

Is family medicine a specialty?

YES

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Over the past 2½ years, our College has been deliberating a directive from our Board of Directors to explore acknowledging family medicine as a specialty. We have welcomed the input of many family physicians, other medical and health professionals, medical students, residents, medical school deans, government and licensing authority officials, members of the media, and the general public. The support for moving forward with the acknowledgment of family medicine as a specialty from each of these constituencies has been substantial. In fact, many indicated they thought this had already happened years ago.

In many countries, including those where it is referred to as general practice, family medicine has been recognized as a specialty for decades. When postgraduate training and Certification in family medicine were introduced in Canada in the 1970s, many believed that it had become a specialty here as well.

Many with whom we met pointed out that family medicine, like the already recognized specialties, has a defined body of knowledge, skills, and attitudes; a growing research base; a postgraduate training program; and a Certification process. As well, they told us, family physicians play a highly valued role in the provision of medical care in Canada.

Many of the same people also indicated, however, that family medicine does not currently enjoy the image, respect, and credibility it merits. The reason for this, at least in part, is that family medicine is not recognized as the specialty it is.

Recent years have seen a downturn in the popularity of family medicine as a career choice for medical students. Practising family physicians, particularly those trying to provide comprehensive continuing care, report a reduced level of satisfaction.

In order to address these problems and to enhance the image of family medicine, our College has conducted meetings, focus groups, think-tanks, and surveys that have helped us to identify a range of factors contributing to the challenges facing family medicine.

Medical students suggested that one of the factors that serves the image of family medicine poorly among their student colleagues is the recognition from very early in their medical school years that family medicine is not considered a specialty. As a result, it seems to be less respected and less credible as an academic discipline than the recognized

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General practitioners ... are the doctors closest to people. They heal most of the broken-hearted, repair more of the injured and deprived, and live with the poor and dying who are without hope. Adaptation is the juice of family medicine—the GP adapts to the needs of people or closes up shop.

William Victor Johnston¹

What are the health needs of Canadians to which family doctors must adapt in this 21st century? Is a medical work force composed entirely of specialists what Canadians require?

Recent reports have the common message that Canadians need family doctors. Fifty years ago L.W. Batten wrote that the family doctor's practice is general, does not know the limitations of a specialty, and is concerned with the whole person and with the whole field of medicine.² Valid today? Definitely. But what exactly does "general" mean? What are the limitations of a specialty?

What does general mean? Family physicians' knowledge is of the breadth of medicine. They never say, "There is nothing I can do for you." They commit to a continuing personal relationship. They care for people of both sexes and any sexual orientation, from before conception to death, and apply their medical knowledge and technical skills to all presenting problems. For problems that they determine to be outside their expertise, they coordinate the services of specialists for their patients' benefit.

In 1990, David Morrell wrote about the infinite variety of problems presented to general practitioners. He cited a study by 2 colleagues who, over 2 weeks, saw 1410 adults present with 31 symptoms (average of 3.9 symptoms) and 519 children present with 26 symptoms (average of 1.3). Morrell noted that GPs are expected to have opinions on a variety of subjects—physical, psychological, and social. He emphasized the importance of continuity of relationships and the accumulated knowledge about patients that results.³

In a 2005 survey sampling 1600 of 380000 Nova Scotians in the Capital Health district, Fred Burge noted that 96% had family doctors. The median time they had been seeing their doctors was 14 years, an impressive confirmation of continuity.⁴

Morrell further noted family doctors are their patients' first contact, their most important function being to interpret problems presented to them in terms of their

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specialties to which the students are being introduced at the same time.

Many former Certificants who discontinued their College memberships and gave up their Certification told us that they did so because, other than being required for academic appointments, holding CCFP designation had not distinguished them from their non-Certificant colleagues.

Many Certificants indicated they would greatly appreciate our College doing something to increase the value and meaning of the CCFP designation.

Although the effects of acknowledging family medicine as a specialty are not predictable, historically physicians in other disciplines found that benefits, such as appointments, promotions, and increased remuneration, often followed the recognition of their areas of practice as specialties.

Concerns have been raised that acknowledging family medicine as a specialty might undermine the valuable role that non-Certificant family physicians play in their practices and communities. Many of these family physicians who have been in practice for a long time have told us that they never tried to achieve Certification because they felt the CCFP examination was not an appropriate or fair way to assess the competency of experienced practitioners like themselves.

The College highly values and respects the contribution of these colleagues to patient care across Canada. Our Board of Directors has made it clear that its position is that qualified family physicians who have been in practice in Canada for many years and who choose not to attain Certification should not be pressured to have their roles changed or be denied any of the privileges they have earned to this point in their careers. For those who still wish to attain CCFP designations, however, a special working group is developing a proposal for a time-limited alternative path to Certification without an examination. For the longer term, another working group is developing a new practice-eligible examination for experienced, practising family doctors.

Some colleagues have also expressed concern about the possible loss of a generalist focus if we acknowledge family medicine as a specialty. As happened in other countries where family medicine is now a specialty, most here have also come to understand that this is not a debate about generalism versus specialization, or about the sacrifice of the essential generalist focus that defines family practice.

Many Royal College specialties are now also looking at increasing the generalist focus for physicians in their disciplines. As a result, there has probably never been a more important time for family medicine to be recognized as the specialty that can and should assume a lead role in the teaching, practice, and lifelong learning

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patients' needs.³ Seeing problems from the patient's perspective was emphasized when Ian McWhinney⁵ and Moira Stewart,⁶ with their research team, refined the patient-centred clinical method: "Because family doctors are available for all types of problems, they can make no prior assumptions about why the patient has come."⁷

These reports speak to the generalism of family practice and the importance of continuity of care.

What are the limitations of a specialty? Specialists have boundaries around their knowledge, skills, and practices. General pediatricians limit by age, general surgeons by the type of solutions they offer. General internists stick to adults with biomedical problems and general psychiatrists to mental illness. Family doctors have no such boundaries. They are not specialists.

How does family practice fit into our overall health care system? Family doctors are the first-contact generalists who look after 80% to 90% of the problems that patients present and refer the remainder to specialists to help with diagnosis or management. McWhinney notes, "If any organization is to remain healthy, it must have a balance between generalists and specialists."⁵ Such a balance exists now for Canada's doctors (although concerns exist about maintaining the ratio of 1 family doctor for every specialist).

To consider or not consider family practice a specialty is not a new debate. One name considered for our College by the 1953 Canadian Medical Association council was "College of Generalists."⁷ In 1967 many members resisted changing our name from the College of General Practitioners to the College of Family Physicians.

Medicine is a multidisciplinary professional enterprise bringing together scientifically educated doctors of many kinds, half of whom in Canada are currently made up of more than 50 specialist and subspecialist groups. The other half—our half—includes the generalists: family physicians or general practitioners.

Having apparently failed to convince our students and residents of the central place of the generalist in our system, we must do a better job of elucidating and celebrating that important and essential work as first-contact physicians, managing most problems and appropriately directing to specialist colleagues those patients whose problems we cannot solve.


If, however, we mistakenly assume the specialist's mantle, we will become just another of the specialty groups to which other primary health care providers might or might not refer the problems they cannot solve. To call ourselves specialists in the face of our overwhelming immersion in generalist activities will confuse our patients, ourselves, our colleagues, and our students.

I have found it useful to distinguish between family medicine, the academic discipline that comprises the body of knowledge, and family practice, the clinical

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related to generalist skills. Despite its central importance to our discipline, generalism is not owned by family medicine—nor should specialization be limited to the disciplines of the Royal College.

Family medicine today is being challenged in ways that require new thinking to define and ensure its meaningful future role. Many different solutions are being recommended and implemented. Acknowledging family medicine as a specialty is only one of them. But it is an important one, and most of those who have been consulted believe it will enhance the image and value of family medicine and family physicians in Canada. It will help instil pride in family doctors who practise, teach, and carry out research. It will deliver a message to medical students that family medicine is a career choice equal to all other specialties.

The time has come to recognize a reality that has been in place for decades—family medicine is and deserves to be a specialty in Canada. 

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KEY POINTS

- Family medicine has been recognized as a specialty for decades in many countries.
- Like recognized specialties, family medicine has a defined body of knowledge, skills, and attitudes, a research base, and a postgraduate training program.
- Despite its central importance to our discipline, generalism is not owned by family medicine.
- Acknowledging family medicine as a specialty will enhance the image of our discipline in Canada for all, including medical students considering their future career choices.

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activity that encompasses our work in the health care system. I do not hesitate to describe the academic discipline of family medicine as a special body of knowledge.⁸ I accept that family practice applies a particular, patient-centred clinical method in which we are experts. But I resist with all my heart and mind that as a doctor I am other than a generalist.

If it looks like a generalist, talks like a generalist, and acts like a generalist, surely it is not a specialist! 

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KEY POINTS

- Family medicine is the discipline, family practice is the clinical activity, and family physicians are the practitioners.
- "There is nothing I can do for you" is not in the vocabulary of family physicians, first-contact physicians who do not limit their practices by patients' age, sex, sexual orientation, or type of problems.
- Family physicians interpret problems presented to them (physical, psychological, or social) in terms of their patients' needs using the patient-centred clinical method.
- The "generalist" function dominates the daily work of family physicians, and it makes no sense to call them specialists.