Looking on the past, thinking of the future

Conversation with Paul Rainsberry

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Dear Colleagues,

On October 31, 2013, Dr Paul Rainsberry, our Associate Executive Director (AED) and Director of Academic Family Medicine (AFM), will retire from his current role after almost 38 years of dedicated service to the CFPC. He kindly agreed to share his perspectives about his experience at the College and some thoughts about the future.

Paul started working at the College in February 1976. His role was to manage the creation and administration of the Certification Examination in Family Medicine, as well as to look after accreditation of residency programs, credentialing, continuing professional development, and the Self Learning™ program. The number of staff working for the CFPC was small, and we were about 4000 members strong. Although we had family medicine residency programs in each of Canada's 17 faculties of medicine, those departments were not well linked to the academic community, and family medicine was not well regarded as an academic discipline. "Family physicians are just bad internists" was sometimes how our discipline was described. Family medicine was trying to establish itself at a time when the rotating internship was de rigueur and when there was competition among internship programs with reputations for providing better preparation for general practice. It took a decade and 2 task forces led by the Canadian Medical Association (with some participants not always viewing family medicine favourably) to conclude and recommend 2 years of postgraduate training as a prerequisite for licensure, and in the case of family medicine, a 2-year residency in family medicine. These recommendations were implemented in 1992.

This was an important milestone for the CFPC. When asked about the spheres of influence he feels the most proud of, Paul identifies the following: defining the 4 principles of family medicine, which remain so relevant to this day; the reform of the Certification examination—moving toward short-answer management problems and simulated office orals (being very clear about what we are trying to test, and finding the best tools to do so); curriculum reviews (working around the horizontal curriculum, and, most recently, implementing the Triple C Competency-based Curriculum); supporting and sustaining the work of the Section of Teachers (created in 1978) and faculty development in family medicine; the creation of the examination for the Certificate of Special Competence in Emergency Medicine; and, finally, pushing the College to look at ways of assessing competence by means other than examinations.

In terms of challenges the College and our profession must address, we had much discussion about the reality that many family physicians spend considerable time in specific practice areas. We agreed that this "shift to the right" toward subspecialization is not unique to family medicine—that it affects the medical profession as a whole, and that there is a limit to the influence professional associations can have on it. We must remain true to our core mission of producing well-trained, well-rounded family physicians who are enthusiastic about caring for a defined population of patients over time in a variety of settings and who will provide superb follow-up. We agreed that integrating enhanced skills programs into departments of family medicine was a potential enabler, and that better linking of the philosophy behind family medicine to the social sciences (and not almost exclusively to the clinical sciences) could help us find the right balance.

Paul does not anticipate boredom from November onward. He is interested in history, not only the history of family medicine, but the history of Toronto; you can follow him on his blog and get the best summaries of important soccer or hockey games, movie reviews, and Stratford play reviews.

Dr D.I. Rice, the CFPC's second Chief Executive Officer, hired Paul because he was (and still is) an "educational generalist." Thirty-eight years later, we will need to look for the same quality as we search for his successor. The recruitment process to permanently fill Paul's role is under way, with a goal of selecting a candidate by April 2014.

To continue the momentum of the key projects in AFM and overall College leadership in the AED role, Dr Tim Allen has been appointed Interim AED and Director of AFM until the end of March 2014. Tim's demonstrated leadership, extensive career experience, and knowledge of the College and AFM strategic priorities through his current position will ensure continuity and continued progress with the AFM initiatives during this period of transition. We appreciate his willingness to step into the role and will welcome him to our Executive during this assignment.

Paul, your meaningful accomplishments in the spheres of activity you described above played an important role in making family medicine what it has become in Canada. We thank you for your engagement and leadership, and wish you the very best.

Happy retirement, Paul!

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