



Special interest areas in your practice?

Tell us more

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Once upon a time in Kenora, Ont, I had a full-scope office and hospital practice, where my special interests were delivering babies and being a family physician anesthesiologist. Several years later in my Toronto and Mississauga practices, teaching students and residents and doing sports medicine, emergency medicine, and in-hospital care became special interest parts of my life as a family doctor. My practice colleagues and I each provided comprehensive continuing care for our patients, but all of us also had areas of special interest that we included as parts of our practices. Because our interests and skills varied, from time to time we were able to refer patients to one another. As a team we provided our patients with a more complete basket of family practice services than any of us could have done alone.

Today family doctors are increasingly embracing this type of team-based practice, in which they serve as personal physicians attending to most issues presented by their patients, while sometimes seeking the participation of a family physician colleague with special interests. An important benefit of this sharing of skills is that it enables patients to have timely access to more of the core elements of comprehensive continuing care from their family practices. Consultations from Royal College specialty colleagues are of course still vital, but are reserved for more complex cases that fall within their areas of expertise.

We listened

For more than a decade, one of the most frequent requests from our members was for the College to provide more opportunities for family physicians to network and learn together with their family medicine colleagues with similar special practice interests. We were told that the College needed to do a better job of recognizing and supporting those who identified special interests as being an important part of their role as family physicians. We heard this from members in every type of community—inner city, suburban, and rural. We also heard from medical students and residents that one of the most attractive things about considering a future in family medicine was the possibility of developing several special interests throughout their practice careers.

Over the past few decades many family physicians have moved away from providing comprehensive care for

their patients, particularly in urban settings. The College, concerned that supporting special interests would lead to exacerbation of this trend, probably did not play the kind of role it should have in helping our system understand and address this trend. It was time for the College to stop burying its head in the sand while this movement took place around it. It was time to regenerate the importance of comprehensive care by not only supporting those already committed to it, but also by reaching out to our colleagues with special interests to ensure that they too would use their skills to strengthen comprehensive continuing care. It was time for the College to help determine how many family physicians were needed in each area of special interest, how many should be offered training opportunities in added skills, how and by whom they should be trained, and how they should incorporate their added skills into comprehensive care family practices.

After several years of conducting environmental scans, focus groups, and surveys, there has been a consensus, and the College Board has approved the establishment of a new Section for Family Physicians with Special Interests or Focused Practices (SIFP). Through this Section the College will offer increased support for family physicians who incorporate special interests and skills as part of their traditional broad-scope family practices, as well as for those who have focused their practices in specific areas of care, many of whom have assumed positions as research, teaching, and administrative leaders. But one thing is clear: the main objective of this initiative is to strengthen comprehensive continuing care, the hallmark of family medicine and family practice, and all participants and those to whom we offer our support must be committed to this goal.

Thirteen SIFP programs currently exist: child and adolescent medicine, care of the elderly, maternity and newborn care, emergency medicine, palliative care, developmental disabilities, mental health, addiction medicine, pain medicine, family practice-anesthesia, prison medicine, sports and exercise medicine, and respiratory medicine. Applications for several others are under review.

The mandates for the committees of these programs include building networks of members with the same interests, advocacy and policy development, fostering continuing professional development activities, and, for some, developing accredited enhanced skills training programs and recognition for family physicians with added competencies.


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How you can get involved

We invite all College members to participate in this new area of College activity. There will be no added fees. Nor will there be any obligations or requirements other than your expressed interest. To get started, contact us by e-mail (sifp@cfpc.ca) or, from November on, through our website (www.cfpc.ca/SIFP) and let us know the programs with which you would like to be aligned. At Family Medicine Forum 2011 (November 3 to 5) in Montreal, Que, there will be opportunities to inform us of your interest by completing a simple form at the College booth, at breakfast networking sessions, or at a number of continuing professional development learning tracks organized and hosted by some of our special interest groups. The Family Medicine Forum program (fmf.cfpc.ca) has further details.

From my Kenora days to the present, one thing has not changed: most family physicians cannot do it all on their own. One of the best ways to ensure the timely provision of the full spectrum of family practice services continues to be pooling resources. The College's vision is that each person in Canada has a personal family physician and that family doctors work and learn together with other health professionals, including their family practice peers who have special interests and skills, to provide the best possible comprehensive continuing care for their patients. This is the vision described by the College's Patient's Medical Home initiative and supported by the Triple C Competency-based Curriculum and the CanMEDS-family medicine roles, which together will define the objectives for the future of family medicine training, lifelong learning, and practice throughout Canada. The College looks forward to developing this future vision of family practice with you. 

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soins palliatifs, déficiences développementales, santé mentale, médecine de la toxicomanie, médecine de la douleur, anesthésie en médecine familiale, médecine en milieu carcéral, médecine des sports et de l'exercice et médecine respiratoire. Des demandes pour plusieurs autres programmes sont présentement à l'étude.

Les comités de ces programmes ont pour mandat d'établir des réseaux de membres ayant les mêmes intérêts, de faire de la représentation et d'élaborer des politiques, de promouvoir des activités de développement professionnel continu et, dans certains cas, de concevoir des programmes de formation en compétences avancées et de reconnaissance des médecins de famille ayant ces compétences additionnelles.

Comment participer

Nous invitons tous les membres du Collège à participer à ce nouveau champ d'activités. Il n'y a pas de frais additionnels, ni d'obligations ou d'exigences autres que celle d'exprimer votre intérêt. Pour commencer, communiquez avec nous par courriel (sifp@cfpc.ca) ou, à partir de novembre, par l'intermédiaire de notre site web (www.cfpc.ca/SIFP) et laissez-nous savoir avec quels programmes vous aimeriez être jumelés. Au Forum en médecine familiale 2011 (du 3 au 5 novembre) à Montréal (Québec), vous pourrez exprimer votre intérêt en remplissant un simple formulaire au kiosque du Collège, aux séances de réseautage du petit déjeuner ou à un certain nombre de séances de développement professionnel continu organisées et présentées par certains de nos groupes d'intérêts particuliers. Des renseignements détaillés se trouvent dans le programme du Forum en médecine familiale (fmf.cfpc.ca).

Depuis mes jours à Kenora jusqu'à présent, une chose n'a pas changé: la plupart des médecins de famille ne peuvent pas tout faire tout seuls. L'une des meilleures façons de fournir l'ensemble complet des services de pratique familiale en temps opportun est de mettre en commun nos ressources. Le Collège a pour vision que chaque personne au Canada ait son propre médecin de famille et que les médecins de famille travaillent et apprennent ensemble avec d'autres professionnels de la santé, y compris leurs pairs en médecine familiale qui ont des compétences et des intérêts particuliers, pour offrir les meilleurs soins continus et complets possible à leurs patients. C'est la vision décrite par l'initiative du Centre de médecine de famille du Collège. Cette vision est appuyée par le Cursus Triple C fondé sur le développement des compétences et les rôles CanMEDS-Médecine familiale. Tous ces éléments regroupés définiront les objectifs pour l'avenir de la formation, de l'apprentissage permanent et de la pratique en médecine familiale dans l'ensemble du Canada. Le Collège a hâte d'élaborer cette vision de la pratique familiale future avec vous. 