



Combining our skills to strengthen our future

Family physicians with special-interest and focused practices

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Throughout the developed world, physicians in many specialties, including family medicine, are committing increasing practice time to areas of special interest. With many in other specialties moving into more highly specialized practices, gaps in some of the services that were historically within their domains are being filled by family physicians who have special interests and skills in the vacated areas.

Too many family doctors moving away from traditional family practice could have serious implications. Not only is there evidence that better population health outcomes are linked to access to primary care physicians,¹ but Canadians also highly value family doctors as their main access to the comprehensive range of medical services they need. Unfortunately, shortages in Canada often make it difficult to find enough comprehensive care family physicians to replace those who move into more focused practices.

On the other hand, recognizing that there are family physicians who are focusing their practices represents an opportunity to capture their skills in a way that will benefit family medicine, our health system, and, most important, the public. To make this a success story, however, will require foresight, flexible thinking, and coordinated planning, which have not been hallmarks of Canada's health or medical education systems.

Writing our success story

This spring, the College of Family Physicians of Canada's (CFPC's) Board of Directors approved the report and recommendations of its Steering Committee on Family Physicians with Special Interest and Focused Practices. The report concluded 2 years of deliberations, including input from a cross section of family physicians, other medical organizations, licensing bodies, governments, and the public.


The board agreed that the College should provide clearly defined support for family physicians whose practices are part of family medicine but address specific areas of patient need. Submissions from such physicians were critical; these groups expressed their commitment to family medicine and presented proposals for a place for them within the CFPC to support their needs for accredited training, lifelong learning, policy development, and advocacy. The board made it very clear that, in approving an

increased role for special-interest family doctors within the College, its ultimate objective is to strengthen comprehensive continuing care, the 4 principles of family medicine, and the vision that each person in Canada should have his or her own personal family physician.

Focusing on collaboration

In 2009, a Section of Family Physicians with Special Interest or Focused Practices will be established within the CFPC. This section will comprise several programs, each centred on one area of interest (eg, palliative care). To establish programs, the board must approve applications, which may be submitted by members linked either to existing CFPC committees (eg, palliative care, emergency) or to groups that are not currently part of the CFPC infrastructure (eg, hospitalists, sports medicine). Each program will have its own committee, the chair of which will have a seat on the new section's executive. The chair of the section will be a voting director on the CFPC board.

All College members will be eligible to join the new section and may be affiliated with any number of the special-interest programs. Their career commitments to the areas of special interest may be part- or full-time. Each program will provide members with opportunities to network with colleagues with similar special interests; provide input into College policies and positions; participate in educational activities; and contribute to development of accredited training programs, examinations, certificates of added competence, and special designations.

The CFPC's future vision includes family practices in which traditional broad-scope family doctors work together with family medicine colleagues with special focuses to provide patients with timely access to the range of medical services that have historically been part of our discipline. The College will work with governments and medical schools to define the appropriate numbers of personal broad-scope family physicians (the majority) and special-interest physicians required to serve Canadians and will work to gain the support needed to train, recruit, and retain these physicians. By bringing the interests and skills of all family physicians together, we hope to strengthen comprehensive continuing care as the defining characteristic of family medicine. 

Reference

1. Starfield B, Shi L. Policy relevant determinants of health: an international perspective. *Health Policy* 2002;60(3):201-18.

Cet article se trouve aussi en français à la page 1199.