



EDITORIAL

Family vs general practice: More similarities than differences?

One of the benefits of hosting a visiting professor from England has been access to the *British Medical Journal*, and perhaps less esteemed but equally fascinating publications like *GP*. This tabloid, similar to *FP News*, highlights the striking similarities between our practices—once you get beyond the discussion of “list sizes,” the NHS (National Health Service), and of course, the term “GP” itself.

There are calls for GPs to ban together to fight kidney disease, obesity, and hypertension, to provide mammography on request, and to more effectively treat atrial fibrillation. Judged by my rigorous scientific sampling over tea and scones (well, maybe it was a Starbucks and a bagel) the clinical issues are immediately recognizable: screening for occult problems, effectively managing chronic disease, improving quality of care.

But what about the social and economic fronts? There are debates about maintenance of certification and “revalidation,” struggles to reduce hospitalization and rein in costs, and pharmaceutical advertising galore. Editorials reflect on whether physicians should be salaried, the demise of 24-hour responsibility of physicians, the influx of nurse practitioners—I could lift the copy verbatim for *JFP*. Underlying these discussions are debates about financing healthcare, workforce composition, and the eroding lifestyle and incentives to GPs.

As I get to know my new GP colleague, it is clear our hopes, struggles, and challenges are quite similar. Although, I do admit to wistfully dreaming about the “paper-light practice with no out-of-hours or weekend work, with 10,000 patients all very well trained.”

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