



Let's depend on one another

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Strength lies in differences, not in similarities.

Stephen Covey

As President of the CFPC, I've had the privilege of traveling in Canada from coast to coast to coast. To meet Canadians and family physicians from so many different places and backgrounds speaks to me about our incredible diversity as a strength of our great country. On a recent trip to Charlottetown, PEI, for the Chapter annual general meeting, I visited Province House, the cradle of Confederation and the birthplace of our nation. I reflected on how the Fathers of Confederation came together in 1864 with a shared vision of what this new land and its people together might become. They recognized together that the power of working collaboratively could create something more than just the sum of the parts. Our strength lay in our differences and in coming together as one country. By depending on one another to achieve a shared vision of Canada, we became *interdependent*. Interdependent people combine their own efforts with the efforts of others to achieve their greatest success.¹

Similarly, in 1954, the College of General Practice of Canada came into being. Our founding "fathers" shared a vision of a national organization dedicated to the representation and continuing education of general practitioners from across Canada to counter the increasing emphasis medical schools were placing on specialization and the overwhelming influence of specialists on medical education.² They too recognized that we're better off together. Vital to our survival was our ability to work together and to learn from and help one another grow. True to that vision, creativity, and willingness to deal with the changing times, 58 years later the CFPC and family medicine have not only survived but also thrived to provide the comprehensive care that contributes so vitally to the overall health of Canadians.

Time marches on and change is inevitable. As medical knowledge grew exponentially, the past 20 years or so revealed a worldwide trend: movement of both new graduates and older generalist physicians into part- or full-time practice in more specialized areas, such as sports medicine or palliative care. In Canada, family physicians rose to meet the needs of their patients by gaining increased knowledge and expertise in about 40 areas of special interest. But often, rather than working together with colleagues to provide comprehensive care, they separated into silos. Family medicine was fracturing. Like our founding fathers a couple of generations ago, we faced a challenge that could threaten the survival of family medicine as a discipline.

So in 2009 the CFPC launched the Section of Family Physicians with Special Interests or Focused Practices³ to bring these physicians back into the "family" of family medicine under the umbrella of the CFPC and to create solutions to meet the educational and professional support needs of these family physicians. First and foremost, the comprehensive primary care needs of all our patients would be enhanced and not abandoned by this process.^{4,5} This is our mandate. This is our social responsibility.

The progress of our initiative has been remarkable. Fifteen programs have been approved, from chronic non-cancer pain to care of the elderly, with more in queue. More than 1200 members have expressed interest in one or more of these areas. Feedback from most of our urban and rural colleagues is very supportive. Like our predecessors, we are regaining control and stewarding the winds of change to preserve comprehensive family practice.

But integrating our special interest colleagues into a model of practice that serves the comprehensive primary health care needs of Canadians takes more than just a new Section. In September 2011 the CFPC launched its vision of family practice in the 21st century, the Patient's Medical Home.⁶ At the core of the Patient's Medical Home is the patient-doctor relationship, enhanced by the services of a full interdisciplinary team—all different professionals working together to support this relationship and the comprehensive health care needs of the patient. External links with specialist colleagues, hospitals, public health, etc are also essential to the delivery of comprehensive care. And our family physician colleagues with enhanced competencies must also be part of the team, contributing their expertise to support the comprehensive family doctor in the care of our mutual patients. Each of us is a resource to our communities and to one another. We too are interdependent.

Family medicine, like Canada, is broad and diverse. And therein lies our strength as a discipline and as a nation. By fostering interdependence in our profession as well as in our practices, we create the innovative solutions to improve patient care while meeting the challenges of our times. Bottom line: Family doctors of all stripes must work together to meet the health care needs of Canadians. Let's always know that we can depend on one another. 🌿

References

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