Comprehensiveness revisited

Family Medicine Responsibility Profile

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Dear Colleagues,

The CFPC Board of Directors has requested that we develop a statement on comprehensiveness of care by the end of the year. Continuity and comprehensiveness of care have been identified as important areas requiring attention. We recognize that family practice has evolved (eg, team-based care, electronic medical records, asynchronous communication with providers and patients). Now more than ever, it is necessary to affirm the importance of comprehensiveness of care as part of the unique contribution of family physicians and family practice to high-quality care. Through leadership from the Academic Family Medicine Division, we are currently seeking input and feedback on a newly created Family Medicine Responsibility Profile. (This was formerly referred to as the *Family Medicine Job Profile* and will be referred to as the *FM Profile* in this article.)

You might well ask, "Why bother?" Public support (and expectation) has been unwavering over the years. Other providers might assume specific elements of care, and this is welcomed and supported. Family practice is more than a series of tasks; only through relational continuity and a commitment to a broad scope of practice can the complexity of care be meaningfully addressed.

The FM Profile aims to do the following:

- to capture the professional activities that are unique to family medicine and the services for which we are the only or main providers in the Canadian health care system;
- to reflect a broad skill set to support generalist and adaptive abilities for a diversity of practice settings and needs; and
- to balance aspirational intentions with a realistic knowledge of the practice and training environments.

Other dimensions of comprehensive care include the settings of care (eg, office, hospital, delivery room), domains of care (eg, prevention and screening, diagnosis and management, palliative care), and life cycle elements (eg, maternity and newborn care to end-of-life care). New elements of the FM Profile will include being more explicit about scope in relation to levels of care—we are absolutely active in primary care and our added value comes from the role we often play in straddling the transitions to secondary and tertiary care—as well as articulating a competency of adaptiveness in relation to community context (the concept of being *community adaptive*).

We also need to include, as part of the FM Profile, added competencies (eg, family practice anesthesia) that contribute to the delivery of care provided by family doctors. We will aim, through this work, to bring a greater degree of understanding and coherence to Certificates of Added Competence and to better articulate how they relate to comprehensive care as part of a community-adaptive responsibility.

The concepts described through this work have a number of implications, both for residency education and beyond. In practice, comprehensiveness is often achieved in teams; however, residency programs will prepare residents for a personal level of comprehensiveness, as per the FM Profile, to ensure generalist capability, flexibility, and adaptability upon entry to practice. Community-adaptive competence does not necessarily require more time and can be acquired starting in residency, depending on training context, planned exposures, use of electives, etc. The link between context and competence will be reaffirmed; this means that residency programs need to ensure a range of training contexts and include rural and remote environments.

I realize that a lot of ground is being covered here, in an area that is currently very much a "work in progress." We have heard from Chapter presidents about the importance of language and of avoiding unintended consequences, such as the FM Profile being used (by us or others) in a prescriptive manner with regard to the scope of practice of family physicians. At the same time, it is essential that we be prepared to state, unapologetically, the kind of scope of practice we are training residents and family doctors for. This is not about "doing more" or about being prescriptive about scope; rather, it is about articulating the added value of what we do. Internal consultations to date have included the Family Medicine Specialty Committee, the CFPC Board of Directors, the Chapter presidents, and our ePanel members. We look forward to further consultations later this month and this fall. We believe it is essential work to guide owning our discipline.

Acknowledgment

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Cet article se trouve aussi en français à la **page 415.**