



## Taking stock

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**T**he New Year is the time when we make resolutions, thinking of strategies to improve our lives in ways large and small. As family physicians, we are familiar with patients who tell us that they plan to quit smoking, start exercising, eat a healthier diet—starting January 1st. At a personal level, we might plan to do many of the same things, along with booking a checkup for ourselves, catching up on continuing education, and running on time in the office (and getting home to our families at the end of the day).


At a deeper level, the New Year is an opportunity for reflection and taking stock. Just as we assess our circumstances at an individual level, there is also an opportunity to consider the state of our discipline. In many areas of Canada, family physicians are feeling beleaguered. Stagnant or reduced fees, rising costs, increasing complexity of practice, greater regulation, and the progressive squeeze on health care resources are all affecting both our patients and the quality of practice life.

A particular challenge for family physicians is to continually build our expertise as generalist, comprehensive practitioners. Family medicine is recognized as a specialty—one of enormous breadth. Identifying family physician “experts” can be difficult, especially when compared on specific tasks with those who specialize in a particular area.<sup>1</sup> And yet, our specialist colleagues, and increasingly our health care leaders, recognize that to have better outcomes, patients need good family doctors.

Quality of care is often measured by adherence to guidelines. Stange and Ferrer have identified “the paradox of primary care.” They describe it thus:

the paradox is that compared with specialty care or with systems dominated by specialty care, primary care is associated with the following: (1) apparently poorer quality care for individual diseases, yet (2) similar functional health status at lower cost for people with chronic disease, and (3) better quality, better health, greater equity, and lower cost for whole people and populations.<sup>2</sup>

At the system level, Barbara Starfield and her colleagues have shown that stronger primary care is associated with better outcomes.<sup>3-7</sup>

Helping family doctors be comprehensive primary care experts is the reason our College champions diverse but interrelated themes such as better continuing education with Mainpro+, creation of primary care teams in the Patient’s Medical Home model, and Certificates of Added Competence. These activities support individual physicians and also require advocacy at the policy level to ensure that our colleagues, institutions, and funders contribute to robust family medicine as a pillar of high-quality health care for Canadians. 

### References

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