



## Our College mosaic

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For as long as I can remember there has been a multicultural festival held in Regina, Sask, each spring. It is called Mosaic to reflect the diverse pieces of our community that come together to form something that is greater than the sum of its parts. At the festival, people can buy passports that allow them to travel from pavilion to pavilion to experience the unique music, food, and culture of community organizations from across the city. As CFPC President this year, I believe that I have been given a similar passport to explore family medicine in Canada. Much like our cultural festival there is a rich diversity that builds the mosaic of the family medicine community in Canada.

I have traveled to almost every Chapter and have been welcomed at their meetings, conferences, and celebrations. Through this, I have been able to better understand some of the issues facing family physicians across the country and how they are finding solutions to address these challenges. I have met with teachers and educators who are working in large and small communities to ensure that our graduates have the competencies they need to serve their future patients. I have attended meetings with researchers and seen some of the wonderful work that they are doing to help us better understand our discipline and to advocate for more support at the provincial, national, and international levels. As part of my travels I have also talked to many individual family physicians—urban and rural physicians providing a comprehensive basket of services to their patients, as well as those who have chosen or been led by community need to focus their practices on a particular facet of family medicine.


What all of these conversations highlighted for me was how context shifts the ways we use our skills to meet the needs of the population we serve, be it based on geography, a particular clinical focus, or other factors. I have also been able to see the bonds that unite us and underlie all of what we do: our common commitment to the patient and attention to him or her as a whole

person; a generalist approach that allows us to address the undifferentiated problem, accept ambiguity, and manage uncertainty; an appreciation for the patient as part of a family and a community, which influence them and which they influence; an appreciation for the role that a family, however it is constituted, plays in the health of the patient; and finally, a recognition of the importance of continuity in the long-term health of a patient.

Throughout the year I have had the opportunity to work with a group of committed individuals, not only at the national College, but also across the country, who are working to support the needs of our mosaic of family physicians. I would like to thank all of them on your behalf. In my remarks at Family Medicine Forum in 2013 and in one of my President's Messages,<sup>1</sup> I spoke about tipping the scales for the better for our patients. I imagine it will take the rest of my career to see the effects of some of what we are doing today on the medical profession and the health of our patients. I hope that over the past year the work I have done on your behalf will help to tip these scales in the right direction. I am looking forward to taking back all that I have learned and all the wonderful ideas shared with me to my practice and my patients so that I can continue to work to tip the scales at an individual level.

Thank you to my patients and colleagues in Saskatchewan and to my family for donating me to the College for the past year. I am profoundly grateful for having had this opportunity.

I hope all of you have enjoyed reading my wandering thoughts and that some of what I discussed helped you to consider your practices in the ways I reflected on mine. I know that I leave the position of President in very capable hands for the next many years and I hope you will enjoy the one-sided conversations with your future Presidents.

Goodbye and best wishes to you all. 

### Reference

1. Lawrence K. Poetry, decisions, and societal need. *Can Fam Physician* 2014;60:489 (Eng), 490 (Fr).

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Cet article se trouve aussi en français à la page 1050.