

Trends in Family Medicine Postgraduate Training

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Objective: Family physicians in Canada have traditionally comprised half of all practising physicians. This discipline has been a popular choice among family physicians and in 2007/08, females represented over two-thirds of all family medicine postgraduate trainees (Pong, 2012). The research objective is to provide an up-to-date trend analysis of family physicians in training. Has family medicine (FM) lost or gained relative to other specialty programs and how will this affect the practising population? Does FM continue to be a popular choice among females? Has the proportion increased to the detriment of representation among male physicians? Have those in FM been able to switch to other specialty programs if they feel unsuited or vice versa?

Design: This research is a descriptive study of quantitative information from the Canadian Post-MD Education Registry, the Canadian Resident Matching Service and the Canadian Medical Association.

Setting: Research is pan-Canadian in scope with some results presented by province or school.

Results: Family medicine continues to have strong representation in the training system with slight increase to 44% of all first year trainees from 40% in 2010. Depending on the school, the percentage is as high as 65% (Northern Ontario School of Medicine). Traditionally a ratio of around 40% of FM first year positions has corresponded to 50% in the practising physician pool. Females continue to represent more than half of all FM trainees but the proportion has remained stable at under two-thirds. The most recent first year resident match results are consistent with 62% of those making FM their first choice (excluding IMGs) being female. Transfer into and out of FM programs are between 30 and 50 residents most years.

Conclusions: Canada will probably continue to have family physicians representing at least half of its practising physician population. While females continue to be over-represented in FM training, the proportion has levelled out at around 64% which means the public will continue to have gender choice when selecting a family physician. Transfers should continue to be tracked but more research is needed to know how many have requested a transfer but could not be accommodated.

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