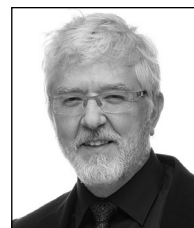




# Scope of work and the future of family practice

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Dear Colleagues,

We acknowledge the messages of support we have received in response to our open letter describing the *current* crisis in family medicine (FM).<sup>1</sup> Yet, we have been here before: the CFPC was created in 1954 at a time of deep concern for the future of general practice; and in 2003 medical students' interest in FM was alarmingly low,<sup>2</sup> as it is now.

Family medicine has always risen in the face of adversity, and the pandemic has exacerbated chronic health system problems that have given rise to grave, and perhaps unprecedented, concerns about the future of family practice. As we respond to today's crisis, we must remind ourselves of the ways FPs and family practices permeate and sustain Canada's health care system.

## ***Family doctors are primary care providers for most Canadians; this relationship matters to Canadians.***

A CFPC analysis based on the 2019 Canadian Community Health Survey found that about 86% of Canadians had a regular care provider,<sup>3</sup> and for 97% of them that person was an FP.<sup>3</sup> Other medical specialists (1.2%) and nurse practitioners (1.3%) were the next most common regular care providers.<sup>3</sup> Many Canadians (81%) say it is important to have an ongoing relationship with an FP (ie, a care provider who understands their changing needs and sees each individual as a whole person).<sup>4</sup>

## ***Family doctors are the largest part of Canada's medical workforce, serving diverse communities and populations.***

Family physicians account for 52% of all physicians and surgeons,<sup>5</sup> and for every emergency medicine physician certified by the Royal College, there are almost twice as many certified by the CFPC.<sup>6</sup> In 2020, 12.8% of FPs were located in rural communities, compared with 2.2% of other specialists, and FPs represented 86% of the rural medical workforce.<sup>6</sup> They routinely provide care to underserved, at-risk, and vulnerable communities. For example, during the pandemic, 27% of FPs provided care to COVID-19 patients in long-term care and other residential care facilities; 14% provided care to COVID-19 patients in Indigenous communities; and 11% provided care to COVID-19 patients who were experiencing homelessness.<sup>7</sup>

***Family doctors provide most of and a range of medical care patients receive.*** Family physicians provided 54%

of the almost 282 million fee-for-service medical services received by Canadians in 2019 to 2020.<sup>8</sup> They provided 86% of injections and immunizations given by doctors and 89% of Papanicolaou tests; provided 40% of psychotherapy and counseling services (psychiatrists, 52%); attended 33% of births (excluding cesarean sections; obstetricians, 67%); provided 56% of hospital-based assessments (internal medicine physicians, 21%); and fixed 27% of major and minor fractures (orthopedic surgeons, 61%).<sup>8</sup>

***Family doctors provide care in many clinical settings.*** Most (58%) work in private clinics, and 8% provide care in hospital settings, 2% in long-term care, and 7% in emergency departments.<sup>9</sup> Also, 63% of FPs provide on-call services for an average of 111 hours per month.<sup>9</sup>

This sampling of evidence demonstrating how FPs are highly skilled, pluripotent health care workers shows how the entire health care system is dependent on them.

To health system stewards, FM and FPs must be supported to do the work the evidence clearly shows they can do. To learners, know that FM offers you many career pathways, each with intrinsic rewards that will buoy you over time. To FPs and patients, know the CFPC will do everything in its power to ensure that FM continues to serve as a cohesive force within the health system and as a source of societal good for Canadians. 🌱

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