



## On the road to distinction

Cal Gutkin MD CCFP(EM) FCFP, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

In his thought-provoking Editorial “Are family physicians on the road to extinction?” Associate Editor Roger Ladouceur offered 2 possible pathways to the future—we will be either specialists in traditional whole-person care or mini-specialists in various restricted fields.<sup>1</sup>

Dr Ladouceur captured a very real challenge in family medicine today. So too did an e-mail I received from Dr Julio Ceitlin, the father of family medicine in South America, whose concerns about the future were exacerbated by Dr Ladouceur’s article. Dr Ceitlin noted, “The world, society, even the weather have changed the last decades and the human, romantic and quixotic family doctor of the seventies cannot survive with the same professional role.”

I agree with both Drs Ladouceur and Ceitlin: dramatic changes are occurring. However, I do not share their pessimism about the future of family medicine. In fact, if we continue on our current journey in Canada, rather than extinction, I see a future for FPs in which our roles and our speciality will be greatly enhanced.

To achieve this, however, we must change how we do things. We must understand and embrace the contributions that can and should be made by FPs in traditional comprehensive practices and by our colleagues who offer services in focused clinical areas.

### A new path

In most communities, as noted by Dr Ceitlin, the solo family doctor of the 1970s—the Marcus Welby of Dr Ladouceur’s article—is already being left behind. While it is more important than ever that each Canadian have a personal family doctor, fewer FPs are offering the full basket of services once expected from family doctors. But even though individual FPs might not provide the complete scope of services, FPs can provide these services collectively within newer models of practice.

This will require planned and systemically supported efforts by groups of FPs with different practice profiles—most still serving as personal family doctors for individuals and families, offering broad baskets of services. They will be the first points of contact, providing many services and coordinating others. Other physicians with family medicine backgrounds will offer enhanced or added skills—skills they might incorporate into their own broader-scope practices part-time or focus on exclusively. Rather than working in isolation, these physicians should become part of family practices that include both personal and added-skills family doctors working together

to serve their patients. Together they can revitalize family medicine in every community—giving patients timely access to all the services they want, need, and deserve.

To achieve this, we need more family medicine graduates and we need health system and College support for comprehensive care provided by teams of family doctors—personal FPs who provide comprehensive care working with family medicine colleagues and other health professionals who offer additional skills. Support for these kinds of practices is already growing. Many provinces have introduced fee structures to support family doctors or practices providing comprehensive care, particularly those embracing teams or ensuring ongoing care for vulnerable populations. Many FPs participating in these newer models report improvement in their ability to provide optimal care, better incomes, and better balance in their professional and personal lives.

### Where the road begins

Things are also happening in our medical schools. An important multistakeholder initiative, which emphasizes the importance of generalist physicians, is revamping undergraduate and postgraduate curricula. Increasingly, medical students, seeing how patients value FPs and how the system is making family medicine a priority, are once again choosing family medicine. In 2003, only 23% of graduates selected family medicine as their first choice; in 2008 it was more than 30%. This year family medicine residents will fill 40% of first-year residency positions; a few years ago 700 new residents entered family medicine—today we are approaching 1000.

About 25% of family medicine residents apply for enhanced skills training. Many still plan to do broad-based family practice, and some reports indicate that substantial numbers of those who begin their careers in focused practices return to comprehensive care within 10 years.

Canadians consistently name FPs as their most valued medical care providers. If our medical schools ensure that students see family medicine as a specialty equal in value and prestige to all other disciplines; if our health system embraces a vision that offers FPs respected, well-remunerated roles; and if our discipline embraces change from within, including supporting teams of family doctors who work in collaboration, there is reason to be optimistic about the future for Canada’s FPs. ✿

### Reference

1. Ladouceur R. Are family physicians on the road to extinction? [Editorial]. *Can Fam Physician* 2008 Mar 12. Epub. Available from: [www.cfp.ca/cgi/data/54/3/333/DC1/1](http://www.cfp.ca/cgi/data/54/3/333/DC1/1). Accessed 2008 Apr 29.

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