Access to FPs in Newfoundland

To the Editor:

It was interesting to read the article by Mathews and Edwards’ on the access to a regular family physician (FP) in Newfoundland.

The data used in this study were from 1995. My colleagues and I, working at a rural community health centre (CHC), felt that the situation had changed for the worse since then. We decided to do an audit of patients presenting to our walk-in clinic/emergency department, in the last week of July 2004.

We asked 100 consecutive patients whether they had a regular family doctor; 49 said Yes, 51 said No. We asked the 49 people who claimed to have a family doctor who that doctor was; 24 identified one of the doctors at our CHC, 25 named another doctor, often 50–100 km distant. We examined the charts of the 24 who identified a doctor at our CHC; 18 indeed had a regular family doctor, the other 6 had attended to see a variety of doctors.

There has been a one-third decline in the number of permanent rural FPs in Newfoundland in the past decade (Newfoundland and Labrador Medical Association: personal communication, 2004). Rural sites are becoming increasingly dependent on locums; our site is supposed to have 5 or 6 full-time family doctors. In the past year 29 different physicians have worked here.

Although the methodology of our small audit was weaker than that used by Mathews and Edwards, we feel that the access to continuity of FP care is much less than it was in 1995.

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Reference

Correction
In Dr. Stewart Harris’s Letter to the Editor’ regarding the Type 2 Diabetic Flow Chart, 2004 Update,2 reference 3 was erroneously cited as reference 2 at the end of the first sentence in the “Lipid values (p. S58–65)” section of his Letter. The sentence in that paragraph should have read: “This method of assessing risk based on 10-year risk of CVD event is outdated and was recently revised.<3>” The correct reference is cited in Dr. Harris’s reference list. We apologize for this error.

References