Dear Colleagues,

Family doctors work hard every day to make sure their patients get the best care. In caring for patients, family doctors know a lot about the health care system—what is working and what is not. Therefore, it is demoralizing when one’s work and perspectives are not respected by decision makers. Some unsettling comments have been uttered by several provincial Ministers of Health over the past year, most recently in Newfoundland and Labrador. It is not surprising that in our December 2017 member survey, more than 48% of members disagreed or strongly disagreed with the statement that their work is valued by decision makers (government and senior officials).

It is not surprising, given how some members are feeling, that I have heard from some that governments are ignoring the unique value proposition family doctors bring. Let’s refer to some evidence supporting why the health care system and our patients need us now more than ever:

- According to Statistics Canada, in 2014, 85% of Canadians aged 12 and older had access to a regular family doctor. A 2017 Ipsos Public Affairs poll commissioned by the CFPC (unpublished data) showed that 82% of Canadians have access to a family doctor; an additional 11% do not and are currently looking for one.
- The same poll showed that 79% of Canadians rated the overall quality of care they received from their family doctor as excellent or good.
- An Ipsos-Reid poll commissioned by the Canadian Medical Forum last year, the results of which are due to be published in 2018, showed that the public continues to place top importance on the relationships they have with their physicians to assist them with matters pertaining to their health; they accept the important contribution made by other providers, but emphasize the importance and primacy of the relationship with their physician.
- Each additional general practitioner per 10000 population is associated with about a 6% decrease in mortality.
- Family physicians provide a higher level of continuity of care and are associated with lower hospitalization rates and all-cause mortality.
- Typically, the patient load that family doctors assume (number of rostered patients, visits per week) is greater than that of other providers who work in primary care and whose scopes of practice overlap, to a degree, with that of family physicians.

I was recently reminded by a colleague that the physician-nurse relationship is the oldest interprofessional relationship in medicine, that we need one another, and that when we work well together, patients get the very best care. Nurse practitioners, registered nurses, physician assistants, and family physicians all have an important role to play. They come from different cultures of professional education, are guided by different theoretical perspectives, and might develop their clinical skills in different practice environments. The training of these groups varies in scope and duration. It has been my experience that overlapping scopes of practice are best managed at the local practice level, taking the needs of the patient population and the full complement of staff into account.

The CFPC, through the development of its Patient’s Medical Home (PMH), favours an interprofessional model of care. High-functioning PMH models have been associated with better attention to preventive care, adherence to care plans, and fewer visits to the emergency department. The PMH has been studied by most provincial governments, and is supported by many. We hope that through the PMH, decision makers will recognize the value added by each and every team member, practising to their scope, collaborating and not competing.

The board recently approved the latest draft of the Family Medicine Professional Profile, which reaffirms our collective and individual commitment to continuity and comprehensiveness of care for patients, as well as the unique contribution of family physicians with enhanced skills.

Family practice is hard but rewarding work. We want to assure you of our profound understanding of this, and how we advocate on your behalf for recognition and the right supports. In doing this, we need to remain united as a profession, to be accountable to each other in our practice, and most important, to best serve our patients.

Acknowledgment
I thank Eric Mang for his review and comments.

References