

The College of Family Physicians of Canada Report for the Manitoba College of Family Physicians March 2017

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: [Communities of Practice in the PMH](#) ; [Social Determinants of Health](#) ; [Patient-Centredness](#) ; [Adopting EMRs](#) ; [Remuneration](#) ; [Health Literacy](#) . Next is team based care.
- In 2017, a refreshed PMH position paper (PMH 2.0) and revised website will be available to allow sharing of PMH best practices. A key concept of the PMH is the provision of comprehensive care within a family practice. The innovation taking place across the country will inform the next iteration of the document.

Practice guidance documents on complex issues:

- Authorizing Dried Cannabis for Chronic Pain or Anxiety.
- Guide for Reflection on Ethical Issues concerning Assisted Suicide and Voluntary Euthanasia. Dr. Lemire also presented to the Special Joint Committee on Physician Assisted Dying.
- Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada

Innovation in Primary Care series: aims to foster collaboration, sharing, and learning among family physicians in different provinces and territories. Good collaboration between CFPC and Chapters – four Chapters contributed to the first issue focused on the theme of [effective primary/secondary care interface](#).

Indigenous Health: Compiling a summary of medical schools' action to address Truth and Reconciliation Commission recommendations. The CFPC's Indigenous Health Working Group provided input into the *General Accreditation Standards for Institutions with Residency Programs* and is contributing to CanMEDS-FM. Both the CFPC's Social Accountability and Indigenous Health Working Groups will provide members for groups re-working the Red Book, ensuring representation/input.

Recent Board decisions:

- Recognition of abortion as a safe medical procedure provided by family physicians. For those who oppose abortion, the approved statement does not place pressure or judgment on those who exert conscientious objection.
- Calling for the transfer of responsibility for the health of incarcerated populations to Ministries of Health, away from Ministries of Justice.
- Approval of a [policy statement on solitary confinement](#).

II. Government Relations

- On November 10th (CFPC) released its latest report card on “[The Role of the Federal Government in Health Care](#)”, which grades the government on its performance across five main areas and a series of 23 indicators of importance to family medicine. The new document updates the grades from the [2013 report card](#). Progress has been made in a few areas: Indigenous health programs, the child and youth strategy, the national [home care](#) program, and action on a national immunization strategy.
- The CFPC provided submissions to both federal and provincial/territorial committees on Physician Assisted Dying (PAD). We appeared before the Special Joint Committee on PAD (consisting of MPs and Senators) and the House of Commons’ Standing Committee on Justice and Human Rights in 2016. We have established a Medical Assistance in Dying (MAID) group of experts to advise on how the CFPC can support our members through education, advocacy and training related to the new law.
- We have had several opportunities to meet with Dr. Jane Philpott, Minister of Health, health critics and other relevant stakeholders in 2016 and so far in 2017. These have covered a range of topics including raising awareness of the CFPC and the concept of PMH, as well the importance of continuity and comprehensiveness in family medicine. CFPC has been invited to several tables including mental health. Dr. Philpott was a keynote speaker at CFPC’s Family Medicine Forum in Vancouver in 2016 and recently spoke at the February 2017 Rural Summit.

III. Education and Accreditation

- **Focus on continuity and comprehensiveness of care** – this is a priority issue for the CFPC. At the May 2017 Annual Forum we will focus on building consensus regarding a Family Medicine Job Profile. This will address what family physicians need to learn in training and practice models for ensuring that family practices can provide patients with comprehensive care.
- **Family Medicine Specialty Committee:** Accountable to the Board and to which other academic committees report.¹ This Committee will advise the Board on all matters related to Academic Family Medicine, help define the educational components of our discipline, and help bridge any gap between education and practice. Focusing on the value of residency training and certification with a real life practice lens of balancing comprehensiveness of skills and Certificates of Added competence/enhanced skills where required.
- **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.

¹ Note that the Committees on Examination and Accreditation continue to be responsible directly to the Board.

- **CanMEDS-FM 2017:** An updated version of the Framework is being developed, including alignment and situation of this competency curriculum Framework with the emerging Family Medicine Job Profile, as well as with complementary assessment, accreditation, and CPD frameworks.
- **Focus on engagement with the 17 Departments of Family Medicine:** In addition to the extensive work on Triple C and CanMEDS-FM, 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 was 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. "[Canada's Rural Road Map for Action](#)" was released February 22, 2017 and a successful [Summit](#) was held to determine how to operationalize the four directions for action and twenty supporting actions to influence collective action in the areas of education, practice, policy and research. Competencies for rural practice are currently being established. **A reference document, *Review of Family Medicine Within Rural and Remote Canada: Education, Practice, and Policy***, was developed.
- **Accreditation:** the CFPC, through the creation of CanRAC (Canadian Residency Accreditation Consortium), 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. The three colleges, as well as the Association of Faculties of Medicine of Canada, have entered an agreement to collaborate in the development of an Accreditation Management System intended to facilitate a quality improvement and quality assurance process that will be continuous and ongoing. This is part of CFPC's efforts to strengthen the value that competent family doctors add to our health care system. The General Accreditation Standards for Institutions with Residency Programs have been revised by CFPC and the Royal College and are awaiting endorsement by the two Colleges. An extensive consultation process is underway to review The Red Book (Specific Standards for the Accreditation of Family Medicine Residency Programs).
- **Residents and students:** Ongoing work through their respective Sections. Working on developing a "Transitions to Practice" curriculum (work of the First Five Years in Practice, postgraduate education and CPD).

IV. Continuing Professional Development

- **A new Maintenance of Proficiency (Mainpro) system, Mainpro+ was launched June 27th, 2016.** The new online reporting platform makes accessing credit summaries, completed activities, in-progress activities, and official transcripts, easier. Its objectives are to better capture all professional development activities, to make our system of educational credits 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.](#)

- A **National Standard for Support of Accredited CPD Activities** was approved by the CFPC, le Collège des médecins du Québec (CMQ) and the Royal College of Physicians and Surgeons of Canada (Royal College) March 1st, 2016. Official adoption will occur January 1, 2018. 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 is underway with the priority areas to be addressed with the collaborative identified. FMEC-CPD projects will be showcased on the FMEC-CPD website (<http://www.fmec-cpd.ca/>).
- **Personal Learning Plan (PLP)**: A working group is being established, reporting to the National Committee on CPD, to explore aspects of design and implementation of a PLP.
- **Practising Wisely**: In January 2017 the CFPC Board approved reserve fund transfers to support Practising Wisely: Reducing Unnecessary Testing and Treatment. This is a 3-credit-per-hour case-based CPD curriculum. This program began as an Ontario Chapter program that is now expanding across the country with all 10 Chapters engaged.
- **Fellowship**: With the changes to CPD credit categories, the criteria for earning Fellowship have also changed. The focus of Fellowship is on family physicians who hold certification and distinguish themselves through outstanding contribution to their communities, their colleagues, and the discipline of family medicine. Fellowship will be bestowed for life as long as the member remains in good standing with the College. Members holding Fellowship have been invited to participate on the new Fellowship Council.
 - The nomination process uses criteria based on the Four Principles of Family Medicine and the CanMEDS-FM competencies to identify deserving members.
 - Self-nomination is allowed. Each nomination will be accompanied by at least one CFPC member nominator submission as well. Applications are reviewed by peers.
- 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. A communique was sent to all members letting them know what we are doing.

V. Examinations and Certification

- **Certification in Family Medicine (CCFP)** was awarded to 1,568 individuals in 2016.
- **Certification Examination in Family Medicine**. The CFPC's Certification examination and the Medical Council of Canada (MCC's) Qualifying Examination (MCCQE) Part II are now run separately, and at different times. The CFPC and MCC continue to collaborate in a number of other areas related to assessment and examinations. Examples of this include work on the Practice Ready Assessment (PRA), and innovation in the marking of Short Answer Management Problems (SAMPs).

- **External review of Certification process** - Professor Lambert Schuwirth, Professor of Medical Education, Flinders University, Australia, provided advice and direction in the continuous quality improvement of our certification process. He concluded that our current assessment program is robust and credible and that our assessment processes are sound and defensible. Dr. Schuwirth's recommendations have been carefully reviewed by our Board of Examiners.
- **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 based on an assessment process with a robust workplace assessment to acquiring certification will be developed.
- **Certificates of Added Competence (CAC):**
 - The first round of CACs have been awarded 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.
 - The CAC special designation has a standard for maintenance of the designation that must be upheld by its members through participation in CPD.
 - The special designation to be awarded is of the format 'CCFP(XX)' where the XX's will be reflective of the domain of care.
 - Although it is recognized that some family physicians with enhanced skills will focus their practice in a given area, the CFPC believes that better integration of enhanced skills within family practice in PMH type models, with appropriate collaboration/referral for consultation to Royal College specialists as required, is the best way to provide better care at lower cost, with better satisfaction of the public and communities we serve.
 - A total of 2,227 CAC's have been awarded to date.
- **Additional CACs:** At the end of May 2015 the Board approved exploring the establishment of a CAC in the areas of Addictions Medicine and Enhanced Surgical Skills. Competencies are being established in these areas.

We are currently updating the business case for awarding CACs in a financially sustainable manner. 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. Addressing community needs must be at the heart of this endeavor. We are advocating for sustained funding of PGY-3 positions, as well as for innovation in the acquisition of enhanced skills (integrated 3 year residency programs, support for concentrated educational experiences post residency, re-entry).

VI. Practice Supports

- CFPC is involved in **producing needed supports for members**, e.g. the November 2016 release with the Defence Minister, Harjit Sajjan, of *Family Physicians Working with Military Families for health professionals* to enhance awareness of health care issues specific to military and Veteran

families in Canada; our enhanced [Self Learning website](#); identifying useful resources to support caring for Syrian refugees; campaigning for [Choosing Wisely Canada](#); offering a health care provider and patient resource in [Prevention in Hand](#).

VII. Other Initiatives

- **Strategic Plan** – a new 2017-2022 Strategic Plan is being developed for launch in summer 2017.
- **Marketing strategy** – a brand promise has been established to emphasize CFPC’s central role as the voice of family medicine in Canada.
- **Territories** – a task force is exploring the feasibility of introducing one Chapter for members practicing in all three Territories. A needs assessment of members in the Territories will be done.
- The CFPC is now governed by a **smaller, skills-based Board** recruited from among all members of the College. Chapters, sections, committees, family medicine chairs, and members now have enhanced opportunities to interact with members of the Board. Evaluation is being conducted using multiple formats and audiences to ensure that the objectives are being met.
- **CFPC held its first electronic election of Board Directors in 2016:** Objectives included enhancing member opportunity to participate in the election process; enhancing member awareness generally of who is leading the CFPC and what types of activities we are engaged in; permitting members to review the recommendations from the Nominating Committee following a rigorous call process, and provide feedback prior to the vote. [Results are here](#) . Your 2016-17 Board of Directors is profiled [here](#) . Given the success of 2016, we will continue electronic elections. If you are interested in [being considered for a 2017 Board Director-at-Large position](#), please submit your application by April 1, 2017.
- **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, member relations management program and strategic plan implementation.
- **ePanel** - opportunity for member perspectives to be heard. 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, same day and after hours access, Mainpro+ Mobile App.
- **Global Health:** Since its inception in 2012, [The Besroul Centre](#) has brought together experts from Canada’s seventeen academic departments of family medicine, international collaborators from over 20 countries and states and key stakeholder organizations committed to advancing family medicine globally.
- **Research:** Work is underway between January and May 2017 to explore three elements: a QI Ready and Active Practices program; a Research Ready Practices program; and a Primary Health Care Research Collaborative. Strategic partnerships are being explored; existing initiatives that can be adapted/adopted and scaled up, are being gathered.
- **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.

- **New look for the CFPC's Research and Education Foundation:** It's new name is the Foundation for Advancing Family Medicine (FAFM) and its mission is advancing excellence in research, education and service in Family Medicine through philanthropy. The governance of FAFM is also evolving, moving to a smaller, skills based Board. [Here is the call for candidacies](#). If you or someone you know has expertise in governance and fund raising, please consider/encourage others in applying.
- **Family Medicine Forum:** Mark your calendar for FMF 2017 in Montreal November 7-11, 2017.

We appreciate the continued collaboration we enjoy with the leaders of your Manitoba Chapter. Congratulations to Dr. Deirdre O'Flaherty for a fantastic presidency. Welcome and best of luck to Dr. Ainslie Mihalchuk. Thank you to Dr. Tamana Buchel, Ms. Amanda Woodard and the full MCFP team for representing members in Manitoba so well.

Respectfully submitted,



David White, MD, CCFP, FCFP
President



Francine Lemire, MD CM, CCFP, FCFP, CAE
Executive Director and Chief Executive Officer