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Becoming what we need to be

We cannot become what we need to be by remaining what we are.

Max De Pree, *Leadership Is an Art*

In 2009, the Board of Directors of the College of Family Physicians of Canada (CFPC) approved the creation of its newest section—the Section of Family Physicians with Special Interests or Focused Practices. This section—now known as the SIFP—has been developing and slowly maturing over the past 2 years into what I think is a beautiful thing. My recent attendance and participation at the SIFP council meeting served to further reinforce for me the strength and vision of this section and what it will mean for our College, for its members, and for Canadian patients.

I will freely admit that I entered this meeting with some trepidation; I feared that I would face a group of individuals fiercely protective of their own turf and I don't think I was alone in my concern. I've heard on more than one occasion from CFPC members and others who thought that by welcoming family physicians with special interests, the CFPC was abandoning its commitment to comprehensive family medicine. On the contrary, at the SIFP meeting I met a group of family physician leaders deeply committed to ensuring that Canadian patients have access to family doctors who possess the full range of knowledge and skills we are renowned for. They also brought to the table a commitment to inclusion and education whereby we can raise our game, so that the knowledge base of all family physicians, and thus the quality of care delivered to our patients, can be enhanced.

The specialty of family medicine

It was clear at this meeting that we have one specialty—

the specialty of family medicine. We must always keep in mind that one of the most powerful things we do as family physicians is respond to the needs of our patients and populations; indeed, this represents one of our core values as a specialty. I would argue that there are few among us who have not participated in such an exercise—we identify a need within our communities and we seek out the resources necessary to address that need. When these resources are not immediately available, we are often left with an uncomfortable reality—see our patients go without the services or care necessary, or strive to obtain the skills and knowledge to provide them ourselves. In my experience the choice is usually a no-brainer. Family physicians in Canada are committed to ensuring that their patients get the care they require—full stop. Are we often faced with challenges when we do so? Of course we are, on multiple levels. We are confronted by hospital rules that don't support us, fee codes and payment models that don't reflect the work we really do, and, at times, colleagues who don't share our vision.

Bring it on

What do I say to these roadblocks? I say bring them on—there are 33 million reasons for us to get on with the business of providing comprehensive care: 33 million people in Canada who need family doctors to coordinate, organize, and provide expertise and to give them continuing, comprehensive, and high-quality health care. Canadians require family doctors with broad-scope practices, including many who will address their special needs, preferably as part of the comprehensive care they provide. Our College stands ready to take up this cause on all fronts.

There is much to be done—let's get on with it!



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