



Filling the gaps

A divergent community of family physicians

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Family physicians have always had opportunities to indulge in areas of medicine that particularly interest them. And community needs have often dictated that family doctors modify and develop their practices in particular ways. In times when there were adequate numbers of family physicians and other specialists, these divergent opportunities remained in some degree of balance. The number of family doctors who continued to provide comprehensive, continuing care was adequate to serve most communities. But times have changed.

Shift in scope

The shortage of health care providers has become increasingly pronounced. Remuneration models have sometimes failed to support comprehensive care provided in a broad continuum of venues (offices, homes, nursing homes, hospitals, and so on). Many family physicians and other specialists have come to desire certain work hours. Many consulting specialists have abandoned their traditional generalist roles in favour of more highly specialized roles, so more gaps in care have become evident. For these and other reasons, there has been a substantial shift in the scope of services offered by many family physicians, leaving some communities without needed primary care services.

This trend is a challenge for the discipline of family medicine, as it has challenged the very definition of a "family doctor." It has generated groups of family physicians whose practice interests are no longer seen to be at the core of what our organization considers to be family medicine. Because the number of physicians in any particular special-interest practice is small, family physicians often struggle to network with each other and find support.

Addressing the need

In June 2006, the College of Family Physicians of Canada (CFPC) held a think tank in Niagara Falls, Ont, to address these issues, as well as to review the needs of all family physicians across the country. A steering committee has now been formed to consider the deliberations and recommendations of that think tank and make specific recommendations to the College. The scope of

the recommendations will include policy and priorities related to recognizing and supporting family physicians with special-interest or focused practices.

The committee will consider a number of factors. There are many new groups of family physicians involved in special-interest or focused practices. These groups provide care in areas such as emergency medicine, care of the elderly, palliative care, family practice anesthesia, hospital medicine, sports medicine, occupational medicine, cancer care, and maternity care. Each of these special-interest areas also represents an area that many family physicians include in the basket of services that they provide for patients in their more general practices.

Some groups need help in networking. Others need more opportunities for continuing professional development. Some require accredited training, perhaps with a special certificate to help identify their particular skills. And some groups might wish to be more

involved with the committee and governance structures of the College. Which of these groups should be offered more support by the College, and to what degree do they need support?

These issues and the resources required to provide such support will be reviewed carefully. Does the area of focused practice meet a demonstrated need in the community? Does the special-interest practice act as a resource to other family doctors? Is it an area where there is a need for more highly specialized training or for a particular body of knowledge? Are these specialized practitioners willing and able to participate in the academic community by sharing skills and specialized knowledge with other physicians? Should additional residency training in these areas be offered? What resources (eg, for accreditation, examinations, networking) will the CFPC require to provide the needed or desired support?

The committee will be consulting with many of these groups to ensure that the essential requirements of each group are identified correctly. The ultimate goal will be to ensure that the CFPC becomes as inclusive as possible and supports family physicians involved in a broad spectrum of practices, including comprehensive practices and special-interest and focused practices in urban and rural communities across the country. 

Times have changed