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Title

Do recent family physician graduates practice differently? A longitudinal study four Canadian provinces.

Priority 1 (Research Category)

Secondary data analysis

Presenters

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Abstract

Context: It is becoming more difficult to find a family physician in Canada. This has led to speculation that new family physicians may be to blame because they are more likely to provide lower service volume and less likely to provide longitudinal primary care.

Objective: To investigate the impact of graduation cohort on family physician practice volume and continuity of care over two decades.

Study Design and Analysis: Retrospective-cohort of family physicians from 1997/98 to 2017/18. Median polish analysis of patient contacts and physician-level continuity was completed to isolate years in practice, period, and cohort effects.

Dataset: Administrative health and physician claims data were collected in British Columbia, Manitoba, Ontario, and Nova Scotia, Canada. Databases included registry files from provincial regulatory colleges, physician billing information, and patient registration files for provincial insurers.

Population Studied: All physicians registered with their respective provincial regulatory colleges with a medical specialty of family practice and/or billed the provincial health insurance system for patient care as FPs.

Outcome Measures: Patient contacts (count of unique patient-physician day combinations) and physician-level continuity (proportion of total annual contacts — excluding ED visits — that all patients seen by an FP had with that FP).

Results: Median patient contacts per provider fell over time in the four provinces examined. In all provinces, median contacts increased with years in practice until mid-to-late-career and declined into end-of-career. We found no relationship between graduation cohort and practice volume or FP-level continuity.

Conclusions: Declines in service volume were observed in all provinces, with expected trajectories of service volume and continuity over a FP's career. We found no generational differences in FP practice. These findings are important for health workforce planning in primary care sectors across the country, and for the general discourse concerning the behaviours and preferences of recent medical graduates. Our findings highlight that intergenerational tension and blame is unfounded and only distracts from important issues in workforce planning in primary care sectors.