

# **President's Message**

## Marking our milestones

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ometimes a different perspective helps. This summer our College of Family Physicians of Canada executive met with our counterparts from the American Academy of Family Physicians. When our American colleagues heard that 31% of Canadian medical students made family medicine their first choice in the Canadian Resident Matching Service match,1 they told us that they could only dream of such a large number of medical students choosing family medicine. In fact, only 9% of American doctors choose our specialty.

We are all aware of the problems in the Canadian medical system: long wait times, overcrowded emergency rooms, a shortage of physicians, and frustration on the part of the Canadian public about the seeming lack of progress in fixing these problems. In family medicine we encounter what seem

like insoluble conundrums. We worry about keeping medical student interest high and remunerating family physicians more effectively, all while trying to achieve balance between our professional and personal lives. We must find new ways to collaborate with other health care professionals, improve the use of electronic medical records, integrate international medical graduates into our system, and address health inequities (particularly for aboriginal peoples). And these are only a few of our challenges.

#### A valued relationship

Yet we have much to celebrate. Canadians continue to value the medical expertise and personal relationships their family doctors bring to their particular circumstances and communities. In the past year we have had many opportunities, particularly because of the release of the National Physician Survey results, to inform the media about our concerns. The number of patients without family doctors is starting to improve, and help is on the way. More residents and international medical graduates are moving into the practice of family medicine.

Our education and research enterprises are thriving. We now have 81 individual family medicine residency sites residents can choose from, many in rural communities, all linked to one of our 17 strong university family medicine programs. The issue of Canadian Family Physician that you are reading right now continues

Cet article se trouve aussi en français à la page 1494.

to attract and publish original and relevant Canadian research, in both official languages.

#### A strong College

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Our College is strong as well. Membership was up 9% last year and we now have more than 20000 members. We have welcomed medical students to our board through our new Section of Medical Students. We have a balanced budget and a dedicated and growing staff,

> ably led by our devoted, effective, and energetic Chief Executive Officer, Dr Cal Gutkin. More than 1000 members volunteer each year in the many facets of College life-as examiners, on committees, on chapter boards and executives, and as representatives of family medicine on task forces and in working groups. We also have excellent working relationships with other

medical and health associations.

### A focused specialty

We can also be proud of some milestones in the realm of organized family medicine. We have acknowledged family medicine as a specialty, and the concept that we are skilled and sophisticated generalists is becoming more widely accepted. We have opened the door to Certification in our College to senior physicians who wish to take advantage of our new alternative route to Certification, a rigorous process which can be undertaken without a formal examination. We are actively welcoming the 30% of family physicians who describe themselves as having a special interest or focus to their practices. Our new Section of Family Physicians with Special Interest or Focused Practices will allow these doctors to join together for networking, policy development, continuing medical education, and advocacy. In addition, academic programs can now be formally developed in areas of specific interest, and there is now the possibility of examination and special designation for family physicians who wish to undertake such training.

Much remains to be done. The health human resource situation in our country presents a serious challenge. But, when all is said and done, it is a good time to be a family doctor in Canada.

#### Reference

1. Canadian Resident Matching Service. Match report and statistics. Ottawa, ON: CaRMS; 2007. Available from: www.carms.ca/pdfs/2007MatchResults/ Discipline\_Choice\_of\_CDN\_Grads\_by\_School\_and\_Discipline1\_en.pdf. Accessed 2008 Aug 8.