

Conclusions

1. The current **state of family practice** is untenable.

Specifically, the specialty runs the risk of devolving into a label without perceived substance and ultimately losing major market share to other primary care providers (e.g., internists, nurse practitioners, OB/Gyns).

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Conclusions

2. Since its inception, family practice has straddled the fence between two worlds: **the world of medicine and the world of healthcare**, leaving the discipline as neither fish nor fowl.

This situation has contributed to the lack of understanding of what family medicine stands for and, thus, remains an obstacle to growth. It is time to determine the optimum balance between medicine and healthcare.

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Conclusions

3. Family practice should take deliberate steps to **evolve its core attributes** to be in line with its identity and the distinguishing characteristics which support it.

This evolution should inform the strategic work of the discipline, and more specifically, the Task Forces.

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Conclusions

4. Family practice has an opportunity to **change the nature of the dialogue around “criticality”** in its favor by:

- Realizing the potential of its identity, and, in turn,
- Codifying, researching and developing the “science of complexity” – the interdependence of the parts and capacities of the human being – as a discrete, intellectually rigorous, medical discipline

Doing so plays to the strengths of family practice and holds out the promise of altering perceptions of criticality to the benefit of family physicians, patients and the healthcare system overall.

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Conclusions

5. As a community, family physicians have not fulfilled their potential as a **lever of change in the healthcare system**, and yet are uniquely qualified to do so.

In order to realize this potential, family physicians must take deliberate steps to capitalize on their comprehensive knowledge of patient needs and the healthcare system, their respected role as patient advocates, and the influence they have over their large patient populations.

With this added visibility and influence, the specialty would be in a position to increase its standing in the healthcare system and society as a whole.

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Conclusions

6. The **name**, family practice, does not communicate the unique, value-creating characteristics of the discipline. A new name should be considered as a means of reinforcing changes to come.

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