



Checking our vision: seeing 2020

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Earlier this month, 3 weeks shy of the 512th anniversary of John Cabot's arrival in its harbour, College of Family Physicians of Canada (CFPC) leaders from across Canada met in beautiful and historic St John's, Nfld. Where better to examine our past and help map the future directions of our College and of family medicine in Canada than the city from which the initial nonstop transatlantic air flight took off and in which Marconi received the first-ever transoceanic wireless communication?

Setting our sights

The objectives of this CFPC Board Summit were to better understand our history, to address some of the current challenges we face, to envision changes likely to take place between now and 2020, and to recommend how we can best prepare for this future. Our goal was to ensure that our organization is and will always be relevant and important to Canada's family physicians and that we will be at the forefront of supporting the practice, teaching, research, and lifelong learning needs of our members and the health needs of their patients.

In focus

Discussions focused on specific and global issues. The ethical challenges of the relationship between the pharmaceutical industry and physicians and their organizations and institutions was deliberated, along with the implications of the changes taking place in this area.

Breakout groups considered how the College can become increasingly effective nationally and provincially as a voice for our discipline, our members, and their patients. The need to address the diverse interests and needs of all members was recognized as paramount—be they academic leaders, teachers, and researchers in large urban centers or solo practitioners in rural or remote settings. The importance of continuing the vital efforts focused on medical students, residents, and young physicians was strongly supported.


It was acknowledged that national board members must understand that policies, programs, and activities approved nationally have also been approved for each chapter. Summit participants affirmed the importance of the different parts of the CFPC (National College, provincial chapters, and sections) working together cohesively and consistently for the benefit of our members. It was also reinforced that each jurisdiction can and should focus on meeting specific needs relevant to its members.

With physician shortages and access to care challenges confronting Canadians, the environment in which family physicians learn and practise has been changing dramatically. Expansion of undergraduate and residency programs, while positive in many ways, has created enormous pressures for our teachers and departments of family medicine. More than ever we need as many community family physicians as possible to become involved as teachers and we need strong links between departments of family medicine, our chapters, and our members. To attract and retain more doctors, legislative and regulatory changes are being introduced that have the potential to alter the meaning of the certifications granted by Canada's 2 certifying Colleges—the CFPC and the Royal College of Physicians and Surgeons. Summit participants contemplated the changing meaning of our Certification and Fellowship and how these important symbols of the accomplishments and lifelong learning commitments of our members might be enhanced.

There was substantial discussion about a further leadership role for the CFPC in ensuring that by 2020 each Canadian will have his or her own personal family doctor—as part of a coordinated system that links patients and their family doctors to many other important providers of care. Although the structure might vary from one practice or community to the next, there would be important roles for other providers, such as nurses, pharmacists, occupational therapists, psychologists, other medical specialists, and family physicians with special interests or focused practices. Our College's support for this latter group as important contributors to the teaching and delivery of full-spectrum family practice services for patients was reinforced, so long as our priority remains training and supporting the majority of family physicians as doctors who will be serving as personal physicians, offering comprehensive continuing care to their patients.

Progression of models of team-based care, better remuneration for family doctors, and access to electronic medical records need family medicine leadership. Bringing all the key providers together in strongly supported practice settings centred on patients and their personal family physicians—a “medical home for all” concept—was discussed and will be further explored by our College leaders.

Eyes on the future

Ensuring that we take the next steps toward 2020 is the responsibility of our national and chapter boards and their committees. Their work will require ongoing input and ultimately the approval of all our members. 

Cet article se trouve aussi en français à la page 671.