



Family medicine is primary care and much more

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Canadians deserve the best primary care. But who are the providers of primary care? Depending on where you are in the world, primary care physicians include family physicians, general practitioners, and sometimes general internists, pediatricians, and others. While it is convenient to classify these as *primary care physicians*, the title inadvertently implies limits on what Canadian family physicians do. Many family physicians provide emergency, long-term, and palliative care, as well as perform clinical procedures, provide hospitalist services, and much more. While these dimensions of medicine are not always classified as primary care, all are part of family medicine.

Terminological confusion grows when we expand from *primary care physician* to *primary care provider*. The term *primary care provider* is often used to refer to anyone providing any primary care service and may include a host of allied health professionals. We would like to caution against haphazardly using this term, which is reductionist and simplistic. When we say *primary care provider*, do we mean the most responsible primary care provider, or do we mean any health care professional involved in the provision of a patient's primary care? Those are different roles and functions, and almost always involve different scopes of practice.

Additionally, many outside of medicine—and perhaps some inside—struggle to understand the training, abilities, skill sets, education, and roles of each profession. A confusing, imprecise term will not help our patients or funders better understand our roles. To that end, the generic use of *primary care provider* will make it more challenging for family medicine to assert the specific value proposition of the profession. So, what is that value?

There is a great deal of research into the value of primary care. Dr Barbara Starfield¹ led the initial work in this area and the fundamentals have not changed since then.² Most of the research focuses on primary care physicians, and Starfield's early work identified

family physicians, more than other health professions, as linked to a reduction in mortality.¹ The assumption we can just patch the holes in a primary care system using other health care providers lacks the robust data supporting the benefits of family medicine.

Replacement is a failed solution. Replacement provides the cover of an illusion that something is being done to improve patient care, and usually comes at the expense of collaboration among health care providers. The solution is actually recognizing what is consistently linked to value, and then valuing it. In Canada, when individuals report having a primary care provider, 95% of the time it is a family physician.³ When we look at conditions managed predominantly in primary care, it is family medicine providing that care.⁴ Family medicine is primary care (and so much more).

Canada has not adequately invested in supporting family physicians to provide primary care and Canadians are paying the price. We fully support an integrated model of care with allied professionals working in a collaborative team to optimize patient care and improve care access. Every team deserves a family physician providing patients with the best care. Family physicians have extensive medical training, focused on continuity, longitudinal care, and comprehensiveness, with expertise in uncertainty and complexity that ranges from diagnosis to management at all stages of life. All Canadians deserve the best primary care and that starts with a family physician. 🌿

References

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Spotlight

Raised on Salt Spring Island in British Columbia, **Dr Clare Rustad** returned to her West Coast roots in 2018 after graduating from medical school at the University of Toronto in Ontario. Rustad was a professional soccer player and helped Team Canada reach the quarterfinals of the 2008 Summer Olympics in Beijing, China. Rustad has been a soccer analyst and colour commentator at major TV networks. She holds a molecular biology degree from the University of Washington in Seattle and a master's degree in epidemiology from the University of Cambridge in England.