



2007: the tipping point for family medicine

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That moment when an idea or trend crosses a threshold, tips and spreads like wildfire.

Malcolm Gladwell, *The Tipping Point*

If the past year wasn't a tipping point for family medicine in Canada, it certainly came close. Several ideas became reality, thanks to the groundswell of members who simply would not accept any alternative.

A common force and shared goal drives each new College message and initiative. Those involved believe passionately in family medicine and its valuable contribution to the health of Canadians. They also believe that, while we must preserve the principles and core elements that define us, we must also accept some new, different, and sometimes bolder approaches to defining who and what we are, or we might become only a pleasant memory for those who thrived during family medicine's halcyon days.

In 2007 several ideas that had been the focus of many dedicated FPs finally came to the fore. College working groups deliberated not only on our traditional priorities, but also made it very clear that it was time for equity with our sister disciplines in terms of respect, credibility, attributed value, opportunity for advancement, and remuneration.

In keeping with what most believed was already the case, family medicine was officially acknowledged as a specialty in Canada in 2007, giving us the same standing as our peers in most other developed nations. The timing is superb. With those planning the future of Canada's physician resources agreeing that a return to generalism is needed, the specialty of family medicine should be front and centre. While generalist approaches are essential in other disciplines too, for each of them generalism is a less prominent part of their definition. For family medicine, being expert generalists—dealing with undifferentiated patients, accepting patients of any age with any medical concern, focusing on the whole patient—constitutes the core of who and what we are. Our specialty is family medicine: the core element and defining area of expertise is generalism.

Eliminating the unacceptable income gaps between FPs and other specialists is important to attaining equity. The evidence clearly demonstrates that the best population health outcomes occur where family medicine services are readily available. Canadians consistently indicate that their most valued health professional is the family doctor. Government officials echo this message. It is time that remuneration strategies ensure that FPs' incomes match their value. While new models of practice are finally starting to reward FPs for the work they

do, there is still a mountain to climb. In 2007 the College joined the battle. Together with our colleagues in the medical associations, we must apply the pressure that will result in equitable payment.

Medical students are among the most critical groups watching how effectively we are voicing our concerns over FP image, respect, workload, and income. Concerns about student debt and desire to choose higher paying specialties are among the many reasons inadequate numbers of our future physicians are selecting family medicine careers. To better understand the perspectives of medical students and to build relationships between them and those in family medicine, the past year saw the College help establish and provide ongoing support for family medicine interest groups in every Canadian medical school. The student enthusiasm and leadership has been contagious. Further, 2007 marked the introduction of a College Section of Medical Students. We and our Scotiabank partners have also established a Medical Student Scholarship Fund that already offers a \$10000 scholarship to an outstanding student interested in family medicine at each Canadian medical school. Having enough students select family medicine is still a long road ahead; however, there is reason to be optimistic.

While we remain committed to comprehensive continuing care, we recognize that many FPs spend substantial time on special areas of interest or need. Many have looked to us for the training, lifelong learning, advocacy, and policy support they need and not found it. Although recognizing the risks of too much specialization, our Board decided that we must find ways to better support our many colleagues with special interests. Our vision for the future is one in which family practice remains comprehensive (hopefully more so than is often the case today), but services will be offered by a mix of comprehensive care FPs working with colleagues offering focused practices, together ensuring that patients have timely access to needed services.

The past year also saw the College involved in developing wait-time targets for primary care, recommending new goals and strategies to increase the number of FPs, working with the Royal College on the relationship between FPs and other specialists, and collaborating with other health professions to work toward practice models with well-supported interdisciplinary teams.

Whether it was a tipping point or entry into a brave new world, 2007 was marked by changes that could lead to a bright future for family medicine. May that future begin with a peaceful, safe, and healthy holiday season for all our members and friends and their families. ❁