

Certification in family medicine: worth it for a general practitioner?

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Many, many years ago, when it was time to apply for internships and residencies, I found myself in a family medicine program interview quoting a paper I had recently read that claimed no substantial differences in the practice patterns of general practitioners a few years after rotating internship and of family doctors a few years after family medicine residency.¹ It was a tactless point to raise in a family medicine interview! Fortunately, I was accepted anyway. For personal reasons, I left the residency program after 1 year with the equivalent of a 1-year rotating internship.

There has long been a way for practising general practitioners to achieve Certification in the College of Family Physicians (CCFP)—the practice-eligible route. This involves money, completion of a precertification program, studying, and sitting the same examinations as family medicine residents. Since the beginning of 2008, and up until the end of 2012, “older” general practitioners (ie, those who began practising in 1994 or earlier) and general practitioners who have been in full, unrestricted practice for the past 5 years have had another option: the Alternative Route to Certification (ARC).² This route involves money, learning and applying evidence-based medicine to clinical questions using electronic resources (eg, ePearls), expanding some of those questions to larger literature searches and practice self-audits, and completing a patient communication survey. It has the added bonus of no examination at the end, but still establishes a pattern of truly self-directed evidence-based learning.

Weighing the options

Why would an established, competent, practising general practitioner bother with either route to earning a CCFP? What are the benefits? Would it be the satisfaction of more letters after one’s name? Maybe the ego strokes appeal to some. Is it the privilege of paying annual membership dues to the College of Family Physicians of Canada (CFPC)? Probably not. Is it access to good continuing professional development resources? Not really. There are many such sources available, and one can even use CFPC resources without being a member of the College (and that is a good thing). Is it being able to record continuing medical education credits centrally and in an approved format? No. Many provincial licensing bodies now require

proof of certain levels of continuing medical education activity, and some even require that these be the same levels completed by those with CCFP and recorded through the CFPC.³ Would it be portability? Alberta has required at least 2 years of postgraduate medical training for licensure since 1976, Quebec since 1988, and the rest of the country since 1993.⁴ If one completed a rotating internship in, say, the mid-1980s in Manitoba or British Columbia or the Maritimes, one could find oneself increasingly restricted in terms of moving around within Canada, despite having a full, unrestricted license in one’s current province or territory.

Because I was married to a mobile professional, I confess that portability was one of my motivators when the ARC became available. We had considered and turned down a move to another province once before owing to the restrictions mentioned above, and had taken a great deal of time considering another move; we decided to go ahead only when I was assured that “something reasonable” could be worked out for me. I sent off my final ARC assignment to my tutor at the end of December 2009. Ironically, in the early weeks of January 2010, before receiving confirmation that I had satisfied requirements for becoming certified by the CFPC, I received a letter from the College of Physicians and Surgeons of Alberta telling me that thanks to negotiations among licensing bodies regarding the Agreement on Internal Trade, I now had full transferability within Canada.

A better road

So the question remains, why would an experienced, fully licensed general practitioner now bother with one of the routes to Certification in family medicine? Would I do it now, given the ARC opportunity, but lacking my most compelling motivator? I believe I would. I did not know when I started the program how much I would enjoy having point-of-care access to evidence-based answers to day-to-day clinical questions, how much I would enjoy learning about the *Users’ Guides to the Medical Literature*,⁵ or how much had changed from the early critical appraisal packages I used to examine journal articles in the 1980s when I was a trainee. It was definitely worth it.

A different question, therefore, comes to mind: Has the CFPC done enough to promote the ARC to non-members? Only 1 of the 3 potential ARC candidates in my clinic got a letter about it from the CFPC when the program first began—fortunately, she shared that

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information, so all 3 of us have benefited. But how many eligible general practitioners in Canada have not heard? Could this publication be used to offer a description of what is involved so that the ARC might be better promoted? The ePearls Desktop,⁶ through which the ARC is carried out, is a wonderful resource—should *Canadian Family Physician* offer a description and further information about this tool to promote it to CCFP and non-CCFP readers alike, to enable more of us to better practise evidence-based medicine? Perhaps it would help to include some statistics: How many Certifications are achieved through the practice-eligible route each year? How many Certifications have been completed through the ARC so far? How many physicians register in each program each year?

I encourage the CFPC to consider more ways to promote all of its programs, especially the ARC before it expires in 2012—or to consider offering it indefinitely! 🍁

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Competing interests

None declared

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