

Submission Id: 2805

Title

Factors influencing family medicine resident and early-career family physician intentions for focused practice

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

Agnes Grudniewicz, PhD, Lori Jones, PhD, Monisha Kabir, BSc, MSc (Candidate), Ian Scott, MD, CCFP, FCFP, FRCPC, MSc, Emily Marshall, PhD, MSc, Goldis Mitra, MD, CCFP, Ellen Randall, MPH, David Snadden, MD, CCFP, FRCGP, MBChB, MCISc, Ruth Lavergne, PhD, Laurie Goldsmith, PhD

Abstract

Context: In recent years, there has been a global decline in the provision of comprehensive care by family physicians, and a shift towards focused practice, defined as part- or full-time work in a specific clinical area such as hospitalist or emergency medicine. Previous research has identified some of the factors contributing to this trend, such as focused practice being perceived as stimulating or financially lucrative, yet few studies have undertaken an in-depth exploration of the factors influencing choices of focus practice. Objective: To examine factors influencing family medicine resident and early-career physician choices of focused practice across three Canadian provinces. Study Design: Analysis of qualitative interview data collected as part of a mixed-methods study. Setting: Three Canadian provinces: British Columbia, Ontario, and Nova Scotia. Population studied: Family medicine residents and early-career family physicians (defined as first 10 years of practice). Results: Interviews were conducted with 31 residents and 63 early-career family physicians. In total, 21 (71%) residents and 38 (60%) physicians intended to, or currently practice, in a focused area. Transcripts of this focused practice sub-group were analyzed using an inductive, thematic analysis approach. Three major themes influencing focused practice choices were identified across both participant groups. The most salient theme was the interest in focused practice being motivated by a desire for self-preservation within the current health care system. Focused practice was chosen to avoid many of the negative factors associated with comprehensive family medicine practice: burnout and exhaustion; inadequate compensation, particularly in the fee-for-service payment model; and limited work-life balance. Other major themes included support from colleagues in focused practice settings, and experiences during training. Minor themes included: alignment with skills, values, or ability to feel professional satisfaction; personal lived experiences; and the presence of existing opportunities in focused practice. Conclusions: This study found a number of system-level and personal factors that appeared to influence both

resident and early-career physician choices of focused areas of practice. Further work is needed to understand the impact of this shift toward focused practice on the family physician workforce, and health policy considerations.