



The College of Family Physicians of Canada Report to the New Brunswick College of Family Physicians April 2015

More information is available on our website (www.cfpc.ca).

I. Health Policy

Access to care and the Patient's Medical Home (PMH): Please have a look at the [recently launched PMH website](#).

- It explains what the PMH is
- Shares where PMH-like practices exist in every province and provides more detail about them
- Has resources for physicians, policy-makers, patients, other health care professionals -read the most recent [best advice guide on patient-centredness](#) and [best advice guide on social determinants of health](#)
- Contains the [PMH Self-Assessment Tool](#) - a self-reflective questionnaire that helps family practices analyze how closely their practice aligns with the principles of the PMH. It provides responses and actionable advice and links to resources that can help respondents better align their practice with the PMH. This is one example of CFPC's greater engagement in quality improvement (QI).



II. Government Relations

- [From Red to Green. From Stop to Go. Recommended actions to improve home care and child and youth health](#) - focusing on two red scores (no federal government involvement) from the 2013 [CFPC Report Card](#) on the Role of the Federal Government in Health Care, to green scores (federal government involvement). The Red to Green campaign will help guide our comments and key messages on policy proposals and party platforms during the 2015 federal general election.
- **Government Relations** activities are focused on building relationships with key Members of Parliament and using the Report Card to respond to budgets, bills, announcements and election platforms.
- **Medical Marijuana:** With Health Canada's April 1st release of the new regulations, the CFPC has released a [practice guidance document](#) to support members in navigating the complex clinical environment related to this. CFPC's position on [medical marijuana](#).
- **Physician Assisted Suicide and Euthanasia:** guidance paper post Supreme Court of Canada Carter ruling is being finalized.
- **Legislation in Quebec negatively affecting family doctors - Bill 20:** It demands that family physicians (FPs) take on at least 1,000 patients, depending on years in practice. This is in addition to a required minimum of 12 hours per week of hospital-based work. Further, FPs must ensure a

minimum “adherence rate” of 80%, meaning that at least 80% of a patient’s visits must be to their own family physician. Failure to meet these targets would result in pay being cut by up to 30%. CFPC has been supporting the Quebec Chapter in sharing the potential impacts on providing quality comprehensive care as well as ensuring that essential work continues in family medicine academic and research communities.

III. Education

- **Triple C Competency-based Curriculum:** Comprehensive Care, Continuing Care, and Centred in Family Medicine.
- Implemented by all 17 Departments of Family Medicine, this new curriculum is receiving national and international acknowledgement. An evaluation of Triple C is underway. It is a longitudinal process that includes three resident surveys (occurring at entry to and exit from residency as well as at three years in to practice) collected in partnership with Departments of Family Medicine from across the country.
- Detailed information is available at http://www.cfpc.ca/Triple_C/ including a toolkit with a video about the curriculum, presentations, promotional materials, reports. [‘Triple C Report Part 2 – Advancing Implementation’](#) is available.
- **Focus on engagement with the 17 Departments of Family Medicine:** In addition to the extensive work on Triple C, the CFPC is pleased to be discussing ways of engaging more with the Chairs of the Departments. We welcomed the opportunity to meet recently with the Ontario Chairs of Family Medicine and their administrative staff to discuss Accreditation issues.
- **Advancing Rural Family Medicine: the Canadian Collaborative Taskforce** is a CFPC-Society of Rural Physicians of Canada initiative. It will be co-chaired by Drs. Ruth Wilson and Trina Larsen-Soles. Mandate is to create an action plan enhancing ways for family physicians to feel prepared and enthused to practice in rural and remote communities in Canada.
- **Accreditation:** currently collaborating with the College des médecins du Québec, the Royal College, and AFMC to further develop processes around accreditation standards.
- **Residents and students:** concentrating on establishing a sense of belonging among, particularly with distributed education.

IV. Continuing Professional Development

- **A new Maintenance of Proficiency (Mainpro) system, Mainpro+ will be launched later in 2015.** Its objectives will be to better capture all professional development activities, to make our system of educational credits a better mirror of the learning required to maintain competence in all important family physician roles, and to facilitate reflection regarding the impact of those activities on their practice. [The changes to Mainpro+ are profiled in a 3 ½ minute video.](#)

- Credit reporting timeframes for all CFPC members and physicians reporting credits through our Non-member Mainpro participant arrangement, will be adjusted to align with the launch of Mainpro+.
- CFPC staff will be responsible for ‘rolling over’ credits in the current Mainpro system to the Mainpro+ system, on behalf of members.
 - Six CPD Regional Educators - family physicians with extensive career experience and involvement with all elements of continuing professional development - working collaboratively with the CFPC National Office and their respective Chapters to support the communication and implementation of the MAINPRO+ program. Each serves as a resource to support members with any questions relating to MAINPRO+ and is developing educational strategies to address member needs in continuing professional development.
 - **CPD Regional Educators:** BC Region - Dr. Jim Thorsteinson; Alberta Region - Dr. Khurram Jahangir; Manitoba/Saskatchewan Region - Dr. Teresa Wawrykow; Ontario Region - Dr. Eric Wong; Quebec Region - Dr. Dominique Tessier; Atlantic Region - Dr. Scott MacDonald
- CFPC is pleased to be involved in a project which relates to the future of CPD in Canada. In moving forward, it will be important for this project to complement the many initiatives of several organizations currently under way. The CFPC and Royal College are co-chairing this project and the Secretariat will be located at the CFPC.
- **Fellowship:** With the above mentioned changes to CPD credit categories in 2015, the criteria for earning Fellowship will also be changing. The focus of Fellowship will be on family physicians who hold certification and distinguish themselves by the quality and breadth of their outstanding contributions to their communities, colleagues and the discipline of family medicine. Fellowship will remain an honour bestowed for life as long as a member remains in good standing with the College.
 - A nomination process is proposed that uses criteria based on the Four Principles of Family Medicine and the CanMEDS-FM competencies to identify deserving members.
 - Self-nomination exists. Each nomination will be accompanied by at least one CFPC member nominator submission as well. Applications will be reviewed by peers.
 - All existing Fellows will retain this designation.
 - A call for nominations for Fellowship will be circulated in the Fall of 2015. Watch for more information.

V. Examinations and Certification

- **Certification Examination in Family Medicine.** In 2013, the CFPC’s certification exam was harmonized with the Medical Council of Canada’s (MCC’s) Qualifying Examination (MCCQE) Part II. Upon review, the CFPC has determined that the Certification Examination in Family Medicine has not resulted in the anticipated benefits for the Certification decision. For this reason, starting in 2016 the exams will be run as two separate examinations, as they were before 2013. The harmonized format of the exam will continue to be administered until the end of 2015, honouring the terms of the current Memorandum of Understanding between the CFPC and the MCC. The CFPC and MCC will continue to collaborate in a number of areas.

- **Alternative Route (non exam) to Certification (ARC)** available for experienced practicing family physicians wanting to try to achieve their Certification in Family Medicine.
- CFPC has consulted extensively with its academic communities in contributing to the **CanMEDS consultation process**. CFPC intends to adapt CanMEDS 2015 (to be launched in 2015 by the Royal College) for our specific context - CanMEDS-FM.
- **Certificates of Added Competence (CAC):**
 - The initial phase of clarifying the conditions for awarding CACs on the basis of credentials (those who have previously completed accredited training or those who are leaders in the field) has been approved by the Board of Examiners. The application process will open in March 2015 in the following domains of care in family medicine: Care of the Elderly, Palliative Care, Emergency Medicine, Family Practice Anaesthesia, and Sport and Exercise Medicine. The next phase, likely 2016-17, will address the practice-eligible, assessment-based route to obtaining a CAC.
 - Maintenance element - Each CAC holder will be required, beginning with their first full CPD cycle following the awarding of the CAC, to develop and realize a plan for maintaining CAC-relevant knowledge and skills through targeted CPD activities. It will be required that a minimum of the individual's 250 credits be earned in the domain of the relevant CAC, for successful completion of 5-year cycle requirements.
 - The special designation to be awarded is of the format 'CCFP(XX)' where the XX's will be reflective of the domain of care.

VI. Other Initiatives

- At the November 2014 CFPC Board Meeting, approval was received to proceed with the recommendations from the Government Advisory Committee (GAC) for **changes in CFPC governance and stakeholder engagement**. The growth of the College requires a “best practice” governance model that will:

- Ensure continued accountability
- Provide timely and effective governance
- Enhance efficiency and responsiveness to members
- Increase opportunities for member engagement

Key highlights of the proposed changes include the following:

- Establish a Board that remains credible and accountable to our members and has the skills necessary to steward the organization effectively - this includes being efficient, nimble, and accountable.
- The new Board will downsize from 40 to 11 thereby enhancing opportunities for more robust dialogue and timely decision-making.
- The new Board will meet at least 4 times each year, and at the call of the Chair, either face-to-face or electronically.
- Board members will have a mix of skills and competencies, and reflect the diversity of the College membership. Any member may put forward their name for a Board position.

- Establish a more robust mechanism for chapters, sections, committees, family medicine chairs, and members to interact with members of the Board and provide input to Board agenda topics. It is proposed that there will be annual Forums and Symposia to provide opportunities for discussion, networking, collaboration, and leadership development at all levels.

Changes to the CFPC's governance structure will be evaluated on an ongoing basis to confirm its effectiveness and ensure there are plenty of opportunities for members to engage with their College.

Over the months ahead, there will be regular communications about this important governance initiative as well as opportunities for members to engage in the process to learn more, ask questions and provide input. Communications will be provided on the CFPC website and through Canadian Family Physician, eNews, email messages, the CEO Blog. A series of **monthly video conferences** will be hosted by Dr. Garey Mazowita, CFPC President; Dr. Francine Lemire, Executive Director and CEO; and Dr. Sarah Kredentser, Chair, GAC. **The collective support of the CFPC chapters to share the communications with their respective members will be greatly appreciated** in our efforts to inform all members about the proposed changes and provide opportunities for their input. Feedback from members and other stakeholders will be reviewed by the GAC and shared with the CFPC Board at its meeting on May 22, 2015.

CFPC members will vote on the final recommendations at the Annual Meeting of Members in November 2015.

- To learn more about the rationale behind the proposed changes, please visit: www.cfpc.ca/CFPC_Governance
- Comments and questions may be submitted to CFPCgovernanceproposal@cfpc.ca .
- **Chapters and National working together:** In January all Chapter Presidents, Presidents-elect, senior staff and CFPC President, President-elect, Past President and selected senior staff congregated in Prince Edward Island for our annual Chapter Symposium. The focus was developing a framework for effective collaboration among chapters and the national office and designing existing and emerging chapter-related groups to support effective collaboration. Our collective goals and guiding principles for collaboration were established as well as priority areas for collaboration in CPD, related to the Patient's Medical Home and member engagement.
- The CFPC continues to develop **tools and aids that can assist our members in every day practice**. We know that having end of life discussions are not easy. The CFPC's Advisory Committee on Family Practice has developed an Advance Care Planning resource for patients: http://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Patients/AdvanceCarePlanning_ENG-Final.pdf We encourage you to share this with your patients today!
- **Enhancing organizational effectiveness and capacity:** Considerable energy is being spent working on culture and values, organizational capacity review, position evaluation and salary review, member relations management program and strategic plan implementation.
- **ePanel** - new opportunity for member perspectives to be heard. Members are invited to indicate interest

- **Global Health:** A business plan for the Besroux Centre has been approved and staff will be hired in late Q2 of 2015. The Centre will permit the CFPC to influence access to robust family medicine globally through building on its relationships with Canadian Departments of Family Medicine. The fourth Besroux Conference will take place November 11-14, 2015.
- **Canadian Primary Care Sentinel Surveillance Network (CPCSSN):** This five year pilot will end March 31 2015. Assets and ownership of the CPCSSN database will be transferred to Queen's University. The CFPC will remain involved in a supportive role, including supporting family physician members in using data to continue to build capacity in Family Medicine Research, as well as enhancing our understanding of members needs in the area of chronic disease management.
- **The Seven Wonders of Family Medicine Research (to Canada's health care system):** CFPC has identified seven notable studies carried out by family medicine researchers. Each underlines a concept that is central to ensuring effective and efficient delivery of care.
- **Research Advocacy:** Through the work of the Section of Researchers, we are developing a plan to increase our advocacy regarding FM research.
- **Data:** CFPC is aware of important data gaps that must be addressed and is engaging the National Physician Survey partners and others is exploring this further. Data sharing agreements will also be important to enabling the CFPC and others to make the best use of available data.
- **Relationship with the Pharmaceutical Industry:** Board-approved recommendations are based on an approach of clear and conscientious management of relationships with healthcare/pharmaceutical industry, abiding by the principles of trust, transparency, independence, accountability and fairness. An implementation plan related to the governance and management of the CFPC (i.e. the national college and its chapters), the events that the CFPC organizes and accredits, and decisions made by the CFPC regarding its support for the activities of parties external to our College will be developed. At the Board's request, we are also analyzing the impact for National and Chapters if we were to discontinue any relationship with pharmaceutical industry - an update will be provided to the Board in May 2015.
- **The Research and Education Foundation:** The awards and initiatives it funds support CFPC members throughout the course of their careers. The REF will surpass \$1M in 2014 for the third year in a row. Since its inception, the REF has raised more than \$10M. With the support of corporate and foundation partners, members and staff, it will continue to prosper, achieving its mission – supporting family medicine for a healthy Canada.
 - The CFPC and REF are pleased to have been able to introduce the following awards in the past year: the Patient's Medical Home Award, the Indigenous Medical Student Scholarship, the Power of the Arts Award, the Jim Ruderman Academic Family Medicine Leadership Award.
- **Family Medicine Forum:** FMF 2014 in Quebec City was a great success. Thank you to all who participated in celebrating the 60th anniversary of the CFPC and the 20th anniversary of the Research and Education Foundation (REF). Anniversary highlights include a [dynamic website of CFPC and family medicine's heritage](#) and a commemorative book. FMF 2015 will be in Toronto November 12-14 - mark your calendar!



Conclusion

The CFPC Executive and Board wish to extend our sincere thanks to Dr. Marc-André Doucet, President, Ms. Karine DeGrace, Executive Administrator and the entire NBCFP Executive and Board for your outstanding work on behalf of family physicians in New Brunswick, and your contribution to the efforts and activities of our College.

Respectfully submitted,

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