nurse practitioners; I believe that the government will even subsidize this endeavour by permitting a larger and compensated patient load. This, and the rumoured already generous compensation package, should give primary care reform doctors a substantial competitive advantage over their fee-for-service colleagues, at least for the short term!

There is an important issue here: distortion of fair competition. Unless and until we can ensure a level playing field for all, I propose that the profession revoke its support for nurse practitioners.

—Mike Goodwin, MD
Niagara Falls, Ont
by e-mail

References

1. Mathies D. Response [letter]. *Can Fam Physician* 2000;46:2381.
2. Nicholas T. Introducing nurse practitioners [letter]. *Can Fam Physician* 2000;46:2381.

Prescription for renewal

I am not a member of the College of Family Physicians of Canada (CFPC), but I did receive your document, *Primary Care and Family Medicine in Canada: A Prescription for Renewal*.[1] I have just finished Jan Wong's book, *Red China Blues*[2] about her experiences first as a student during the cultural revolution and later as a journalist during the Tiananmen Square massacre. The similarities between recommendations you have made in your document and much of the wisdom in Mao Tse-tung's "red book"[3] that was parroted back by the masses could not be more striking.

I read that this is a position paper. It looks as if the CFPC is attempting to start a dialogue directly with the federal government using this document as policy over the heads of nonmember family doctors. As such, does it truly reflect the beliefs of all family doctors in Canada? Have we in the trenches been consulted to produce this document? Does it even reflect the views of your members at large?

The position paper is being presented to the federal government as the way to tackle some very difficult problems: severe manpower shortage, the failure of many people to find a family doctor willing to take new patients, and the increasing unwillingness of family doctors to provide round-the-clock unpaid care. The federal government is known to be desperate to bring on mandated population-based funding as an answer to baby boomers' use. This simply transfers utilization risk to physicians with no method of utilization control. We in British Columbia have no good feelings about that.

The federal government might perceive this document as the collective wish of the profession and seize the opportunity to impose family practice networks. My fear is that physicians who oppose your vision will vote with their feet. Doctors want to commit to practices when policies are stable. This document will not reassure them.

Maybe I am wrong and there truly are squadrons of physicians willing to enter indentured service to provincial medical plans. I have been in practice long enough to expect little fairness, logic, or openness from our politicians.

But what if I am right? Suddenly the future of family medicine looks a whole lot darker, and your organization begins to resemble the Chinese communist leaders telling disloyal citizens what is good for them. I think that this topic deserves open debate in the profession and not just within your enclave.

—Peter Richards, MD
North Vancouver, BC
by e-mail

Reference

1. The College of Family Physicians of Canada. *Primary care and family medicine in Canada: a prescription for renewal* [position paper]. Mississauga, Ont: College of Family Physicians of Canada; 2000.
2. Wong J. *Red China blues: my long march from Mao to now*. Rev ed. New York, NY: Anchor Books; 1997.
3. Mao T. *Quotations from Chairman Mao Tse Tung*. San Francisco, Calif: China Books & Periodicals; 1990.

Response

Although this paper has indeed served as a focus for dialogue with the federal government, the dialogue has actually been ongoing for several years. It has also not involved solely government and the CFPC, but rather has included representatives of many other medical and health care organizations, governments, and the public. In fact, our paper includes perspectives and concepts that have been suggested not only by the CFPC and its members, but by many non-members and by several other peer medical associations who have also been trying to find solutions to the primary care challenges facing all of us in Canada.

The paper also reflects a consensus reached by a broad cross section of CFPC and non-CFPC representatives who gathered together for a National Think Tank on "The Future of Family Medicine" in Canada last spring. Although we have certainly not had input from every family doctor in the country, we have tried to include the suggestions and advice we have received over the past 5 years from our colleagues in practice across Canada, including those in urban, rural, community, and academic settings.

Our involvement in primary care reform and renewal discussions has evolved because of the directive from our members that we, as a national organization, responsible for a cross section of issues related to family medicine in Canada, must ensure that our voice is heard. We have received a very clear message from family doctors practising in small and large communities across the country that they are dismayed by their inability to deliver the services they were trained to provide and by their patients' inability to access the services they need. Along with our provincial Chapters and the provincial and national medical associations, we have dedicated ourselves to trying to

find solutions to the issues we are all facing.

Prescription for Renewal is focused on finding ways to improve access to primary care services for our patients and to ensure a better and healthier professional life for our family physician colleagues. Issues you mention, such as physician shortages and patients' difficulties finding family doctors, are our priorities and have been included in both the discussion and recommendation sections of our document. They have also been the focus of many other CFPC presentations.

Our paper emphasizes choice. We do not believe that family doctors should be forced or conscripted into a practice model or payment mechanism that they do not consider appropriate for their own practices. While we believe that everyone, both patients and doctors, would benefit if family doctors could pool their resources and offer their services as part of well supported groups or networks (eg, specific funding assured for information systems, support staff, and incentive payments for certain family physician services), we do not suggest that this can be accomplished only within a single or prescribed model or payment strategy (see Vital Signs, page 912).

The CFPC is confident that its position on primary care renewal offers the kind of framework, including choice for both family doctors and their patients, that could help redress many of the problems confronting all of us today. Very importantly, *Prescription for Renewal* is presented as a living document that has been developed democratically and openly. As it evolves into the future, we will continue to welcome comments and suggestions from all our colleagues in family and general practice across Canada.

—Donald Gelhorn, MD, CCFP, FCFP
President,
College of Family Physicians of Canada

Correction

In the article "Rourke Baby Record 2000" (*Can Fam Physician* 2001;47:333-4), **Table 1** was missing. The table is reprinted below.

Table 1. Classification of evidence and recommendations

LEVEL	CRITERION
QUALITY OF EVIDENCE	
I	Evidence obtained from at least one properly randomized controlled trial
II-1	Evidence obtained from well designed controlled trials without randomization
II-2	Evidence obtained from well designed cohort or case-control analytic studies, preferably from more than one centre or research group
II-3	Evidence obtained from comparisons between times or places with or without the intervention; dramatic results in uncontrolled experiments (such as results of treatment with penicillin in the 1940s) could also be included in this category
III	Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees
GRADE	**CRITERION**
CLASSIFICATION OF RECOMMENDATIONS	
A	Good evidence to support a recommendation that the condition be specifically considered in a periodic health examination
B	Fair evidence to support a recommendation that the condition be specifically considered in a periodic health examination
C	Poor evidence for inclusion or exclusion of the condition in a periodic health examination, but recommendations are made on other grounds
D	Fair evidence to support a recommendation that the condition be excluded from consideration in a periodic health examination
E	Good evidence to support a recommendation that the condition be excluded from consideration in a periodic health examination

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Reference

5. Canadian Task Force on the Periodic Health Examination. *The Canadian guide to clinical preventive health care.* Ottawa, Ont: Minister of Supply and Services Canada; 1994.