

Scope of Care Is Our Family Medicine Identity

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TO THE EDITOR

I spent most of my teaching career worrying about how many medical students become family physicians. Now, I worry about how many family physicians become family physicians.

In a recent *Family Medicine* editorial, Dr Gravel declares our scope of practice is our destiny.¹ I agree and see our family medicine scope of practice as key to our scope of care, the compass on our path of destiny.²

With a group of bright new family medicine residents on their first day of orientation, we started by introducing ourselves around the table. Each resident ended their last chance for a first impression by declaring what fellowship they planned to do after residency. I heard aspirations for sports medicine, palliative care, addiction medicine, complementary medicine, women's health, lifestyle medicine, and so forth. All worthwhile work.

The last resident seemed uncertain of their professional self-image and confessed, "I haven't decided what fellowship I'll do after residency."

Not one resident seemed focused on becoming a family doctor devoted to the comprehensive care of all patients.

These future physicians were a talented elite full of passion and idealism. I believe they will be better sports medicine doctors for having trained first in family medicine. Some may become full-spectrum family doctors, with only part of their practice devoted to their special focus area.

There are many ways to become many kinds of family doctor. Still, we must share some concept of the essentials that identify who we are as family physicians with our colleagues, health care systems, and patients.

- Physicians distinguish themselves through rigorous training with real experience, taking real responsibility

for the care of real sick patients. Nonphysicians are not so prepared.

- Primary care physicians distinguish themselves by training and competence to take care of unselected patients with undifferentiated problems. Focused specialists do not provide this scope of care.
- Family physicians distinguish themselves by providing or coordinating comprehensive, whole-person, patient-centered care to all patients across problems, interventions, and settings of care. No other clinicians provide this breadth and depth of care to patients, families, and communities.

As educators, we need to be transparent to our learners, straight with our sponsors, and honest with ourselves. Do we produce family physicians that meet the mission of family medicine and the needs of our communities? How do we balance that mission with meeting personal aspirations of trainees, academic interests of faculty members, and institutional agendas?

Family medicine must address the lifestyle concerns, income opportunities, debt loads, and special interests of new physicians. Can we offer students attractive training and careers with variety, flexibility, and opportunity and still meet the mission of family medicine?

We need to measure and monitor the full training trajectories of our family medicine trainees, through fellowships and certificates of added qualification.³ More importantly, we need to follow careers into practice to assess the basket of services and scope of care provided to patients, families, and communities.

Family medicine commands a suite of superpowers: relationship-based, patient-centered, whole-person care for all. Together, these offer exceptional

career satisfaction, patient care, and health outcomes. At the foundation, they rely upon the breadth and depth of the scope of practice and basket of services family doctors provide to the patients, families, and communities they serve.

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