testimony, but some do insist on a written substance of opinion (short summary of evidence to be given at trial) within a strictly defined time before the trial commences. These time limits vary between jurisdictions. It is vital for physicians to discuss all the legal requirements and role expectations before involvement in legal proceedings.

As the confluence of medicine and law grows, a continuing dialogue about expectations and functions of the family physician in courts is warranted. I thank Dr Winkelaar for his contribution to this discussion.

—J. Thomas Dalby PhD RPsych
Calgary, Alta
by mail

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Feeding stereotypes

I read with great interest and agree with Dr Bailey's statement regarding family medicine as a specialty (*Can Fam Physician* 2006;53:221-3). Whether family medicine was a specialty was not a question for me when I decided to specialize in family medicine. However, I think that several factors are contributing to the "non-specialist" stereotype of general practitioners (GPs) in the eyes of medical students when they consider family medicine as a career.

First, the Certification by the College of Family Physicians of Canada (CFPC) differs from the rest of physicians and surgeons. This reinforces the stereotype of GPs by separating family physician from other physicians (Fellows of Royal College of Physicians and Surgeons [FRCPS]) who are the "specialists." In order to change the stereotype but continue to remain GPs, family physicians should be designated in the same way other physicians and surgeons are. Hence, the Certification in Family Medicine examination should be 1 among other Royal College of Physicians and Surgeons of Canada (RCPSC) examinations and lead to a designation of FRCPS in family medicine.

Second, tremendous efforts have been made to improve financial reimbursement of family physicians, who carry a substantial burden of patients' care by providing primary, obstetric, emergency, hospital, palliative, geriatric, and other health services. Most rural communities rely almost solely on family physicians. This burden often leads to overworked physicians who, after years in practice, give up previously provided services. In spite of all the improvements to reimbursement formulas for family physicians, the improvements are not comparable with professional (eg, multiple problems per visit, obstetric and other commitments) and new financial demands (eg, electronic medical records, Internet) of general practice. This can be interpreted as a lack of appreciation for the great contribution that family physicians make to health care. This reinforces the stereotype of GPs among medical students.

Finally, patients' appreciation of family physicians' services, in addition to medical knowledge and skills, depends on the time spent with patients and the quality of interactions. Often inadequate remuneration limits the length of patients' visits, and family physicians prefer to refer patients to other specialists for treatment and procedures of minor complexity. This produces an image among patients of a family physician as a referring physician, thus reinforcing the stereotype of GPs in the wider community, including medical students.

In spite of all this, I believe that those who choose family medicine as a career truly represent the specialty of family medicine.

Nevertheless, career choices of graduating medical students will continue to be influenced by this stereotype unless it is changed.

—Val E. Ginzburg MSc MD
Toronto, Ont
by e-mail

Response

I appreciate the opportunity to comment on this letter from Dr Ginzburg, which raises several important points.

The CFPC is aware that there remain substantial differences in remuneration when comparing family doctors to many other specialists. This has had an effect on many medical students when choosing careers, particularly with the increasing debt that students are now facing upon completion of their formal training. And there is evidence that remuneration issues have also affected the style of practice of many family doctors who no longer have the time to support patients in the manner that both they and their patients would prefer.

Much work remains to be done to improve the image and prestige of family medicine, and no single change (such as acknowledging family medicine as a specialty) will bring this about on its own. Clearly other changes, such as those suggested by Dr Ginzburg, might be required to reinforce the important role of the family doctor.

Revitalizing the relationship and clarifying the changing roles of family doctors and other specialists is another priority that is essential to ensuring the best possible care for our patients. The CFPC and the RCPSC have committed themselves to an ongoing collaborative initiative focused on achieving this objective. The initial phase of developing the report has been completed, and we are now embarking on implementation of the recommendations (available on our website at **www.cfpc.ca**).

It is important to recognize that the RCPSC and the CFPC play equivalent roles in accrediting education and certifying physicians in our respective disciplines and specialties. The RCPSC has been the voice of consulting specialists in Canada since 1929, while the CFPC has been the voice of family medicine since 1954. The RCPSC supports the CFPC's move to finally acknowledge what has been a reality in Canada for decades—that family medicine is a unique and deserving specialty, equivalent to the specialties of the Royal College. Each of our organizations has pledged to continue to strengthen our outstanding collaborative relationship, recognizing the strengths that come from working together while retaining the distinction as independent bodies offering 2 vital voices in Canadian health care—the CFPC on behalf of the specialty of family medicine and the RCPSC on behalf of our colleagues in other specialties.

—Tom Bailey MD CCFP FCFP
President, College of Family Physicians of Canada
by e-mail