Family docs rock

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One of the privileges of being President of the College of Family Physicians of Canada is the opportunity to travel across this country to meet and talk with other family physicians. In March I attended the Alberta Chapter's board meeting, their Annual Meeting of Members, and their educational summit for family physicians. Alberta is home for me, and I have been attending this conference for years. This year was a profoundly different experience. Family docs in Alberta are frustrated, sad, and angry at the government's unilateral decisions that negatively affect family medicine in that province. Docs were emotional and worried about their patients—in particular those who are most vulnerable with complex medical issues. This work is the hardest work, and we, along with our teams, are the best at providing this care.

This is not unlike other struggles we hear of at the national level from family doctors across Canada. Although we have an excellent model of care that we strive for—the Patient's Medical Home[1]—there is sometimes a disconnect between what our governments propose (or impose), what our patients value, and what we know about the value of family medicine.

Family docs provide care across the spectrum of illness, and we work in teams to provide a basket of services to adapt to our communities' needs. Our specialty covers the cradle to the grave ("everything but teeth," I once heard), and we specialize in complexity, managing biomedical with social contexts that can range from life-threatening illness to preventive medicine.

More family doctors means better health care outcomes for Canadians, particularly for those patients older than 40 and those with chronic conditions.[2] If you add 1 family doctor per 10 000 people, the mortality rate decreases by 6% for that community.[3] Other than cardiology, we are the specialty that has the largest effect on decreasing death rates in the population.[4] Do you have heart disease, cancer, stroke, or diabetes? Well, we are the specialist for you! We also are associated with better outcomes for reduced low-birth-weight postneonatal mortality, reduced acute hospitalizations, improved preventive care, early cancer detection, and reduced costs to the system.[5] In addition, we are increasingly important in screening, showing higher cancer screening participation rates and improved quality of care for cancer survivors. In my home province in 2018, it was reported that patients had fewer emergency department visits, hospital admissions, and appointments with other specialists if they had a family physician care provider as a part of their health care team.[6] We are the best bang for your health care buck.

Early in my career I recall that one of my patients was surprised to learn that I had gone to school for 10 years (postsecondary training) to become a family physician and was required to keep up to date with ongoing professional learning. Most of our education and training is long and robust—on average we have an undergraduate degree (3 to 4 years), medical school (3 to 4 years), then at least 2 years of postgraduate training; most of us acquire between 15 000 and 20 000 hours of clinical experience.[7-9]

One important consideration, of course, is access. Not all patients have family physicians, and we have a role to play in improving this access. Starting with who we attract and accept into medical school, institutional priorities and admissions criteria linked to socially accountable outcomes should ensure we match what we need in the community with who we admit to training programs. We have much to improve on in order to get more family physicians in rural and remote communities and to care for our most underserved populations.

I am proud of the care that we provide as family physicians. The British Columbia College of Family Physicians has articulated the value of the discipline well,[10] and the title of this article is taken from a campaign by the Alberta College of Family Physicians—I could not agree more. Our allied health professionals cannot replace us or serve as substitutes for what we do. We work most effectively in teams that allow us to partner with one another, working to our full complementary scope. We have tremendous value to the health care system, and we should speak loudly to our abilities, expertise, and worth.

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