We are standing

Garey Mazowita MD CCFP FCFP

After several years in the run-up to the Presidency, and now early in the role, I feel like I am standing in the middle of a bridge. Behind me, if I turn to look, is the FP of Norman Rockwell: absolutely committed; almost parental in demeanour; long on experience and accumulated wisdom, although perhaps short on credentials, certificates, and maybe even training; but armed with sound solutions to common problems, with empathy and understanding to spare and acceptance of things that cannot be changed. On the other side, facing me, a more complicated picture of personal care being informed by population data and individual, self-collected Internet information; collaborating or competing providers; expectations for proactive and personalized care; and more "qualifications"; all complicated by, apparently, potential rural-urban divergence. Under the bridge, flowing ever more quickly, is the current of increasing demand, expectations of high quality, and accountability. Teasing what little hair I have left are the always-unsettling winds of change: the smell of something new and different in the air that foretells of important and perhaps unanticipated changes in climate or shifts in the balance of primary and specialty care dynamics.

Has there ever been a time of more chaotic change or a greater need to reflect on who we are and what we do?

The stability of the postwar era, with its civic-mindedness, sense of order, and focus on the "professional collective," appears to be fraying, if not disintegrating. For the young, nothing is any longer certain. For the old, death is as inevitable as ever, albeit often complicated by new technologies that protract it. We are confounded by myriad studies demonstrating, if we are lucky, absolute differences of 3% or less for treatments. And we must somehow find meaning for each patient we see, while being lectured by others who advocate for even the smallest therapeutic advantage.

Is it any wonder that in recent years our young physicians have been tentative in their first steps into practice, our seasoned physicians overwhelmed, and our elder physicians succumbing to the promise of retirement? Within this dystopian-sounding environment lies the hope of reinvention built on the foundation of reaffirmation of some of our values:

- collaborations that are transparent;
- a rebalancing of primary and tertiary care;
- the marriage of public health with primary care (early days, stated here with optimism);
- recommitment to the nonmedical determinants of health;
- more attention to social accountability;
- equity of opportunity;
- integrity and hard work; and, of course,
- our 4 principles of family medicine.

The challenge is to put them into action meaningfully in our current Canadian health care context. For that, we require the collective wisdom of our members, Chapters, sections, and educators. Therein lies the challenge for our CFPC. I believe the work in question to be well under way. Witness the following, at least begun or in discussion.

- The creation of certificates of added competence (CACs) has somewhat ironically helped to reaffirm our "core brand" of comprehensive and continuing care. The question of somehow linking CACs more closely to community need has arisen, and might inform future CAC processes and enhanced training opportunities.
- Governance changes, if ratified by members in 2015, should facilitate a more effective national voice, advocacy, and scope, while similarly empowering and engaging Chapters. Member and section voices should be louder.
- Research efforts will encourage not only "micro" activity at an individual level but also "macro" research (the latter often driven by the national College) to develop and understand what family practice in Canada is, and what the challenges and opportunities are.
- Roles and responsibilities of the national College and the Chapters will become increasingly understood—and collaborative.
- The teaching community will continue to envelop more and more members, and the educational curriculum will better reflect what is expected of a family doctor, regardless of practice location.
- Continuing professional development that leads to practice quality improvement, increasingly scrutinized by regulatory authorities, will be supported by the new Mainpro+ platform.
- Collaboration with our various sister organizations such as the Canadian Medical Association, the Royal College, and the Association of Faculties of Medicine of Canada will drive increasing alignment with resultant rational medical manpower planning, training, and role clarity.

All of this should result, in the next several years, in a clearer environment for our members—more understandable and navigable. We as an organization will be well positioned to be an effective national voice for members and a partner for our Chapters, sections, and departments.

I began my Presidency with trepidation, optimism, and humility. I am convinced that we are headed in the right direction—one that will empower Chapters and sections, work effectively with university departments to optimize curriculum, and add value to members. I hope to report back at year's end that there has been progress.

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