

than 80% of Canadians live) no longer practise comprehensive “cradle-to-grave” family practice. The traditional model of the general practitioner who knew a little about a lot of things and who provided a range of services worked well in the 19th and 20th centuries when medicine was simple and treatment options were limited—when the entire care team in a hospital comprised only a few nurses and physicians and there were no such things as computed tomography scanners or respiratory therapists (or any of the long list of health care professionals currently working in the acute care setting). The evidence for the demise of this model has been mounting over the past 20 years, with many studies conclusively demonstrating a progressive erosion in the scope of family physicians,¹² considerable attitudinal changes among the new generation of family doctors about the role of hospital care in their careers,¹³ and changing perceptions of the importance of work-life balance and career expectations.¹⁴

At the same time, Canadian hospitalists have been filling the gaps in inpatient care that resulted from the voluntary mass migration of family doctors out of acute care settings, with better quality results^{5,6} and better or similar efficiency despite looking after a more complex patient population.^{15,16} Hospitalists are taking a leading role in teaching family medicine residents,¹⁷ as well as engaging in quality improvement activities on a mass scale.¹⁸ Moreover, their presence is associated with high satisfaction rates among the interprofessional care teams,^{19,20} as well as community-based family physicians.²¹

Across Canada, hospitalists have demonstrated that they are an essential component of a modern acute care institution and that they bring value both to patients and the broader health care system. Hospitalists are here to stay, and it is high time that their primary care colleagues acknowledge their enormous contribution to the medical landscape.

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Competing interests

Dr Yousefi is a board member for the Canadian Society of Hospital Medicine and the CEO of Hospitalist Consulting Solutions. Opinions expressed in this letter are those of Dr Yousefi and do not represent the views of the Canadian Society of Hospital Medicine or Hospitalist Consulting Solutions.

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Correction

In one of the photo captions that appeared in the Cover Story of the June print issue of *Canadian Family Physician*,¹ Dr Melinda Fowler's honorific was inadvertently not included. The photo caption should have read as follows:

Checkups with patients Stephanie Pollok and (centre)
Dr Melinda Fowler at the Brokenhead Health Centre.

Canadian Family Physician apologizes for this error and any confusion it might have caused.

Reference

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