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New Family Physicians in Rural Practice

The following two tables were prepared from the CAPER database and the CMA Masterfile to give a national view concerning the proportion of Canada's new family physicians who work in rural areas. The physicians included in the tables are the Family Medicine trainees who exited from the 16 Canadian Medical Faculties for the 5 years from 1997 to 2001. For example, exit year 1997 refers to trainees who were registered in a post-M.D. Family Medicine training program on November 1, 1996 but were no longer in training on November 1, 1997. Most of the trainees would have exited training at the end of June, 1997. Trainees in all Family Medicine programs were included (F.M. Emergency, Care of the Elderly, etc.). To be included the trainee must have exited at a rank level compatible with completion of training (R-2 or above). IMG residents who were Canadian citizens/permanent residents during training were included in the data along with the M.D. graduates from Canadian faculties. (No Visa trainees were included.)

The designation of "rural" used for these data is the "rural" postal code definition. A '0' in the second digit of the practice location postal code indicates a "rural" postal code. This designation gives us an approximation to the Statistics Canada designation of "rural and small town" areas. These are areas with population centres of less than 10,000 people. The "rural" postal code designation would apply to 80% of the people living in "rural and small town" areas.

Data in *table 1* show us, that over the last 5 years 13% of new family physicians were in rural practice locations 2 years after exit from training. According to Statistics Canada, the rural population of Canada in 2001 was 20%. Proportions of new family physicians located in rural areas, according to CMA and CAPER data varied from 15% for the 1997 exit group to 11% for the 2000 exit group. The postal code was used to designate rural locations.

Table 2 gives more detailed information concerning the practice location 2 yrs after exit from training for the family physicians completing training in each province from 1997 to 2001. For this 5-year exit cohort, Newfoundland and Saskatchewan had the highest proportion of their Family Medicine residents locate in rural regions (41% and 23% respectively). According to Statistics Canada (2001 data), 42% of the population in Newfoundland and Labrador lived in rural areas, and 36% of Saskatchewan's population was rural. In Ontario where 15% of the population was rural, 11% of the Family Medicine trainees were working in rural areas 2 years after exit from training.

Table 1

Physicians Exiting From Canadian Family Medicine Training Programs, 1997 - 2001 (Practice Entry Cohort) YEAR OF EXIT FROM POST-M.D. TRAINING BY

TYPE OF PRACTICE LOCATION IN CANADA (URBAN VS. RURAL)* TWO YEARS AFTER EXIT FROM TRAINING

Year of Exit From Post-M.D. Training	Ту	pe of Pr	Total			
	Urban		Rural			
	Count	Row %	Count	Row %	Count	Row %
1997	566	84.9%	101	15.1%	667	100.0%
1998	600	85.6%	101	14.4%	701	100.0%
1999	562	85.7%	94	14.3%	656	100.0%
2000	568	89.0%	70	11.0%	638	100.0%
2001	555	87.8%	77	12.2%	632	100.0%
Total	2851	86.6%	443	13.4%	3294	100.0%

Table 2

Physicians Exiting From Canadian Family Medicine Training Programs, 1997 - 2001 (Practice Entry Cohort) PROVINCE PROVIDING POST-M.D. TRAINING

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TYPE OF PRACTICE LOCATION IN CANADA (URBAN VS. RURAL)* TWO YEARS AFTER EXIT FROM TRAINING

Province Providing Post-M.D. Training	Type of Practice Loc.				Total	
	Urban		Rural			
	Count	Row %	Count	Row %	Count	Row %
NEWFOUNDLAND	60	58.8%	42	41.2%	102	100.0%
THE MARITIMES	138	88.5%	18	11.5%	156	100.0%
QUEBEC	945	85.7%	158	14.3%	1103	100.0%
ONTARIO	1001	89.3%	120	10.7%	1121	100.0%
MANITOBA	108	81.2%	25	18.8%	133	100.0%
SASKATCHEWAN	71	77.2%	21	22.8%	92	100.0%
ALBERTA	332	91.5%	31	8.5%	363	100.0%
BRITISH COLUMBIA	196	87.5%	28	12.5%	224	100.0%
Total	2851	86.6%	443	13.4%	3294	100.0%

^{*} Data Sources:

Practice location postal codes from CMA Masterfile.

Exit cohorts from the CAPER database.