



What does it take to be a good GP?

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Once in a while I refer to myself as a GP. Of course, in Canada we call ourselves family physicians. Although the term *general practitioner* was considered outmoded when I first started medical school back in the 1970s,¹ it continues to be the term used by many member organizations of WONCA, the World Organization of Family Doctors.² Nevertheless, when I call myself a GP, it is not only out of solidarity with colleagues around the world. It is because generalism is a core aspect of primary care, the kind of care that our patients and communities need. Indeed, the entire health care system depends on strong primary care, and the good GP, or generalist, is a crucial part of it.

So, what does it take to be a good GP? As with any deceptively simple question, there are many ways to approach it. There is a lot of guidance: the 4 principles of family medicine ground our discipline; the CanMEDS–Family Medicine roles provide a competency framework^{3,4}; our training programs have objectives; and our regulatory colleges have requirements and policies.

We know a good GP when we see one: a colleague we admire, a great teacher, or a role model. We can even feel when we are being good GPs on those days when we are at the top of our game—being patient-centred; medically astute; context, family, and community oriented; excellent collaborators and advocates

One of the clearest thinkers about generalism in medicine was Ian McWhinney, often referred to as the *father of family medicine*.⁵ In his *Textbook of Family Medicine*, McWhinney framed *generalism* as a principle: “Family physicians are committed to the person rather than to a particular body of knowledge, group of diseases, or special technique.”⁶ McWhinney saw the family physician’s generalism as incorporating an appreciation of the patient’s context in the family, the community, and society.

I have bugged several of my practice partners with this question about what it takes to be a good GP. I say “bugged” because it was while we were in the middle of clinic and they were doing their best to be good GPs for their patients. Their responses broadened the framework. Yes, we can do all those good things, but are we also leading balanced lives, caring for ourselves and those around us? What about our context? To be a good GP requires a team: good medical partners,

excellent administrative staff, an interprofessional primary health care team (ideally), responsive specialist colleagues and hospitals, a high-quality health care system, and healthy communities.

Why has this question come to the fore? Because right now there is a lot of pressure on us as generalists, on our training programs, on funding for all aspects of providing care and training future practitioners.⁷ Our College recognizes those family physicians who have acquired additional skills and knowledge to serve their communities with Certificates of Added Competence in 5 broad areas.⁸ And yet some are concerned that specialization in areas of family medicine might lead to fracturing our discipline from within. At the same time, some family physicians with focused practices might feel less than welcome by those who provide comprehensive, continuing care.

As someone who, over the course of my practice life, has provided emergency, obstetric, and hospital care, has visited patients in their homes, has assisted in the operating room, and has even performed GP anesthesia, my impression is that what unites family physicians in all of these settings and endeavours is the commitment to the person, the appreciation of context, the orientation to prevention, and the natural inclination to teamwork. This generalist approach is extremely important as specialization in medicine becomes ever more narrow.⁹

What gives me hope in all of this is the strength and commitment of so many excellent family doctors throughout this country who work hard every day to be good GPs. 🍁

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