

**Report of the President and Executive Director/CEO
of
The College of Family Physicians of Canada
to
The British Columbia College of Family Physicians
May 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 (BCCFP).

I. Undergraduate and Postgraduate Programs

(a) Medical Student career choice: The feedback from students is that growing numbers are participating in the Family Medicine Interest Groups (FMIGs) and that there is measureable increased interest in family medicine as a residency program and career choice, as supported by the 2010 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 CFPC strongly supports this important initiative. We look forward to the implementation of the undergraduate curriculum recommendations which include the need for a more prominent place in the undergrad curriculum for family medicine and for the preparation of physicians with a solid grounding as generalists. We are now partnering with the AFMC and RCPSC in the second phase of the FMEC Project focused on postgraduate training. The CFPC submitted a White Paper highlighting family medicine's priorities regarding PG Education - but also reflecting issues facing medical education in general.

(d) Curriculum: The CFPC Board approved "CanMEDS Roles for Family Medicine", a document created by the Section of Teachers Working Group on Curriculum which will form the basis, along with the work of the Working Group on the Certification Process, for a major reform in family medicine postgraduate education. A new implementation working group has been established to facilitate the change to 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 undergraduate education, postgraduate education, CPD, certification, accreditation, and patient-centred care. 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 towards harmonizing the above 2 exams for those candidates eligible for certification in family medicine in Canada. The hope is to introduce the first harmonized exam by 2013.

(b) Examination Centres and Computer-based written CCFP Examination: By fall 2011 the CFPC will expand its number of examination centres from 12 to 18 and begin to deliver the written examination electronically using Internet Technology developed by the Medical Council of Canada. More centres means less travel for candidates. A computer based exam means enhanced security, translation, scoring.

(c) International Accreditation and Certification: In response to the challenges related to physician supply and the Agreement on Internal Trade (AIT), our College has developed a process to help facilitate the pathway to our Certification (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 IMGs who have successfully (i) completed accredited training and (ii) achieved Certification in Family Medicine in other countries, through programs overseen by our sister Colleges whose standards for accreditation, certification, and CPD have been accepted by our Board of Examiners and Accreditation Committee as comparable to our own. Certified family physicians from the programs in countries approved by our Board will be eligible to receive our Certification (CCFP) without further examination (if they are moving to Canada, have been otherwise approved for licensure by one of our provincial/territorial licensing bodies, and can provide evidence that their certification is currently in good standing with the body that granted it).

To date our College has recognized the standards for training and certification programs in the USA (American Board of Family Medicine), Australia (The Royal Australian College of General Practice), Ireland (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.

Status on reviewing training and certification in other jurisdictions: making progress with the Royal New Zealand College of General Practitioners and the Australian College of Rural and Remote Medicine; identifying contacts in Argentina, Brazil, Spain, Mexico, Cuba, Netherlands; communicating with France but without a College of Family Physicians in France the review is more complex; have tried to connect with South Africa but have received no response.

(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 are:

- i) to better support family physicians who commit portions of their time to specific areas of interest and care;

- ii) to encourage and support the training, CME/CPD, and practices of these physicians to be carried out in collaboration with broad scope family physicians; and
- iii) to ensure strengthened personal, comprehensive, continuing care for patients delivered in family practices across Canada.

To date 8 Programs have been approved by the Board in the areas of palliative care, mental health, emergency medicine, maternity and newborn care, health care of the elderly, general and family practice anesthesia, sport and exercise medicine, and respiratory medicine, addictions 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. Occupational Medicine, Hospital Medicine.

Some Programs that are accepted as part of this Section may apply for Board approval for the establishment of (i) nationally accredited enhanced skills training/education programs (residency or CME/CPD based for practice eligible candidates), (ii) processes to carry out the assessment of the physicians who complete these programs; and (iii) recognition of the successful physicians with certificates of added competence. The only physicians eligible for recognition of added competence will be those who already hold a valid Certification in the specialty of family medicine (CCFP).

The CFPC and RCPSC are considering the potential for conjointly accredited added skills residency training in some clinical areas. Eligibility would be open to those who have already achieved their specialty designations in the primary disciplines overseen by each of our Colleges.

The approval process for new enhanced skills education/training/assessment/recognition programs will include input from other key stakeholders (e.g. RCPSC, AFMC, MRA's, etc.).

IV. Mandatory Continuing Professional Development/Revalidation of Medical Licensure

The CFPC (and Royal College) Boards both approved facilitating non-members to participate in the CME/CPD programs developed and offered by our Colleges, including the provision of access to our online CME/CPD credit system in order to help them meet the CPD requirements that are part of the revalidation of license programs of their provincial/territorial licensing bodies (MRAs). Continued work with the MRAs across the country will be required 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 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

This spring the CFPC will be releasing its Vision Paper: "The Future Family Practice in Canada: The Patient's Medical Home". This is a follow-up to the 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 (on site, in the community or via virtual connections), timely access for appointments, 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 Members of Parliament 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 concerning palliative care.

(c) H1N1: CFPC participated actively with PHAC throughout the planning and delivery stages related to H1N1. An ongoing communications network involving the National CFPC office and all 10 Chapters across Canada was maintained. The CFPC, CMA, and National Specialty Society of Community Medicine developed 'Lessons from the frontlines: A report on H1N1', was shared with Dr. David Butler-Jones, Canada's Chief Public Health Officer, and released publicly in August 2010.

(d) *'The Wait Starts Here'*: Follow up to the CFPC-CMA Primary Care Wait Times position paper released in December 2009 is currently being explored.

(e) Interprofessional Teams/Changing scopes of practice: The CFPC supports increased roles and changing scopes of practice for other 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 followed with respect to medical diagnosis and prescribing 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.

(f) 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.

(g) 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): Results from the 2010 edition of the CFPC-CMA-RCPC NPS are expected early Summer 2011.

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 9 primary care research networks across 6 provinces. There are currently 169 (and counting) ‘sentinels’ enrolled, representing approximately 100,000 patients with one or more of the five chronic diseases of interest: COPD, diabetes, depression, hypertension, and osteoarthritis. 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. The network has also recently received PHAC funding to conduct surveillance on 3 neurological conditions (Alzheimer’s, Epilepsy, and Parkinson’s). On October 14th, during Family Medicine Forum in Vancouver, Treasury Board President Stockwell Day announced the government’s funding support for these CPCSSN initiatives. (see www.cpcssn.ca)

VIII. Other Initiatives

(a) 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 for this type of interaction. 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.

* including pharmaceutical, medical device and health supply industries – any industry where interactions with the CFPC impact patients, and physicians might find themselves in conflict.

(b) CFPC website: www.cfpc.ca has been updated!

IX. Family Medicine Forum (FMF) 2011 will be held in Montreal November 3rd to 5th, preceded by the Board of Directors meeting October 31st and November 1st, and the Family Medicine Educational Forum and Research Day on Nov 2nd, 2011.

X. Canadian Family Physician (CFP)

CFP’s “impact factor” has risen to 1.185, its highest ranking to date. (Impact factor is a calculation based on how many times articles in a journal are cited by authors of other articles.)

CFP has launched ‘CFP Mainpro’ – an opportunity for College members to earn Mainpro M1 credits for performing brief reflective exercises after reading eligible articles in the journal. CFP has also launched a digital version (e-CFP) as another option for members.

XI. 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.

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,



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