Restoring Joy in Practice: What Matters to Family Physicians

a qualitative exploratory descriptive study

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- The views represented in this material are those of the research team and do not necessarily reflect the views of the province of Ontario.

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Background

- Family physicians providing **comprehensive family medicine** are foundational to primary care.
  Whole-person, coordinated, longitudinal care across needs, services and settings

- Challenges recruiting and retaining physicians in comprehensive family medicine
  Rising workload & complexity, practice costs, administrative burden, aging workforce, lack of recognition

- Policy response: *team-based care, digital tools, payment reform, financial incentives*

- **What matters to family physicians?**

  When policy reforms do not align with the day-to-day realities of practice, they may fail to improve recruitment and retention.

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Research Objective

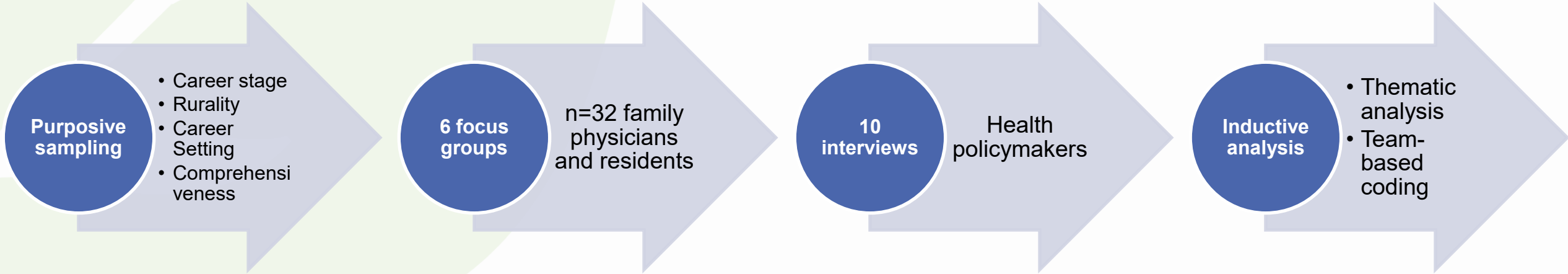
- To explore job characteristics that influence Ontario family physicians' decisions to practice comprehensive office-based family medicine, and how they align with or diverge from health policymaker ideas for primary care reform

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Methods

Qualitative exploratory descriptive study

Setting: Ontario, January 2025 to February 2026



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Results: What motivates or deters comprehensive family medicine?

Relationships with patients

MOTIVATOR Longitudinal connection

DETERRENT Insufficient time, unmet expectations, complaints

Autonomy & flexibility

MOTIVATOR Control over how, when, and where to practice

DETERRENT Difficulty taking time off, limits on schedules, workflows, and practice setting

Meaningful work

MOTIVATOR A sense of accomplishment and purpose

DETERRENT Administrative tasks, inability to provide desired level of care

Collegiality

MOTIVATOR Connection and support among colleagues

DETERRENT Misaligned values, negativity, helplessness

Remuneration

MOTIVATOR Fair compensation

DETERRENT Overhead, unpaid tasks, pay gaps

Respect & value

MOTIVATOR Recognition of expertise and contributions

DETERRENT Devaluation of expertise and professional role

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Results: Policy recommendations to support comprehensive family medicine

Common ground – family physicians and policymakers often agreed on what needed to change.

- Protect what physicians value
  - **Continuity and meaningful patient relationships**
    - *Family physicians caution: continuity of care comes with high work demands and expectations, and remuneration barriers*
  - **Flexibility and autonomy**
    - Support innovative practice models combining focused and comprehensive family medicine

- Fix what makes practice difficult
  - **Reduce unfulfilling workload**
    - Digital tools, task shifting/delegation and team-based care, task ownership, centralization of processes
    - *Family physicians caution re: teams: quality of care, liability, added administrative burden*
  - **Improve remuneration**
    - Incentivize comprehensive practice; offer stable, predictable income; simplify billing
  - **Collegiality and professional respect**
    - Promote family medicine to the public and within medicine. Address the hidden curriculum.

- **Strengthen system-level support**
    - Use performance measurement to demonstrate value, ensure accountability, and drive quality improvement

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Results: Solutions to improve primary care and restore joy in practice

An area of tension

- Family physicians value autonomy over what, where, when, and how to practice

  "One of the best parts of family medicine is the flexibility and job opportunities and what you can do. We work all over the province… You can pick whatever best suits you." (FP8)

- Health policymakers caution this can conflict with broader system goals for improving access to care

  "It is a huge privilege for family doctors to be like, "well, I want to practice where I want"... This would be getting primary care in line with every other type of job… where you have to apply to an open position that exists somewhere". (HP8)

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Discussion: What does this add?

- Agreement with priorities raised in previous studies:

  Remuneration, team-based care, managing patient expectations and administrative burden, improving respect and support from government and professional colleges, and fostering collegiality of family physicians

- Our work highlights previously underemphasized potential solutions:
  - Flexible ways to combine comprehensive and focused practice
  - Reliable coverage for time off
  - Addressing the hidden curriculum
  - Centralizing aspects of practice management
  - Simplifying billing

Strengths & Limitations

- Purposive sampling: enabled us to explore relevant and diverse perspectives
  - With small sample size, may limit transferability of our findings to different settings and contexts
- Focus groups and interviews held prior to Ontario Primary Care Action Team and Interprofessional Primary Care Team initiatives

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Conclusion

- Our findings highlight the need to align primary care reform with the conditions that motivate family physicians to practice comprehensive family medicine.

- This will require careful consideration of trade-offs among the identified motivators and deterrents.

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