



**Report of the President and Executive Director/CEO
of
The College of Family Physicians of Canada
to
The British Columbia College of Family Physicians
October 2011**

It is a privilege for The College of Family Physicians of Canada (CFPC) to submit this report to The British Columbia College of Family Physicians.

I. Undergraduate and Postgraduate Programs

(a) Medical Student career choice: Growing numbers are participating in the Family Medicine Interest Groups (FMIGs) and there is measurable increased interest in family medicine as a residency program and career choice, as supported by the 2011 CaRMs match results.

(b) Involvement of medical students and Family Medicine residents: The CFPC welcomes medical students and residents in all of our organization's activities – each group has its own 'Council' within the CFPC comprised of 2 representatives from each medical school. There are also student and resident voting seats on the CFPC Board of Directors.

(c) The Future of Medical Education in Canada Project (FMEC): The recommendations from FMEC's undergraduate review: *The Future of Medical Education in Canada: A Collective Vision for MD Education*, are currently being implemented. The first draft of the report on postgraduate education is now being circulated for feedback.

(d) Curriculum: A working group has been established to implement the Triple C Competency-based Curriculum – Comprehensive Care, Continuing Care, and Centred in Family Medicine. Over the next two years the College and its Committees will work with the residency programs to define the overall structure of the new curriculum and training standards. The Triple C Competency-based Curriculum will impact postgraduate education primarily but will have implications in the longer term for undergraduate education and CPD as well as the certification and accreditation processes of the College. The Triple – C Competency Based Curriculum incorporates the CanMEDS Family Medicine Roles (based on the CanMEDS Roles developed by The Royal College of Physicians and Surgeons of Canada). Dr. Ivy Oandasan, CFPC's Consulting Director - Academic Family Medicine is the lead on this initiative and can be contacted at ivy@cfpc.ca.

In addition the CFPC's Committee on Undergraduate Education has developed a document entitled "*CanMEDS-Family Medicine Undergraduate: Undergraduate Competencies from a Family Medicine Perspective*" which will be of benefit to all Departments of Family Medicine and guide their involvement in medical student education.

II. Examinations and Certification

(a) Harmonization of the Medical Council of Canada's (MCC) Part II Exam and the CFPC's Certification Examination in Family Medicine: The CFPC and MCC continue to work together toward harmonizing the above 2 exams for those candidates eligible for certification in family medicine in Canada. The first harmonized exam will be conducted in the Spring of 2013.

(b) Examination Centres and Computer-based written CCFP Examination: The CFPC has increased its number of examination centres from 12 to 18 and delivered its first written examination electronically using Internet Technology developed by the Medical Council of Canada in the Spring of 2011. More centres means less travel for candidates. A computer based exam offers many potential benefits including enhanced security, translation and scoring.

(c) International Accreditation and Certification:

In response to the challenges related to physician supply and the Agreement on Internal Trade (AIT), the CFPC has developed a process to help facilitate the pathway to Certification in Family Medicine in the College of Family Physicians (CCFP) for qualified family physicians trained and certified in the specialty of family medicine elsewhere in the world. The CFPC Board has approved granting Certification in Family Medicine (CCFP) for international medical graduates (IMGs) who (i) are registered or have applied for registration in a Canadian jurisdiction and have received favorable response from the MRA; AND (ii) have successfully completed accredited training and achieved Certification in Family Medicine in other jurisdictions that have been approved as having training and certification processes acceptable and comparable to our own. Certified family physicians from countries whose programs have been approved will be eligible to receive our certification (CCFP) without further examination.

To date the CFPC has recognized the standards for training and certification programs in the United States (American Board of Family Medicine), Australia (the Royal Australian College of General Practice), Ireland (the Irish College of General Practitioners) and the United Kingdom as comparable to our own. This process is open to reviewing the standards in any nation, but requires the cooperation of the training and certifying bodies in each country to provide us with access to the information needed.

(d) Alternative Route to Certification (ARC) for experienced Canadian family physicians: The ARC, a non-examination route to certification, continues to be offered to experienced non-certified family physicians who are currently in active practice in Canada and have held a full and unrestricted license to practice family medicine independently in a province/territory of Canada for the five years immediately preceding the date of application. ARC will be available until December 31, 2012.

III. Family Physicians with Special Interests or Focused Practices:

In June 2008, the CFPC Board approved the establishment of the Section of Family Physicians with Special Interests or Focused Practices. The prime objectives of this initiative include the following:

- i) to strengthen personal, comprehensive, continuing care for patients in family practices across Canada; and
- (ii) to provide a 'home' within the College offering advocacy and support for the practice-related and lifelong learning needs of family physicians with special interests or focused practices.

Thus far, programs in the new Section have been approved by the Board in the following areas: palliative care, mental health, emergency medicine, maternity and newborn care, health care of the elderly, general and family practice anesthesia, sport and exercise medicine, respiratory medicine, addiction medicine, chronic non cancer pain, prison health, developmental disabilities, child and adolescent health. Other areas of interest are in the process of submitting applications to establish Programs – e.g. global health, occupational medicine and hospital medicine. Each program will have a committee whose mandate includes networking and communications among FP's with similar practice interests; continuing professional development; and advocacy. Programs that are accepted as part of this Section may apply for Board approval to develop

accredited enhanced skills residency training and /or practice eligible pathways leading to recognition of family physicians with added competencies. This will be limited to those areas that meet additional Board approved criteria and added recognition will only be available for family physicians who hold their Certification (CCFP) in the specialty of family medicine.

IV. Mandatory Continuing Professional Development/Revalidation of Medical Licensure

The CFPC and the Royal College Boards have each approved programs that will enable non-members to participate in their CME/CPD programs in order to help them meet the CPD requirements of their provincial or territorial medical regulatory authorities (MRAs). Continued communication with the MRAs across the country will be carried out to ensure that CPD standards are being met, and that physicians understand the programs.

A Working Group on the Maintenance of Certification, obtaining Fellowship and Maintenance of Fellowship is revisiting CFPC's criteria for obtaining and maintaining these designations in order to ensure that its CPD programs and credentials continue to be of the highest standard and are meaningful and relevant to the membership.

The CFPC Board approved moving to mandatory online submission of Mainpro credits by January 1, 2013. Extensive communication will be done with our members throughout this transition.

V. Health Policy

(a) Access to care: The CFPC released "A Vision for Canada – Family Practice: The Patient's Medical Home" September 21, 2011. This paper followed a 2009 Discussion Paper and incorporates feedback received from over 60 organizations and governments /100 individuals across Canada. The vision of a patient's medical home builds on the strengths of current family practices (whether solo, group, rural, urban) and primary care renewal initiatives across Canada to ensure the best possible access to care and health outcomes for patients. It is based upon ensuring that in each practice every patient has a personal family physician and access to other health professional team members including nurses, other medical specialists and other health providers (on site, in the community or via virtual connections), timely access for appointments in the practice and advocacy and coordination of referrals and all other medical services provided for the patients of the practice, delivery of comprehensive, continuous, coordinated care; strategies for chronic disease management; provision of preventive care and health promotion; links between primary care and public health; electronic medical records; and quality improvement programs. The core elements that will be included in the paper were discussed with a cross section of Members of Parliament in the CFPC's recent meetings with them held on Parliament Hill in Ottawa and have been reviewed with leaders of sister medical and nursing organizations at recent meetings of our Executive leaderships.

Based on the internationally recognized research of Starfield et al demonstrating that the best health outcomes are correlated with continuity of care provided by a personal primary care physician, the CFPC maintains that every person in Canada should have a personal family doctor. Our 2007 policy statement "Every Canadian should have the opportunity to access a primary care setting where they will have their own personal family physician and access to a nurse and /or nurse practitioner and other health professionals/providers as needed" remains in place.

(b) Palliative Care: In April 2011 the CFPC Board approved a Statement related to palliative and end of life care.

(c) Interprofessional Teams/Changing scopes of practice: The CFPC supports increased roles and changing scopes of practice for other non physician health professionals as part of teams working with family physicians. However, we have concerns regarding some of the regulations and legislation being introduced across the country, particularly related to the absence of explicitly defined training requirements, competencies that must be demonstrated, and limits that must be established with respect to medical diagnosis and the prescribing of medications. The CFPC Board has approved a [Position Statement on the Prescribing Rights for Health Professionals](#) to address the latter issue.

The CFPC is supporting The Canadian Association of Physician Assistants (PAs) in areas including the evaluation of PA practical skills, PA certification, and the registering of PA continuing professional education credits. The CFPC Board approved a [Statement concerning the roles for PAs in family physician office](#) settings April 2011.

(d) Intra-professional Teams: The CFPC-RCPSC-CMA Collaborative Action Committee on Intra-professionalism (CACI) has developed recommendations for [intra-professional core competencies](#) (ICCs) to be included in accreditation standards for all undergraduate and postgraduate programs. The Committee is also focused on promoting the role modeling of intra-professionalism in CME/CPD. [A Guide to Enhancing Referrals and Consultations Between Physicians](#) released in 2010 is available.

(e) Collaborative Mental Health Care in Canada: The CFPC Board approved the CFPC-Canadian Psychiatric Association report *The Evolution of Collaborative Mental Health Care in Canada: A Shared Vision for the Future*. The report sets the direction for collaborative mental health care for the next decade.

VI. National Physician Survey (NPS): The initial release of the NPS data took place on June 27th, 2011, gathering significant attention from the media. Additional data releases are scheduled to take place at the end of Sept 2011 (medical student and resident data), and at the end of November 2011 (breakdowns of the data by medical specialty). We are encouraged by the ongoing interest in the NPS data. Results from the 2010 edition of the CFPC-CMA-RCPSC NPS are now available at nationalphysiciansurvey.ca.

VII. The Canadian Primary Care Sentinel Surveillance Network (CPCSSN): The CPCSSN is a pan Canadian project, being led by the CFPC with the goal of conducting standardized surveillance on selected chronic diseases among family physician practices, using electronic medical records (EMRs), within 10 primary care research networks across 6 provinces. CPCSSN is following five chronic diseases (COPD, diabetes, depression, hypertension, and osteoarthritis) and 3 neurological conditions (Alzheimers, Epilepsy, and Parkinson's). The network, which has been in development for two years, has received \$11.7 million in funding over the next five years from the Public Health Agency of Canada (PHAC), and will continue its collaboration with the Canadian Institute for Health Information. (see www.cpcssn.ca)

VIII. Relationship with Healthcare (pharmaceutical) Industry: In April 2011 a Task Force focused on the CFPC's relationship with healthcare industry* met and developed draft principles and objectives to help guide these interactions. A consultation process will be undertaken to get feedback from CFPC staff, committees, and members, as well as other organizations. One of the suggestions of the Task Force was to try to bring the policies and positions being developed by several of our medical organizations together to ensure a cohesive strategy for all physicians across the country.

* includes pharmaceutical, medical device and health supply industries –any healthcare industry/business that impacts patients, and where the College and/or its members may be in a conflict of interest.

IX. Canadian Family Physician (CFP)

Canadian Family Physician (CFP) launched the “Faces of Family Medicine” feature in January of 2011. Each issue of the journal features a professional portrait of a College member (chosen at random from our membership database) and a short essay on one aspect of the person and the practice written by an author-physician member of the College. This feature is designed, among other things, to strengthen the ties between our journal, our members and the College.

CFP successfully launched a new and upgraded website (www.cfp.ca) that features significantly improved functionality and appearance. The home page is now updated with up-front content and highlights for each issue. Also, the site is optimized to be easy to read and to navigate on tablet devices such as the Apple iPad and the BlackBerry Playbook.

CFP’s Impact Factor (a measure of how often authors cite material in the journal) has taken a big jump, and is now at 1.403.

X. Research and Education Foundation (REF)

The REF Board of Directors has been restructured to strengthen the links with and opportunities for fund raising for CFPC Chapters. Each REF Director also has a seat and will report on the REF at his/her Chapter Board.

XI. Family Medicine Forum (FMF) 2011, co-hosted by the CFPC, the Quebec College of Family Physicians and the Sections of Teachers and Researchers will take place at the Palais des congrès de Montreal in Montreal, Quebec from November 3rd to 5th, 2011 – preceded by the Annual Family Medicine Education Forum and Research Day being held Wednesday, November 2nd. The FMF ASA program (November 3rd-5th) will include a broad cross-section of clinical, teaching, research, and health system challenges faced by family doctors. It includes learning tracks for those with special interests. The 2011 CFPC- Scotiabank Family Medicine Lectureship (Keynote address) on Thursday, October 14th, will be delivered by Mr. Andre Picard, one of Canada’s outstanding medical journalists and authors, reflecting upon the changes that have taken place in our health care system over the past decade and the ones most likely coming between now and the year 2020.

Other important dates during the week of FMF/Family Doctor Week include the Board of Directors meeting from noon Monday October 31st and all day Tuesday November 1st, with the CFPC’s Annual Board of Directors’ and Family Physician of the Year Dinner Tuesday evening November 1st; Friday November 4th – the installation of CFPC’s President for 2011-2012, Dr. Sandy Buchman from Toronto, Ontario; and Saturday November 5th – Convocation and Awards Ceremony.

Conclusion

The CFPC Executive and Board wish to extend our congratulations and thanks to Dr. Lisa Gaede, British Columbia College of Family Physicians’ President, your Executive and Board, Dr. Jim Thorsteinson, Executive Director, and Ian Tang, Project Development and Membership Manager, for your outstanding work on behalf of British Columbia physicians, and your contribution to the efforts and activities of our College.

Respectfully submitted,

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

A handwritten signature in black ink, appearing to read 'R. Boulay', written in a cursive style.

Robert Boulay, MD, CCFP
President

A handwritten signature in black ink, appearing to read 'Calvin Gutkin', written in a cursive style.

Calvin Gutkin, MD, CCFP (EM), FCFP
Executive Director and Chief Executive Officer