

The dramatic evolution of family medicine at McGill



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Dr. Howard Bergman, chair of the department of family medicine at McGill University on Wednesday May 4, 2016. *PIERRE OBENDRAUF / MONTREAL GAZETTE*

When the family medicine program started at McGill University 40 years ago, there were just a handful of medical residents who opted for a field that was often regarded as less valued than training to become a medical specialist.

It was a small program that functioned entirely in English with a few outposts at McGill hospitals. Even as it grew and seemed to flourish, there were image problems and 10 years ago 20 per cent of the available spots for residencies were not filled.

The evolution from those humble beginnings has been dramatic.

Now the program is bursting at the seams with more than 200 medical residents, it functions in French and English, it has been filling 100 per cent of its available spots for the last four years — and it has become the largest department in the faculty of medicine.

Some of the recent success of the program has come from the government's push to increase the number of family physicians in the province. Whereas 10 years ago Quebec had 55 per cent of medical residents training to be specialists and 45 per cent training to be family physicians, the province has been working to reverse that ratio.

In the next year or two, Health Minister Gaétan Barrette said in an interview Thursday, 55 per cent of residents will be on the family medicine track. At McGill, that could mean the number of family medicine residency slots will rise to 250 in the coming years.

But the McGill program owes its vigour to much more than any government edict, said Dr. Howard Bergman, chair of the department of family medicine. The faculty, he said, worked hard to raise the status and level of the program by making it a strong academic department, which leads to better teaching and students.

He said the program's research master's degree is almost unique in the world and there is a PhD program in the process of being

accredited. The department has more than 20 PhD and clinician-scientists holding about \$35 million in grant money, which he said is also unusual in family medicine, and almost 50 MSc and PhD students.

“It’s become a very important academic department, not just a factory producing residents,” Bergman said in an interview.

Essentially 100 per cent of the family medicine residents pass their certification exams, he said and, while it’s still a two-year program, there is lots more to learn these days.

What has set the program apart is its focus on “the idea that to be an excellent physician one had to complement a depth and breadth of knowledge with patient-centred attitudes, behaviours and communication skills,” said Barry Slapcoff, an assistant professor in the department since 1990.

What makes Bergman happiest is that a record number of fourth-year McGill medical students are choosing family medicine — up to 66 last year (from a class of 180) from 32 in 2012. Slapcoff said the program is more respected by both physicians and students these days than at the outset.

“It has become an extremely diverse and important program,” said Bergman. “We have a lot to be proud of.”

Also, he believes, a lot to worry about.

The department of family medicine is celebrating its 40th anniversary just as primary care in Quebec — long considered the key to a sustainable health care system — finds itself at a crossroads.

The double whammy of Bills 10 and 20, under Barrette’s sweeping health care reforms, has left health care practitioners and managers reeling.

“This year has been unsettling in many ways with Laws 10 and 20,”

said Bergman. “We have yet to understand their impact on the practice and teaching of family physicians.”

Slapcoff shared that concern: “Despite the unprecedented attacks on family medicine by the present Liberal government I know that the idealism, decency, and humanity of family doctors will overcome the regressive and destructive policies of our present health minister.”

Bill 10 abolished regional health agencies and 1,300 managers to shave some \$220 million a year in administrative expenses. Bill 20 has been even more controversial as it requires that family doctors make themselves available to see their patients at least 80 per cent of the time or be penalized 15 per cent of their income.

However, Barrette agreed to suspend the enforcement of penalties until January 2018 as long as both GPs and specialists start taking steps to improve their availability for patients.

Just last month, a poll showed that 80 per cent of managers of health facilities believe the climate is deteriorating since the adoption of Bill 10. And the Fédération des médecins omnipraticiens du Québec has said the government was “dehumanizing” the practice of family medicine with its autocratic measures.

Barrette still scoffs at any notion of his reform being draconian.

“The only crossroads (for family medicine) is for them to have a practice centred on patients’ needs,” he said. “That’s where the crossroads are ... it’s about adapting and adjusting their practices to meet the patients’ needs in terms of availability.”

Given the choice between “doctors’ comfort and patients’ needs,” Barrette said, he will always choose patients’ needs.

In light of all this upheaval, the family medicine department has helped organize a policy symposium on Friday to explore a common vision for primary care in Quebec. It will explore health care reform over the years, future directions and aims to offer a roadmap for

primary care in Quebec.

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By the numbers: The ebb and flow of first-year residents in Family Medicine at McGill

1975-76: 10

1986-87: 27

1991-92: 90

1999-00: 40

2003-04: 52

2005-06: 45

2015-16: 91

2016-17: 93

The number of slots is determined by the government, but the number of slots that are actually filled is determined by fourth-year medical student choices. In 2008 there were 20 unfilled slots, for example. For the past four years, McGill has filled 100 per cent of its slots.

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