

Family Medicine Professional Profile



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For years we have tried to increase student interest in family medicine by claiming that, among other things, our specialty offers the most flexible career path, with a multitude of possibilities. While reading the Family Medicine Professional Profile produced by our College,¹ many of us might ask ourselves if this is true.

In 2003, family medicine was in crisis, with only 24.9% of all medical students selecting it as their chosen career path.² The CFPC and other organizations mobilized to increase medical student interest in our specialty. Our marketing efforts have paid off: from 2013 to 2016, about 35% to 40% of all medical students chose family medicine.³

To meet the needs of the population, we need approximately 50% of students to complete their residencies in our specialty. The Royal College of Physicians and Surgeons of Canada recognizes 67 medical specialities in addition to our own.⁴ But do you know of a restaurant serving 68 menu items that makes 50% of its sales off a single item?

To be a popular choice, we need to be attractive. We are all different and we have all developed our own strategies to sell our specialty. I believe there are 4 elements necessary to attracting the best students to family medicine, and to attracting the proportion of students required. We need to do the following:

- Explain the role and value of family medicine.
- Promote the advantages of family medicine (flexibility, diversity, patient-centred care, the pleasure of developing long-term relationships with patients, etc).
- Advocate for proper support for our work (access to tests, other professionals, other specialists, etc).
- Ensure competitive pay scales compared with other specialities.

In developing the Family Medicine Professional Profile, the CFPC wanted to promote complete, comprehensive, continuing patient-centred care. After the consultation process, it was established that this included community primary care services, emergency care, home care, long-term care, hospital care, and maternal and neonatal care.

Does this mean that all family physicians must work in these areas? Does this mean that family physicians who do not provide these forms of care are not contributing important services to their communities? Is this the end of the flexibility and vast array of possibilities that a career in family medicine has to offer?


Certainly not. Each family physician does not need to participate in all of these tasks, and added competencies

can help meet the needs of particular communities. At the individual level, the possibilities available within the field of family medicine remain vast. However, collectively this needs to be harmonized with our social mandate.

Quebec is a recent and striking example. If we do whatever we like and 29% of the population is without a family physician, then we have a problem.⁵ Quebec represents a special case and it is important not to blame physicians for the situation. Office practices and local community service centres had been devalued for years and specific medical activities (*activités médicales particulières*) brought a substantial portion of the work conducted by family physicians into hospitals. This left a gap in primary care services.

Nevertheless, this painful experience reminds us that if we do not deliver on our social mandate we risk losing a portion of our autonomy. Moreover, we risk leaving a gap that could be filled by other professionals. We need to continue developing our added competencies, but these need to increase the value of comprehensive and continuing care.

The Family Medicine Professional Profile does not contradict one of the most attractive elements in promoting student interest in family medicine. It allows us to better define what we do and provide a better explanation to future family physicians. It is a tool that can be used to promote the value of family medicine and influence health policies to better support our practices and our demands for competitive pay scales compared with other specialities.

As individual family physicians, we still have access to a multitude of possibilities for a stimulating career, but collectively we must deliver on family medicine's promises to the Canadian population. 

References

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Cet article se trouve aussi en français à la page 158.