

The College of Family Physicians of Canada Report to the Manitoba College of Family Physicians February 2016

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

I. Health Policy

Access to care and the Patient's Medical Home (PMH):

- The PMH website 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. This is one example of CFPC's greater engagement in quality improvement (QI).
- Latest Best Advice Guides: Social Determinants of Health ; Patient-Centredness ; Adopting EMRs
- Upcoming Best Advice Guides (Mar-May 2016): Health Literacy, Chronic Disease Management, Remuneration
- Website undergoing an update that will allow interactive sharing of PMH best practices between users.

Practice guidance documents on complex issues: Expert groups developed these guides. They are available for member feedback and will be updated based on feedback and as federal legislation is introduced.

- Authorizing Dried Cannabis for Chronic Pain or Anxiety.
- Guide for Reflection on Ethical Issues concerning Assisted Suicide and Voluntary Euthanasia.

Basic Income: In November the Board reviewed a policy paper exploring the concept of Basic Income (income unconditionally granted to all people on an individual basis, without a means test or requirement to work) and determined it would like to explore the CFPC focusing on poverty through basic income, through a health lens.

Systemic Racism: The Indigenous Health Working Group produced a paper covering the impacts of systemic racism towards indigenous people. The paper describes steps physicians can take to address this in their practice in order to move towards equal access and quality of care for all people in Canada. The paper is due to be released in Feb-Mar 2016.

II. Government Relations

- Our **October 2015 election website** (<http://election2015.cfpc.ca/>) vastly exceeded our expectations and had more than 50,000 visits. We followed up with congratulatory messages to Prime Minister Trudeau and other MPs across all national parties, including MPs who are members of the CFPC: Drs. Bennett and Philpott.
- The CFPC provided submissions to both federal and provincial/territorial committees on Physician Assisted Dying (PAD). We have also established contact with the Special Joint Committee on PAD (consisting of MPs and Senators) and appeared before them February 1st.
- The CFPC submitted a pre-budget consultation document to the federal government in advance

of the 2016-17 budget. The submission focused on Home Care and Child and Youth Care (continuing our advocacy from the [Red to Green](#) document) as well as the Patient's Medical Home (PMH).

- We are working on setting up a series of introductory meetings in Mar/April with Minister of Health, health critics and other relevant stakeholders. The meetings will focus on raising awareness of the CFPC and introducing the concept of PMH.

III. Education and Accreditation

- **Restructuring academic family medicine-related committees and working groups:** In May 2015 the Board supported establishing a new Family Medicine Specialty Committee accountable to the board and to which other academic committees will report. This Committee will advise the Board on all matters related to Academic Family Medicine and for defining the educational components of the specialty. The first meeting was held on January 11-12 2016.
- **Triple C Competency-based Curriculum:** Assessment elements include the longitudinal resident surveys, an inventory maintained across all 17 universities and the newly approved qualitative focus on the experiences of FM program stakeholders.
- **Fundamental Teaching Activity Framework:** designed to support all teachers (family physicians and other health care providers) involved in providing quality family medicine education in Canada.
- **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. Formal and informal ongoing communications between the CFPC, the Chapters and the University Departments of FM remains a priority.
- **Advancing Rural Family Medicine:** the Canadian Collaborative Taskforce is a CFPC-SRPC (Society of Rural Physicians of Canada) initiative. Co-chaired by Drs. Ruth Wilson and Trina Larsen-Soles, the mandate is to create an action plan enhancing ways for family physicians to feel better prepared and enthused to practice in rural and remote communities in Canada. **A reference document, *Review of Family Medicine Within Rural and Remote Canada: Education, Practice, and Policy*, was recently released.**
- **CanMEDS 2015:** CFPC appreciates the opportunity to have participated in RCPSC's CanMEDS consultation process, having worked extensively with our academic communities in contributing. CFPC intends to adapt RCPSC's CanMEDS 2015 for our specific context - CanMEDS-FM.
- **Accreditation:** CFPC continues to be actively engaged in developing conjoint accreditation standards and processes for postgraduate training with the College des médecins du Québec and the Royal College.
- **Residents and students:** Ongoing work through their respective Sections. Working on developing a "Transitions to Practice" curriculum which would be delivered in the latter part of residency.
- **FMEC:** CFPC continues to work with consortium members on the 10 Future of Medical Education in Canada - Postgraduate (FMEC-PG) recommendations.

IV. Continuing Professional Development

- A new **Maintenance of Proficiency (Mainpro) system, Mainpro+** will be launched **June 27th, 2016**. Its objectives will be to better capture all professional development activities, to make our system of educational credits a better mirror 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.
- The Board has approved the National Standard for Support of Accredited CPD Activities as the minimum standards in the sphere of Mainpro accreditation. Members will have enhanced transparency of the financial support for the CPD they are exposed to and there will be consistency across CPD accreditors.
- **FMEC-CPD:** CFPC is pleased to house the Secretariat for this important consortium. The 3-year planning phase will kick off with a full-day face-to-face meeting of the core planning group and cover the following: affirmation of the goals of the planning phase, consensus on the themes to be addressed, agreement on the definition of a “project” within the planning process and solidification of a communications plan. Regular updates will be provided to participating organizations.
- **Fellowship:** With the changes to CPD credit categories, 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. Members holding Fellowship have been invited to participate on the new Fellowship Council.
 - 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 as long as they maintain Certification.
 - The online Fellowship application went live at the beginning of January 2016. We welcome the OCFP encouraging eligible OCFP members to apply.
- In recognition of the major public health crisis associated with **opioid misuse in Canada**, the board committed that (i) CFPC would support mandatory CPD where deemed appropriate, (ii) CFPC will not be the mandating body, (iii) CFPC will develop and communicate key messages to our membership regarding the importance of this societal issue and the need for them to be competent in this important area of care, and (iv) we are working with partner organizations to develop high quality CPD in this area.
- **Mifepristone:** CFPC collaborating with the Society of Obstetricians and Gynecologists of Canada to develop an educational initiative to support and validate competencies of physicians who will prescribe mifepristone and take care of women through the course of medical abortion.

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 this year, the exams will be run as two separate examinations, as they were before 2013. The CFPC and MCC will continue to collaborate in a number of areas.

- The CFPC welcomes the decision of MCC Council to permit a candidate to challenge the MCCQE Part II at the end of their PGY1 year, if the program certifies they are expected to complete the year by June 30.
- **External review of Certification process** - Professor Lambert Schuwirth, Professor of Medical Education, Flinders University, Australia, is providing advice and direction in our continuous quality improvement of our certification process, validating the reliability of our current process, validating its value as a standard for the competent independent practice of Family Medicine in Canada, validating - with or without modification - our plans for the future of assessment.
- **Alternative Route (non exam) to Certification (ARC)** Registrations were accepted until December 31st, 2015. No new registrations for the program are being accepted at this time. A new, permanent program providing an alternative route to acquiring certification will be developed.
- **Certificates of Added Competence (CAC):**
 - The first round of CACs have been awarded or are in the process of being reviewed, on the basis of credentials (those who have previously completed accredited training or those who are leaders in the field) in the domains of Care of the Elderly, Palliative Care, Emergency Medicine, Family Practice Anaesthesia, and Sport and Exercise Medicine. The number of applications in this first round doubled expectations. The next phase, will address the practice-eligible, assessment-based route to obtaining a CAC.
 - Each CAC holder will be required to develop and realize a plan for maintaining CAC-relevant knowledge and skills through a minimum of 125 credits for targeted CPD activities per 5-year cycle, and pay the \$50 annual fee. The CAC special designation has a standard that must be upheld by its members.
 - The special designation to be awarded is of the format 'CCFP(XX)' where the XX's will be reflective of the domain of care.
- **Additional CACs:** At the end of May the Board approved exploring the establishment of a CAC in the areas of **Addictions Medicine and Enhanced Surgical Skills**. In November 2015 the Board supported a business case for establishing CACs in additional domains of family medicine. Additional domains will be considered at a rate of 2 per year, maximum. Costs related to introducing additional CACs will be recovered through the fees for acquiring this designation. More information to come. A clear message from the Board is that the focus of this endeavor must be aligned with CFPC's core mission of producing skilled generalist clinicians, engaged in continuing comprehensive care, some of whom may, at some point in their career, acquire enhanced skills in family medicine, based on meeting community needs. We recognize the important contribution that family physicians who complete a PGY-3 make to specific areas of care. We hope that PGY-3 positions can continue to be supported, but, also that re entry positions and opportunities for concentrated training can also be facilitated. **Alignment between CFPC's Certificates of Added Competence and RCPSC's Diplomas/Areas of Focused Competence remains important and we are committed to continuing to work together.**

VI. Other Initiatives

- **At the November 2015 Annual Meeting of Members there was support for a new governance structure and enhanced stakeholder engagement in board discussion and direction. The CFPC is now governed by a smaller, skills-based Board recruited from among all members of the College. The objectives of the new structure and policies are to:**
 - Ensure continued accountability
 - Provide timely and effective governance
 - Enhance efficiency and responsiveness to members
 - Increase opportunities for member engagement

Key highlights of the changes include the following:

- **The Board Directors have a mix of skills and competencies, and, ideally, reflect the diversity of the College membership. Each year the Nominating Committee will announce the particular attributes being recruited and any member may put forward their name for a Board position. Chapter leaders will be encouraged to help tap good candidates on the shoulder and encourage them to apply.**
- **A more robust mechanism has been established for chapters, sections, committees, family medicine chairs, and members to interact with members of the Board and provide input to Board agenda topics. There will be annual Forums and Symposia to provide opportunities for discussion, networking, collaboration, and leadership development at all levels. In addition, Chapter leaders are connecting with the CFPC's President and CEO before and after each CFPC Board meeting to give their perspective on the topics on the agenda and following board decisions, to discuss impacts and implementation strategies.**

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.

- **Enhancing organizational effectiveness and capacity:** Considerable energy is being spent implementing recommendations from an organizational capacity review; we are also involved in the following initiatives: position evaluation and salary review, member relations management program and strategic plan implementation.
- **ePanel** - new opportunity for member perspectives to be heard. Recent ePanel surveys have included CFPC's relationship with pharmaceutical industry, physician assisted suicide and euthanasia, questions about healthcare and the federal election, mandatory CPD related to opioid prescribing.
- **Global Health:** The Besroul Centre was officially launched November 11, 2015! We are pleased to welcome Dr Katherine Rouleau as Director of the Centre. 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 and other key stakeholders.
- **Canadian Primary Care Sentinel Surveillance Network (CPCSSN):** This five year project ended March 31 2015. Assets and ownership of the CPCSSN database have been transferred to Queen's University. The CFPC will remain involved in a supportive and advisory role.

- **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**: The important areas of exploration for Family Medicine Research are: 1. Implementation of the Section of Researcher Blueprint; 2. Capitalizing on big data to answer the big questions that relate to our discipline; 3. Answering CFPC's internal needs. We celebrated the 20th anniversary of the Section of Researchers at FMF week 2015 and recognized the top 20 pioneers of Family Medicine Research.
- **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.
- **Family Medicine Forum**: FMF 2015 was a tremendous success. Mark your calendar for FMF 2016 in Vancouver, November 9-12!

Working with the MCFP remains a pleasure. Thank you Elaine for your contributions throughout your Presidency. We look forward to welcoming Dr. Deirdre O'Flaherty as your next President. We hope to interact even more with you as a full Board and want you to know that your elected leaders and your staff leaders are very engaged – thank you Tamara and Amanda. Thank you for your ongoing work!

Respectfully submitted,



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