Focusing on generalism

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Areas of special interest have always been an important and valued part of family medicine. In recent years, however, although most family doctors still provide a broad range of services, many have reduced the comprehensiveness of their practices to provide more focused clinical care for patients. Why is this happening? Some decided to pursue personal career interests. Others included their added services within broad-based practices. Some, however, had devoted all their time to particular clinical areas, and a number had become clinical, teaching, and research leaders in their enhanced skill areas. All still saw themselves as part of the discipline of family medicine and viewed our College as their professional home.

In 2008, the Board approved our Section of Family Physicians with Special Interests or Focused Practices (SIFP), with its prime objective being to create a future in which added skills and services taught and practise by FPs would be part of comprehensive family medicine. All participants on SIFP committees must be committed to this objective. To be accredited, enhanced skills training programs must meet the standards of the Triple C curriculum: i.e., the training context must ensure that additional skills are part of comprehensive continuing care centred in family medicine. The CFPC will continue to grant Certification only in the specialty of family medicine (CCFP). Recognition of added competence will be in a limited number of areas via designations that can be attached to one’s CCFP. The College’s vision for the future of family practice in Canada—the Patient’s Medical Home—recommends that every family practice offer a full scope of services provided by each patient’s personal FP working together with other health professionals, including FPs with special or added skills.

Throughout these deliberations the CFPC appreciated the input of many rural members who advocated for SIFP. Like their urban colleagues, they have indicated their interest in developing enhanced skills in order to help them offer services required by their patients—a need that is often greater in rural than in urban settings owing to limited access to other specialists. Most rural FPs continue to incorporate special interests into broad-scope practice—a model we would prefer everywhere. But many of them also remain concerned that offering enhanced skills training programs could result in many FP residents becoming “mini specialists” better prepared for narrower-scope urban practice than for rural settings, which they might perceive as being incapable of supporting them. We must all work together to ensure this does not happen. In addition to the rural FPs participating in our SIFP, the Society of Rural Physicians of Canada has been invited to sit on our SIFP Council. Their input has also been part of the important Health Canada-supported Future of Medical Education in Canada postgraduate project, planning important changes to residency training across Canada.

Urban and rural voices both need to be heard as we address these challenges. We must all be accountable to the populations we serve, assuring them that we are training and supporting FPs first and foremost as generalists and bringing their enhanced skills and special interests back into the house of comprehensive care where they belong.