

Position Statement: Valuing family medicine through the use of proper terminology

Family physicians are the foundation of Canada's health care system.

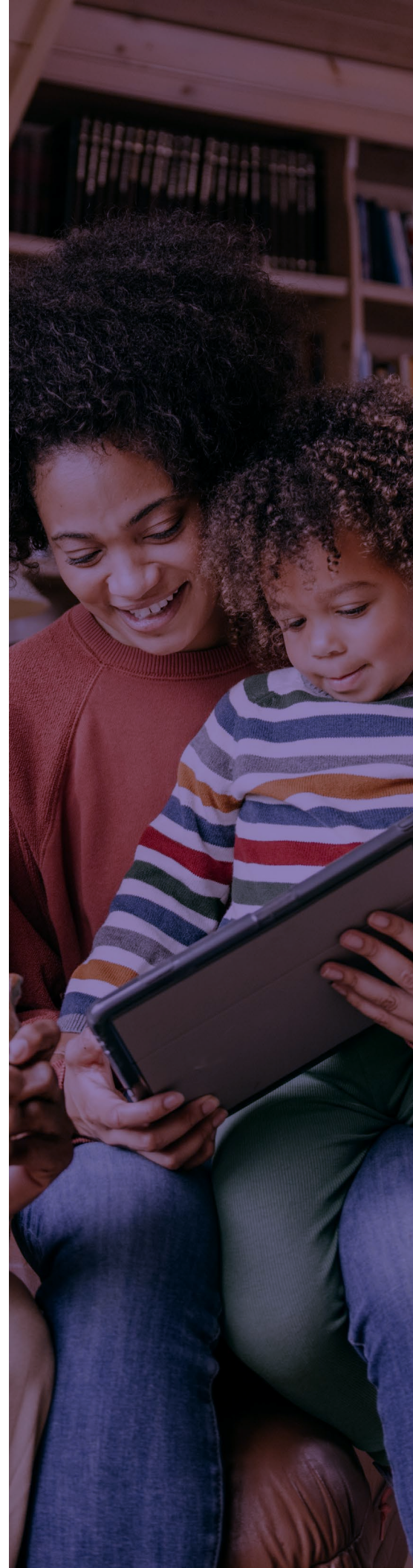
They provide medical care to patients of all ages and specialize in managing acute as well as complex chronic conditions and serve as the first contact for Canadians seeking care.

The College of Family Physicians of Canada (CFPC) urges health system and government officials, educators, and communicators to **consistently use "family physician" or "family doctor" when referring to specialist physicians trained in family medicine.** Accurate terminology affirms their distinct clinical and medical skill sets, supports morale and workforce sustainability, and reinforces their foundational role in Canada's health care system.

Generic terms such as "primary care provider" or "primary care clinician" fail to reflect the depth of medical education, training, scope of practice, and professional identity of physicians who specialize in family medicine. **This catch-all language implies inaccurate equivalency, obscures responsibility for clinical decision making, and diminishes understanding of family physicians' expertise.** The consequences are tangible: it undermines professional recognition, confuses patients, and weakens respect for family medicine—ultimately affecting recruitment and retention at a time when six million Canadians lack a regular family doctor.

The majority of medical services in Canada are provided by family doctors.*

*Canadian Institute for Health Information. National Physician Database — Payments Data, 2020–2021. Table A.2.1:
Total clinical payments (in thousands of dollars) to physicians, by physician specialty and province/territory, 2020–2021.



Ethicists note that the words we use in health care are not neutral. Calling physicians “providers” can make care sound like a simple transaction or service purchase, rather than a trusted professional relationship built on responsibility, compassion, and accountability. This language

can also make it unclear to patients about who has the training and authority to make complex medical decisions, and over time it may weaken trust in the distinct role and expertise of family physicians that high-quality care depends on.

Precise terminology is essential for:



Recognition of distinct expertise: Family physicians complete medical school and advanced residency training, including hands-on clinical experience. This prepares them to manage a wide range of conditions including undiagnosed symptoms, multiple chronic illnesses, mental health, preventive care, and coordination of care across different settings.



Patient clarity: Patients must understand who is responsible for their full-scope medical care and long-term clinical decision making, especially if patients are seen in team-based care settings.



System effectiveness: Family physicians drive better outcomes,¹ more appropriate resource use, and reduced system fragmentation and reliance on emergency departments.



Most patients with chronic illnesses such as hypertension, diabetes, or COPD are managed only by a family physician.²



Leadership in team-based care: Effective teams depend on clear clinical leadership. Family physicians are uniquely trained to guide collaborative care across the health care system.

This document expands the concepts introduced in the [Importance of Terminology position statement](#) by the British Columbia College of Family Physicians.

About the College of Family Physicians of Canada

The CFPC is the professional organization representing more than 46,000 members across the country. The CFPC establishes the standards for and accredits postgraduate family medicine training in Canada’s medical schools. It reviews and certifies continuing professional development programs and materials that enable family physicians to meet certification and licensing requirements.

The CFPC provides high-quality services, supports family medicine teaching and research, and advocates on behalf of the specialty of family medicine, family physicians, and the patients they serve.

References

1. Fitzsimon J, St-Amant A, Green ME, Glazier RH, Gayowsky A, Premji K, et al. Primary care unattachment: impact on mortality, hospitalizations and costs. *Health Aff Sch.* 2026;4(2):qxag030.
2. Kirkwood J, Ton J, Korownyk CS, Kolber MR, Allan GM, Garrison S. Who provides chronic disease management? Population-based retrospective cohort study in Alberta. *Can Fam Physician.* 2023;69(6):e127-e133.