Complementing undergraduate medical training

We thank Drs Keegan, Scott, Tan, and Horrey and Ms Tissera for bringing forth an important reminder to Canadian Family Physician readers on the existence and success of the Shared Canadian Curriculum in Family Medicine (SHARC-FM). We were remiss in not mentioning in our article the important contribution of SHARC-FM, carried out by undergraduate family medicine leaders working collaboratively over the past 10 years, sharing a common approach to family medicine learning. As noted on its website, SHARC-FM is a “matrix of family medicine educational resources (objectives, point-of-care tools, cases, etc.) that educators and trainees can use to support learning in family medicine.” We believe its effects have been important in Canada. As shared in our article:

Nearly all participants (92%) felt either positive or strongly positive about their choice to be family physicians. Some participants believed they had had extensive experiences within family medicine settings while in medical school, with strong family medicine role models.

This finding reflects the work of family medicine undergraduate leaders and provides some evidence of the positive effects SHARC-FM has had in exposing medical students to family medicine in Canada. We used resident entrance surveys to elicit more specific information about the level and type of exposure to the different domains of clinical care affiliated with the discipline of family medicine. We hope the findings of our paper serve to complement the work of SHARC-FM and provide further information for those developing undergraduate family medicine curricula.

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Competing interests
Dr Oandasan is the Director of Education at the College of Family Physicians of Canada in Mississauga, Ont, and Professor in the Department of Family and Community Medicine at the University of Toronto in Ontario. The paper was written in her academic role and is not a policy paper of the College of Family Physicians of Canada.

References

Complete dissociation from the health care and pharmaceutical industry

Every year the health care and pharmaceutical industry (HPI) spends billions of dollars on its association with the medical profession including professional colleges. The College of Family Physicians of Canada (CFPC) has a long history of receiving a portion of this money through various activities such as journal advertising in Canadian Family Physician, unrestricted educational grants for the sponsorship of continuing professional development programs, and funding of annual Chapter or national College awards.

The CFPC appointed a task force in 2010 to evaluate the ability of the HPI to influence family physicians through this funding of College activities. As Dr Lemire states in her article in the April 2014 issue of Canadian Family Physician, the College requested this evaluation with the intent of maintaining the “trust of its members, their patients, and the Canadian public.” The recommendations from the task force were highlighted and approved at the College’s November 2013 board meeting. At this meeting the board requested an analysis of complete dissociation from the HPI. These results were to be presented 1 year later at the November 2014 board meeting but have still not been made public.

Complete dissociation is no longer unusual in North America: the University of Michigan, the Oregon Academy of Family Physicians, the Brody School of Medicine at East Carolina University, and the Memorial Sloan Kettering Cancer Hospital have halted all continuing professional development funding by the HPI.

Although no Canadian organizations have implemented complete dissociation, some provincial College Chapters are considering HPI-free annual scientific assemblies (according to Dr Lemire’s
The public release of this analysis by the CFPC could help to guide these Chapters, as well as other Canadian organizations.

Therefore, with the goal of adding to our understanding of this complex issue, and with our College’s goal of maintaining trust, we ask that the College publicly release the analysis of complete dissociation from the HPI.

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Competing interests
None declared

Reference
1. Lemire F. The CFPC’s relationship with the health care and pharmaceutical industry. Can Fam Physician 2014;60:396 (Eng), 395 (Fr).

Response

I thank Drs Spithoff, Lexchin, and Kitai for their thoughtful comments. Our relationship with the health care and pharmaceutical industry is a complex issue for the College of Family Physicians of Canada (CFPC), as I discussed in my April 2014 Cumulative Profile,¹ and we have invested much time and thinking into how to best support the organization and meet the needs and expectations of our members.

We must prudently examine the financial, as well as reputational, consequences of how we manage our relationships. For example, Family Medicine Forum and our journal, Canadian Family Physician, are 2 key initiatives that would be strongly affected by a complete dissociation from the health care and pharmaceutical industry. We provided an update to the board in May 2015, and received important input from the board directors; hence, as we continue to gather feedback, our analysis is not completed.

Earlier this year, members enrolled in the CFPC’s ePanel (www.cfpc.ca/CFPC_ePanel) commented on our relationship with the pharmaceutical industry and nearly half of respondents said that the CFPC should maintain relationships with the pharmaceutical industry with the current level of diligent management.² About 30% said that we should have more stringent management in place, and 20% agreed with complete dissociation. While these survey responses should not be viewed with any scientific validity, most respondents support continued diligent management of relationships.

While we hoped to be closer to a firm position by now, we are examining further what the financial effects would be on continuing professional development, Family Medicine Forum, Canadian Family Physician, and our operations as a whole. We are also exploring options for mitigating this influence.

I’d like to thank the letter writers once again for their communication. Rest assured that we are working toward a solution that supports the CFPC and our members.

—Francine Lemire
Executive Director and Chief Executive Officer
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Correction

In the letter “Time to think about how EMRs can evolve,” which appeared in the July issue of Canadian Family Physician,¹ the name of one of the authors was given incorrectly. The final author should have been listed as follows:

—Tina Sorensen MA

Canadian Family Physician apologizes for the error and any inconvenience it might have caused.

References