

# Just a GP?

Adam Neufeld MSc MD CCFP


Just a GP?" People ask this all the time. As if to recover from and evade their own discomfort, they invariably follow up with something like, "Well, we definitely need more community doctors, that's for sure!" From my experience, this sentiment is usually innocent and stems from ignorance or misplaced sympathy, which is what provokes the cognitive dissonance. After all, family medicine (FM) is demanding and not as fancy or lucrative as medical "specialties." As innocent and naive as the question may be, it is no less counterproductive and demeaning to those who pursue (or aim to pursue) FM as a career. The following few paragraphs explain how people ought to reconsider FM and what FM residents can do or say when others ask them, "Just a GP?"

First, family physicians (FPs) are specialists in Canada. The term *GP* or *general practitioner* is often used to mean *FP*, but *GP* can apply to FPs, internists, pediatricians, nurse practitioners, and other allied health team members working in primary care. The fact is that all Canadian-trained FM residents must pass the College of Family Physicians of Canada's Certification Examination in Family Medicine and the Medical Council of Canada qualifying examination to be eligible for independent practice; the former rigorously tests candidates on communication skills, professionalism, cultural awareness, and critical thinking. And, compared with a single specialty area (eg, obstetrics and gynecology), the CCFP designation reflects medical expertise in more than 100 topics across numerous clinical domains—from mental health and addiction, prenatal care, and pediatrics to acute care medicine, chronic disease management, geriatric medicine, and palliative care. Hence, FPs may be generalists by nature, but they are truly specialists in the work that they do—specialists in treating the whole person across the lifespan.

Second, access to FPs is what our society needs the most. In May 2022 Dr Katharine Smart—then the Canadian Medical Association President—highlighted how 4.6 million Canadians continue to lack regular access to a primary care provider.<sup>1</sup> This is highly problematic because FM is considered the bedrock upon which the rest of the health system sits, and continuity of care in FM increases quality of patient health care while reducing the potential for medical and psychological harm and promoting greater joy and meaning in both patients' and physicians' lives.<sup>2</sup> Family physicians are also leaders in medical education, public health, and community outreach (eg, climate change, women's rights), and becoming an FP requires a minimum of 10 years of postsecondary education.<sup>3</sup> Why, then, does FM continue to be thought of as *not enough*—even by our own colleagues? Very strange indeed.

Third, when did one medical specialty become better than another? Nobody ever asks, "Just a neurologist?" This attitude highlights people's inherent tendency to focus on extrinsic goals in medicine (eg, status, influence, income) rather than intrinsic ones (eg, job satisfaction, interest in the work, contribution to community), which correlate with better engagement, performance, happiness, and well-being.<sup>4</sup> I believe this misplaced focus is part of what pushes learners away from FM: just look at the declining rates of applications to this invaluable field.<sup>1</sup> While FPs do deal with coughs and colds and fill out a lot of forms (sigh), FM is one of the best jobs for work-life balance and many of us love the work! It is not only rewarding—with decent hours, continuity of care and relationships, and collegiality that are simply not found in other areas of medicine—but it also offers one of, if not *the*, most flexible scopes of practice there is—from working in clinics, emergency departments, hospitals, or long-term care centres, to doing housecalls, working in the outdoors, or even going to outer space! Also, it actually pays quite well, just to dispel another myth that people seem to hold.

To a large extent, it is on our politicians and public health leaders to solve these issues: to reinvest in and prioritize FM, and to remind everyone in Canada how important and well-qualified FPs are. Until that day, however, learners and practising FPs must play a role in reshaping public perception. When someone says to me, "Just a GP?" I now respond by proudly saying, "Absolutely. I chose FM as my specialty." I still sometimes find myself wanting to defend this choice—for example, by telling them about my other interests. However, I am trying not to do that anymore and to remind myself and others that FM is a specialty, that FPs play a massively important role, and that, most importantly, I love what I do and make a real difference in people's lives. I also remind myself that we typically do not go into FM for money, status, or power—even if opportunities for these things still very much exist. We go into FM for the autonomy, incredible relationships, and the meaningful pursuit and purpose in life.

So, yes ... if you want to, I guess you could say I am just a GP! 

**How to get involved:** Did this article resonate with you? If you wish to submit an article for consideration for publication, we encourage you to send it to the College of Family Physicians of Canada Section of Residents team at [education@cfpc.ca](mailto:education@cfpc.ca)! We look forward to hearing from and collaborating with you toward a better tomorrow in family medicine.

Dr Adam Neufeld was the Executive Lead Internal representative from 2020 to 2022 for the College of Family Physicians of Canada's Section of Residents on behalf of the University of Calgary in Alberta, and is currently a family physician and clinical lecturer in the Department of Family Medicine at the University of Calgary.

### Acknowledgment

This article was previously published as a blog at <https://www.cfp.ca/blog>.

### Competing interests

None declared

### Correspondence

Dr Adam Neufeld; e-mail [adam.neufeld@ucalgary.ca](mailto:adam.neufeld@ucalgary.ca)

### References

1. Smart K. Critical family physician shortages must be addressed: CMA. *Canadian Medical Association* 2022 May 9. Available from: <https://www.cma.ca/news-releases-and-statements/critical-family-physician-shortage-must-be-addressed-cma>. Accessed 2023 Jan 23.
2. Loxterkamp D. The lost pillar: does continuity of care still matter? *Ann Fam Med* 2021;19(6):553-5.

3. Diaz Vickery K, Rindfleisch K, Benson J, Furlong J, Martinez-Bianchi V, Richardson CR. Preparing the next generation of family physicians to improve population health: a CERA study. *Fam Med* 2015;47(10):782-8.
4. Kasser T, Ryan RM. Be careful what you wish for: optimal functioning and the relative attainment of intrinsic and extrinsic goals. In: Schmuck P, Sheldon KM, editors. *Life goals and well-being: towards a positive psychology of human striving*. Kirkland, WA: Hogrefe and Huber Publishers; 2001. p. 116-31.

---

*Can Fam Physician* 2023;69:e45-6. DOI: 10.46747/cfp.6902e45

La traduction en français de cet article se trouve à <https://www.cfp.ca> dans la table des matières du numéro de février 2023 à la page e47.