

rumours that other specialties find satisfaction in their work—and their bank balance too!

Until the economic bias against family medicine and rural medicine (and other thinking, nonprocedural specialties) is reduced, it would be morally wrong to spend effort marketing to students, earning us a reputation for mendacity as well as incompetence. Instead, the College should spend effort selling the benefits of mainstream family medicine to the people who decide the funding allocation within the Canadian health care system. It is pleasing that in the same issue of *Canadian Family Physician*, Dr Gutkin, the Executive Director, makes this point.³ Doing this might lead to students wanting to join us, especially if we increase the training and raise expectations of our graduates, so family medicine really does provide consistently high quality.

—James A. Dickinson MBBS CCFP PhD FRACGP
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by e-mail

References

1. Ivers NM, Abdel-Galil R. Marketing family medicine. Challenging misconceptions. *Can Fam Physician* 2007;53:793-4 (Eng), 796-7 (Fr).
2. Suende T. Money talks—and this resident is starting to listen. *National Rev Med* 2007 May 15, p. 39.
3. Gutkin C. The voice of family medicine. *Can Fam Physician* 2007;53(5):963 (Fr), 964 (Eng).

Response

We believe Dr Dickinson makes his point well about the financial disincentive to choosing family medicine and agree with his assertion that the best way to improve remuneration is to convey the merits of family medicine to the policy makers in charge of funding and pay structures.

We do take issue with the notion that using marketing techniques to find out which elements of the job are most appealing to medical students and advertising techniques to better communicate those strengths is “morally wrong.” We believe that it will be most efficient for the profession of

family medicine to spend time and money to better understand what medical students know and don't know about family medicine in order to better target the best and brightest for recruitment.

If, as Dr Dickinson suggests, medical students are frequently exposed to the less than ideal care provided by those family doctors who would rather not be in our specialty, then it becomes even more important that we make an effort to prove that good family medicine is possible. In this regard, we strongly affirm the potential value of positive role models and mentors, in addition to market research and advertising techniques.

In our opinion, there is no reason to allow recruitment to languish while waiting for government reforms to occur. Rather, a young, motivated, and invigorated influx of bright, young doctors who understood the benefits of family medicine and chose it willingly and fully informed could only strengthen the force of advocacy for the reforms Dr Dickinson desires. To be clear: we simply feel that, for a variety of reasons, many medical students discount family medicine as a career choice too early and never find out if it could be right for them. We share many of Dr Dickinson's concerns, yet stand by our recommendation that the College investigate the value of a marketing campaign to better communicate the merits of the specialty and, through improved recruitment, strengthen the profession itself.

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