstable

With health care needs at an all-time high, Ontario physicians perceive the value the health-care system places on family physicians is at an all-time low. This includes the perceptions of government, as well as with physician peers and at times within their own provincial medical association. Alternatively, it is clear that Ontarians highly value the care provided by their family physicians^v. Value is defined in many ways, such as respect, remuneration and engagement in health care reforms.

Currently, there are not enough family physicians to meet the health-care needs of Ontarians in our current approaches to care^{2 vi}. Without immediate and bold action, this crisis will only get worse. Family physicians are leaving comprehensive practice largely due to inadequate compensation and crushing administrative burden. They are closing practice, retiring earlier than planned, taking on focused-specialized practices and decreasing community office hours preferring to take shifts (e.g., hospital) that compensates for time and expertise more fairly and with less administrative burden^{vii}. While the provision of comprehensive, longitudinal care is a current focus, family physicians provide care in many other settings that are also compromised and struggling. Family medicine as a whole is at a crisis point.

2. Canada has been behind other Organisation for Economic Co-operation and Development (OECD) countries for years with only 2.7 practising physicians per 1,000 population in 2019 compared to an average of 3.5 per 1,000 population for all OECD countries. Growth in family physician supply has slowed in recent years across the country, especially in remote areas where supply decreased in 2020.

A 2024 SGFP member survey included 54% (n=1,570) citing “lack of respect or value in the healthcare system” as the fourth most significant issue that has worsened since the Covid-19 pandemic, after take-home pay, inflation/cost of practice and administrative burden.

Further adding to the critical issue of family physician supply is that fewer medical students are choosing family medicine as a career option, or at least as their first choice^{viii}. While this trend is national, the 2024 Ontario first round data from the Canadian Residency Matching Service (CaRMS) is worse than other provinces at 24% of positions unmatched after the first round; worse than the comparable provinces of Quebec (20%), Alberta (8%), British Columbia (3%). After residency, the new family physicians are not entering or maintaining comprehensive practice at the pace needed to replace and grow the number of family physicians needed. They are instead more often opting for areas of focused specialized practice, working in a hospital, episodic care (e.g. walk-in clinics) or taking on short-term locum contracts³.

Many other provincial governments, including British Columbia, Alberta, Saskatchewan, Manitoba, Prince Edward Island and Nova Scotia have taken action on correcting family physician remuneration and decreasing administrative burden, demonstrating the value they place on family physicians. In British Columbia, the first province to make bold reform, after implementing the Longitudinal Family Physician Payment Model in February 2023, are reporting having attracted over 800 family doctors into practice^{ix}.

3. In March 2023, the Peterborough Family Health Team released a report, “Research into factors that influence practice scope and location of Queen's Family Medicine Peterborough-Kawartha Site residents. This study showed that out of the 24 graduates interviewed, only nine are practicing full-time or part-time comprehensive family medicine.



The changing landscape of primary health care

The primary health care needs of Ontarians are evolving considerably faster than the primary health care system. In addition to increased medical and social complexity, family physicians on the front lines of care are navigating a host of other changes while working to ensure that patient care is sustained, and even enhanced, despite a lack of appropriate resources and supports.

Patient access to health information is greater than ever, providing autonomy in managing their care but also bringing risks of misinformation. The role of the family physician has shifted from a paternalistic authority to a trusted partner in care. Technology is bringing more and different opportunities to connect with patients, to involve patients in the management of their own care, to support documentation, and to provide data for system-planning purposes. However, effective EMR technology, as well as a provincial technology integrations in primary care, is currently lacking and it continuously downloads additional processes to the family physician. The current workflows are unsustainable in an environment of unrelenting digital health changes. Technology and its impact and role in medicine are in early stages but quickly expanding. This relationship is filled with potential, but does require skill, foresight

and proactive management. Family physicians are poised to be a key part of technological adoption and integration, however appropriate supports are required. A current example with the introduction of AI requires the family physician to not only appreciate the potential value and efficiencies of the technologies but also navigate the selection and skill of a product while managing the uncertainty of new privacy and security risks. Appropriate supports are needed to remove barriers and limitations as technological integration continues to increase.

Corporate interests in primary care continue to grow, largely unchecked and in some cases, supported by the government. There is no data to support the impact corporate models are having on quality, outcomes, safety, cost, and satisfaction to patients and providers. Family physicians are concerned on the impact this may have for patient outcomes, and the potential for increasing tiered and/or segregated care as well as unnecessary care that increases overall costs.



Scope of practice and the important role of all providers

Collaborative, team-based models of care are the future of primary care; indeed, the increasing medical and social needs of patients demand this approach. For regulated health-care providers like family physicians, nurses, nurse practitioners, and pharmacists, the boundaries of each provider's scope of practice are defined in legislation and regulations. Within those limits, actual scope of practice varies across individual providers and is influenced by factors such as the provider's experience, education, training, areas of interest, location or situational context, employer demands or expectation, and more.

Having all providers working to full scope of practice is sometimes considered the ideal in health care. However, Nelson et al. (2014) note that the term "optimal scope" is preferable^x. The optimal scope for each type of provider may vary in different locations and situations, particularly in the context of team-based care where the optimal scope for one provider may be heavily influenced by the other available health-care providers and their competencies and scopes of practice allowing providers to be responsive to each community's unique needs.

Respecting Family Physician Identity

Respect for the profession: Call us family physicians

The SGFP advocates unequivocally for the ongoing and purposeful use of our proper title, **family physician**, when referring to a family physician or a group of family physicians.

Referring to a family physician as a “provider” is like calling a symphony conductor a “timekeeper.” It reduces their role to simply keeping the beat, ignoring their deep understanding of music, leadership, and the ability to bring harmony to an orchestra. Similarly, family physicians don’t just provide basic care; they orchestrate comprehensive, and often complex health care, ensuring every aspect of a patient’s well-being is managed effectively.

Cease with the use of the term **primary care provider** to describe family physicians

The SGFP unequivocally opposes the use of the term primary care provider to describe family physicians. This term devalues the training, expertise, and vital role we play as physicians in the healthcare system. Family physicians are not providers; they are physicians.

Cease with the use of the term *physician-equivalent* to describe other healthcare professions

The SGFP unequivocally rejects the use of the term family physician-equivalent to describe any other healthcare professional. A physician-equivalent is someone who has completed the extensive training, examinations, and ongoing professional development that every practicing family physician undertakes. As with every healthcare profession, there are certainly overlaps in scope of practice. The services that are offered across professions can be referenced as equivalent; however, it is disrespectful to the profession of family medicine to imply equivalency with others.

In an era where healthcare systems are increasingly recognizing the integral role of family physicians, many jurisdictions are elevating the language used to describe these professionals. For example, Prince Edward Island, Australia and the UK are now formally acknowledging family physicians as family medicine specialists. This shift underscores their extensive expertise and the essential, multifaceted role they play in patient care, positioning them not as primary care providers, but as comprehensive healthcare specialists. whole is at a crisis point.

The College of Family Physicians of Canada defines the Family Medicine Expert^{xi}

Family physicians, as skilled generalists, provide high-quality, responsive, community-adaptive care across the lifecycle, from prevention to palliation, in multiple settings, and for diverse populations. They value continuity and collaboration with other health care providers to optimize patient outcomes. They use compassionate, patient-centred care when assessing and managing patient concerns, forming partnerships with patients, families, and communities to advocate when necessary for improvements to living conditions, resources, access, and care.

The Unique Value of Family Physicians to our Healthcare System

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Feeling valued is an incredible motivator. When people know their efforts are appreciated, they feel more motivated, engaged, and committed to their work.”

— Adam Grant

MEDICAL EXPERTISE

The depth of a family physician’s medical knowledge and skill set place them in an ideal position to manage patients with complex medical needs. Family physicians’ extensive training and education is focused on developing the depth of medical knowledge needed to effectively assess and diagnose and manage patients. In their training, family physicians develop a strong scientific understanding of medicine (including biology, physiology, anatomy, pharmacology, etc.), address other behavioural and socioeconomic subjects, and complete many clinical hours in which they are exposed to a wide range of clinical situations and pathologies.

This educational process gives them a core foundation when they start their careers as family physicians and a good understanding of the various specialties they may interact with on behalf of their patients. This enables family physicians to effectively develop differential diagnoses and establish appropriate treatment plans for any patient who walks through their door. It also enables them to effectively manage patients who have complex medical needs. These abilities make family physicians essential to effective comprehensive patient care at a time when the complexity of Ontarians is increasing. This expertise is fulsomely outlined in the *CanMEDS-Family Medicine 2017: A competency framework for family physicians across the continuum*^{xi}.

COST-EFFECTIVE CARE

In a time of concern about rising health care costs and the ability to sustain a publicly funded system, the role of family physicians has never been more important. According to Canadian Institute for Health Information (CIHI), family doctors provide 52% of all medical services in Canada, while accounting for only 5.7% of total national health spending^{xi}.

Family physicians help to ensure that precious health-care resources are used effectively and efficiently. Access to, and continuity with, a family physician leads to better health outcomes, which in turn reduces costs by reducing hospital admissions, re-admission rates, emergency department use, unnecessary diagnostic tests and visits to other professionals^{xii}. Recent evidence indicates that family doctors are more cost-effective than other allied health providers; health care spending per patient is lower when patients see family doctors^{xiii}.

With their depth of medical knowledge, family physicians are also able to manage complex patients and to collaborate with appropriate specialty physician supports^{xiv} when needed. This management of patients in the primary care setting by the family physicians not only increases access to specialty care physicians but is also more cost-effective^{xv}.



RISK MANAGEMENT

Family physicians are trained as problem-solvers who are able to think critically to find solutions for the health care needs of patients. Family physicians are trained to approach the medical decision-making process differently than other providers. Specifically, they demonstrate clinical courage through rational risk taking in collaboration with the patient, and are comfortable with uncertainty, often working with incomplete information^{xi}. Family physicians are skilled at integrating information from multiple sources about patients and interpreting the data/information for and with patients to facilitate shared care planning in the context of the individual.

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Family physicians are a resource to their practices and communities as highly skilled generalists, working effectively in diverse conditions, complexity and uncertainty. They manage a broad range of medical presentations and conditions, flexibly adopting their skills in response to local resources and care needs.”

— College of Family Physicians of Canada

COMPREHENSIVE SCOPE

A comprehensive scope of practice is another key feature of a family physician's value. Family physicians are generalists who can work across a range of care settings including office-based care, long term care facilities, hospitals, among many others. Rural generalists provide a wide and fulsome range of care to our rural, remote and northern areas with some additionally training to provide surgical or other specialized coverage which is especially critical in these areas. While each individual family physician may not work in all these areas, as a profession family physicians have the broadest and most comprehensive scope of practice of any medical specialty. This makes them a valuable, unique and flexible resource in communities as they can adapt and respond to specific needs in each community.

CONTINUITY AND RELATIONSHIP

Family physicians build long-term relationships with patients, providing cradle to grave care. Research on relational continuity with a family physician shows improvements in the provision of preventive care; lower emergency room utilization, hospitalizations, and readmissions; reduced mortality; cost savings; increased care quality; improved patient satisfaction and experience; improved patient self-management and treatment adherence; and improved health and quality of life^{xiii}. One study showed that continuity with a family physician extends lifespan more than a specialist in the same community^{xvi}. The importance of continuity of care with a family physician will be expanded upon in an upcoming SGFP discussion paper.

The Unique Role of the Family Physician

COORDINATION OF CARE

Family physicians have an important role to play in coordinating patient care, which is especially critical for patients with complex needs. Patients with complex needs often receive care from multiple specialists and family physicians have a strong ability to understand the interplay between multiple health conditions.

In many cases, the family physician is the patient's first point of contact with the health system. Family physicians provide patients with continuity of care and can assist patients with advocating for themselves with other health care providers or other services outside of the healthcare system, and support patient self-management.

ADVOCACY

Family physicians play a key role in advocating at the levels of the patient, community, and system. First, they ensure their patients get the care they need, when and where they need it. Family physicians also work within their communities, working with citizens to understand and respond to community health needs. Family physicians play a role, in partnership with others, in identifying and implementing solutions. Family physicians also play a vital role in advocating for an effective and efficient health-care system that supports safe, high quality patient care.

LEADERSHIP

Providing leadership is a key role of the family physician and one of the seven roles laid out in CanMEDS-Family Medicine 2017, A competency framework for family physicians across the continuum. It involves providing leadership at the practice, system and community levels. The Canadian Medical Association notes that physicians are well positioned to assume leadership positions within the healthcare system as they have a unique expertise and experience with both the individual care of patients, as well as with the system as a whole.

It is also critical to involve family physicians in the process of making decisions and setting policies that affect primary health care and the healthcare system. Family physicians can provide important insight and leadership into the process of health system improvements. It has been shown that organizations that effectively engage physicians in health system design, change processes, and leadership development opportunities are more likely to experience improved outcomes^{xvii}.

TRAINING AND SCHOLARSHIP

Family physicians have an important role in training new family physicians and advancing the knowledge base that supports primary health care. Family physicians act as role models, mentors and teachers to medical students and residents, as well as students from other health professions such as nurse practitioners, family practice nurses, and pharmacists. The health system is highly dependent on physicians passing on their expertise for the training of next generations of a variety of healthcare providers. This work is key to our system's survival yet is dependent on existence and ability of family physicians. Due to the current decline in family physicians, there is subsequently a decrease in family physicians available to train and teach.

Family physicians contribute to research about both family medicine and primary health care. Research about how to best identify and manage issues in primary health care can only be studied in a primary health care setting. For example, the contextual integration of medicine in the context of an individual patient's family and community over a lifetime can only be done in primary health care, thus research about how to best do this can only be done in this setting. Family physicians play an integral role to research in the primary care sphere.



Moving Forward

The value of family physicians in Ontario's healthcare system must be reaffirmed. The foundational value and volume of services provided by family physicians is evident and their contribution to healthcare delivery must be sustained. This can be achieved through the following approaches:

Acknowledgement of the unique value family physicians provide the health care system

Family physicians have unique skills that distinguish themselves from other healthcare providers. Their medical expertise in managing complex patient diagnoses and providing high quality chronic, acute, and preventive care efficiently, safely, and at lower cost is not interchangeable with other providers. No other provider is trained to manage medical risk in this way, nor can they provide the comprehensive scope and medical decision-making that characterizes a family physician.

Working in collaborative practice is the future of primary care delivery. The increasing patient complexity requires a transition to these models with a move toward more holistic care; optimizing scopes of practice; and a desire to focus beyond medical needs and effectively integrate the social determinants of health will only be achieved with a team of providers, which includes the leadership and expertise of a family physician.

Acknowledge Family Physicians with Respect

Family physicians provide a vast amount of care to the people of Ontario, often working in challenging environments. Their dedication and expertise are indispensable in delivering quality healthcare. It is crucial to convey appreciation for the immense contributions family physicians make to the care of

Ontarians. The terminology used to refer to these professionals should reflect their significant role and extensive training. Therefore, the practice of calling them *primary care providers* and other healthcare professionals as *physician-equivalents* must cease immediately. This language devalues the expertise, commitment, and comprehensive care that family physicians offer. Recognizing and respecting their proper title is essential to maintain the dignity and acknowledgment they rightfully deserve.

This stabilization of family medicine, at minimum, requires fair and appropriate remuneration models for family physicians that acknowledge the value of their work to society, complexity of patients, the need for team-based care, and the requirements for operating a practice.

Adequate investment in primary care, including the fair and appropriate remuneration of family physicians

Family physicians have long provided the foundation of Canada's health care system and continue to do so despite the lack of necessary new investments at the system level. Family physicians are ready and able to adapt their practices in response to changing community and health system needs and remain among the lowest-paid medical specialty despite the crisis in primary care. The transition to an optimized primary care system will first require stabilizing the existing workforce of family physicians and creating the conditions for new graduates to embrace comprehensive family practice. This stabilization of family medicine, at minimum, requires fair and appropriate remuneration models for family physicians that acknowledge the value of their work to society, complexity of patients, the need for team-based care, and the requirements for operating a practice.



Collective, systematic and meaningful engagement in health care system reforms

Despite their pivotal role, family physicians are not being collectively, systematically and meaningfully engaged in healthcare system transformation efforts that impact their patients and the way they practice medicine. They are often left out of early design efforts and brought in after key decisions that impact their patients and practices have already been made. When family physicians, who are representative of the profession, are a part of early design and the decision-making process, they can effectively champion transformation with their peers. At a time when health care needs are at an all-time high, we need family doctors more than ever leading teams and in leadership positions.

Family physicians themselves must embrace change and adapt to new ways of delivering care

As family physicians, our role in the healthcare landscape is more critical than ever before. Embracing change is not just about keeping up; it's about leading the way and setting new standards for excellence in patient care. As the world of healthcare rapidly evolves with new technologies, shifting patient needs and increased complexity, it is imperative that we embrace these changes and proactively adapt. By integrating cutting-edge technology and innovative care delivery models, we can elevate the quality of care we provide and ensure we remain at the forefront of the healthcare system.

Moreover, adapting to new scopes and responsibilities allows us to manage our workload more effectively, fostering a healthier work-life balance. Our ability to evolve with the times will ensure that we continue to offer unparalleled value and remain a cornerstone of the healthcare system. The future of healthcare is in our hands—let's embrace it with confidence and commitment.

Conclusion

Ontario's healthcare system is sustained through family physicians and the services they provide; they are the keystone of the healthcare system.

These need to be recognized and reinforced so the whole of the healthcare system remains strong. Family physicians care for the whole person, from the beginning of life to the final moments. They have deep and broad medical expertise and extensive training. They provide important hospital and community-based services. They adapt and grow their skills to meet community needs. They teach and mentor future generations of physicians and contribute to research and innovation. They advocate for patients and communities and are stewards of precious health-care resources. They manage risk with skill,

helping patients navigate known and unknown factors daily. No matter where in the province, from rural generalists to urban city centres, in hospitals, focused-practice clinics or community clinics. Every day, family physicians put patients first. They often make personal sacrifices, remaining true to their altruistic values. Every Ontarian deserves access to the specialized skill, services and value of a family physician as well as a sustainable healthcare system that supports the maintenance and ongoing advancement of family medicine.

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