



Looking back: continuity of care

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As I approach the end of my tenure as Executive Director and Chief Executive Officer of the College, I have been asked to provide an overview of the milestones and highlights of the past 17 years. What follows is only a fraction of what transpired during this time.

A few numbers

Between 1996 and the present, there were increases in CFPC membership from 13000 to 28000; staff from 65 to 140; the annual operating budget from \$10 million to \$40 million; the number of first-year residents entering family medicine each year from 475 to 1300; the proportion of medical school graduates selecting family medicine as their first choice from a low of 23% in 2003 to 35% in 2012; and the number of family medicine training sites in the annual Canadian Resident Matching Service match (where residents train for most of their 2 years) from 25 to 147, including a substantial increase in suburban, small town, and rural settings.

Milestones

1996. Mainpro C is introduced as a leading-edge continuing medical education program, focused on practice-related, evidence-based, reflective learning. It becomes a core part of the CFPC's requirements for maintenance of Certification (CCFP) and later for the awarding of Fellowship (FCFP).

The College launches the first activities of its new Research and Education Foundation (REF), (established the previous year) which is committed to raising funds to support the essential lifelong learning and research initiatives of students, residents, and family physicians who are part of our College and our discipline. The REF goes on to raise more than \$8.5 million for its annual scholarship, grants, and awards programs, which include 17 medical students each receiving a \$10000 CFPC-Scotiabank Medical Student Scholarship.

The Family Physician of the Year award is named to honour past College Executive Director, Dr Reg L. Perkin. Several years later the program expands from 1 recipient to 10 outstanding family physicians recognized annually, one selected by each CFPC Chapter.

1997. College leaders are invited as VIPs to Kennedy Space Center in Orsino, Fla, for a shuttle launch with a crew that includes astronaut and CFPC member Dr Robert Thirsk. This "once"-in-a-lifetime thrill of being as close up as one can get to a space launch is then repeated twice

more for CFPC leaders in 1998 and 2007 at the invitation of another CFPC astronaut member, Dr David Williams.

1998. The CFPC launches the Janus Project: Family Physicians Meeting the Changing Needs of Society—a responsibility assumed by our College as part of the World Health Organization and World Organization of Family Doctors (WONCA) commitment to the global Health for All initiative. Janus scholarships are developed through the REF to support family physicians carrying out projects that will address the changing needs of our population, in Canada or globally.

The CFPC presents the Janus Project at the WONCA World Conference in Dublin, Ireland, and at home launches the National Family Physician Survey, the largest survey of the practice patterns and career plans of physicians ever undertaken. This eventually provides the base for the National Physician Survey, a collaborative initiative of the CFPC, the Canadian Medical Association, and the Royal College of Physicians and Surgeons of Canada (RCPSC), supported through 2010 by the Canadian Institute for Health Information and Health Canada.

1999. Public members are added to the CFPC Board; the College begins regular government relations meetings in Ottawa, Ont, with Members of Parliament and key staff.

2000. The CFPC's Annual Scientific Assembly and the Section of Teachers and Section of Researchers annual meetings morph into a new conference—Family Medicine Forum (FMF)—a gathering for all family doctors to meet, learn, and have fun together. Attendance climbs progressively from a previous average of 500 a year to reach more than 4000 registrants in Montreal in 2011, making FMF one of the largest annual meetings held in Canada.

2001-2012. New CFPC committees and task forces are established in areas including Membership Advisory; the Collaborative Action Committee on Intra-professionalism (with the RCPSC and Canadian Medical Association), looking at the relationship between family physicians and other specialists; the Institute for Health Care Communications; environmental health; diversity and equity; the CFPC's relationship with industry; history and narrative; aboriginal health; social accountability; and a number of clinical areas relevant to family physicians.

2002-2003. Medical student selection of family medicine as a first-choice career dips to a new low of 23%,

Cet article se trouve aussi en français à la page 1171.

continued on page 1174

continued from page 1176

well below the 40% needed to maintain the historical proportion of family doctors making up 50% of all physicians in Canada and serving as the main front-line providers of medical care for our population. The CFPC launches a multipronged approach to address this challenge, including advocating to governments and medical schools for greater support and recognition of the value of family doctors (including more appropriate remuneration and practice supports), the implementation of family medicine interest groups at medical schools across Canada, the introduction of a Section of Medical Students in the CFPC with the addition of 2 full voting seats on the College Board of Directors for students elected by their Section, and the development of a number of medical student scholarships and awards. In 2012, slightly more than 35% of medical students make family medicine their first choice, and family medicine ends up with 40% of all first-year residency positions after the second iteration of the resident match—considerable progress toward our being able to sustain the family physician cadre and our vital role in the health care system.

The Section of Residents augments its role within the CFPC; the Section requests and is granted increased resident representation for a broad cross section of CFPC committees and activities.

2004. On June 17, the CFPC celebrates its 50th anniversary with special events held simultaneously in every province, including an event with our National leaders at the site of the Palomar Supper Club in Vancouver, BC, where the College and its first President, Dr Murray Stalker, were both officially inaugurated. As part of the celebration, the CFPC launches its hardcover coffee-table book, *Patients First: The Story of Family Medicine in Canada*, and announces the initial celebration of what becomes the annual Family Doctor Week in Canada. A declaration of commitment to the values and principles of our College and the discipline of family medicine is made at FMF by the leaders of our College. It is signed on stage at FMF in Toronto, Ont, before more than 2000 attendees by our National President, all 10 Chapter Presidents, and the Federal Minister of Health, the Honourable Ujjal Dosanjh. It is later signed by each provincial Minister of Health.

2005. Family medicine is acknowledged as a specialty in Canada, and those holding a CCFP designation in good standing are recognized as specialists in the discipline of family medicine—a move brought forward by the CFPC to bring us into alignment with fellow WONCA member nations in the developed world. This decision is positively received and supported by our sister organizations in Canada, including the RCPSC, which is the professional

home for all other medical specialists. Holding a CCFP designation in good standing as verified by the CFPC now confirms for official bodies in Canada and internationally that one is a specialist in family medicine.

2006-2012. The medical regulatory authorities (MRAs) announce that revalidation of licensure programs, including mandatory continuing medical education (CME) and continuing professional development (CPD) requirements, will be introduced in each province and territory. Several of the MRAs decide to make compliance with the CME and CPD programs of the CFPC (Mainpro) mandatory for all family doctors; others recognize family physicians who meet the CFPC's Mainpro requirements as having also met their own requirements.

2007. The CFPC introduces the Alternative Route to Certification—a nonexamination pathway to the CCFP designation for experienced family physicians in good standing with their provincial or territorial licensing bodies. This is presented as a time-limited opportunity for many non-Certificants to achieve Certification by meeting nonexamination requirements that might be more appropriate and fair for them at the current stage of their careers. The CFPC also responds to system pressures related to physician shortages by offering our CCFP designation without further training or examinations to family physicians who have already been approved for licensure by an MRA in Canada, if they have completed an international family medicine residency training program and achieved the equivalent of certification in family medicine in their home countries (if such programs have been assessed by a CFPC review process and deemed comparable to Canada's standards).

2008-2009. The CFPC Board approves a new Section to support those members who are responding to specific needs of the populations in their communities by offering services that are otherwise not available. Most of these physicians provide this care as part of comprehensive broad-based family practices; some focus their attention on these areas of care for most or even all of their practice time. None of them are RCPSC specialists, and all of them express the need to have the CFPC, as their professional College, speak for them—something they believe can best be done by us as the organization that represents and best understands the needs of family physicians and their patients. The prime objective for the Section and the essential requirement for any program that will be approved is clearly enunciated by our Board: the commitment must be first and foremost to incorporating the special interest area as part of comprehensive family medicine. The mandate for each program and its committee includes

providing opportunities for networking among family physicians with similar practice responsibilities and interests; encouraging development of more CME and CPD programs relevant to family physicians with specific interests; establishing policies and advocacy positions related to the practice challenges faced by family doctors providing care to specific populations; ensuring that core family medicine training offers every resident the broad scope of experience needed to develop the competencies in each clinical area that will be expected of a practising family physician; and supporting opportunities for some physicians to acquire added skills through training programs that go beyond what can be offered in core family medicine residency programs. By mid-2012, the Board approves 16 programs in the Section: hospital medicine, respiratory medicine, addiction medicine, chronic noncancer pain, developmental disabilities, occupational medicine, sport and exercise medicine, global health, prison medicine, emergency medicine, palliative care, maternity and newborn care, child and adolescent care, care of the elderly, family physician–anesthesia, and mental health care, with further applications being submitted on an ongoing basis.

On December 21, 2009, CFPC leaders proudly carry the Olympic torch in Welland, Ont.

2010. The Public Health Agency of Canada announces \$11 million over 5 years to support the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), hosted by the CFPC; CPCSSN will carry out vital research on chronic diseases, gathering data from the electronic records of family physicians across the country.

The CFPC introduces the new family medicine residency Triple C Competency-based Curriculum, a move away from strictly time-based training to a focus on providing experience and evaluating competencies related to comprehensiveness and continuity of care and education, centred in family medicine.

The Section of Teachers and Section of Researchers augment their roles and responsibilities through formal inclusion within their Section governance models of those representing a broad cross section of areas of academic family medicine in the medical schools across Canada.

Additional annual fees previously charged to CFPC members to join the Sections are eliminated.

2011. At a special session held on Parliament Hill, the College launches its vision for the future of family practice in Canada, the Patient's Medical Home (PMH). The PMH focuses on every patient having a personal family physician and team providing timely access to a comprehensive scope of services. A continuous quality-improvement approach involving both patients and providers is a core element of the PMH. The CFPC's

PMH vision is formally endorsed by the Royal College and strongly supported by many sister organizations. Invitations from medical groups and governments for presentations of this practice model are received from across Canada, with recognition that a number of primary care models already being introduced throughout the country provide an excellent start to someday meeting the goals of becoming PMHs.

The CFPC and the Medical Council of Canada (MCC) confirm that the harmonization of the MCC part II and CCFP examinations for candidates eligible for Certification in family medicine will begin in 2013. Eligible physicians will only need to sit one examination—the new enhanced Certification Examination in Family Medicine, saving considerable time and travel expense. Those who meet the standard for CCFP designation will also be deemed to have met the standard for the Licentiate of the MCC (LMCC). Those achieving both the LMCC and CCFP will then be eligible for full unrestricted licensure granted by the MRAs in every province and territory in Canada.

Canadian Family Physician solidifies its position as one of the most-read medical journals by family physicians across Canada, and introduces cover stories and photographs featuring members from across Canada.

2012. The need for an augmented role for the CFPC Chapters is addressed at special forums led by the CFPC President, Chapter Presidents, administrators, and executive directors. The need to align our organization's strengths with the move toward increased decentralization of authority for the delivery of health care services across Canada is discussed as a key issue.

The CFPC finalizes its strategic plan for 2013 to 2017.

Continuity

Each of these happenings and the dozens of others that accompanied them were achieved primarily because of the energy, skill, wisdom, and commitment of an incredible team of CFPC staff and members, of which I have been so fortunate to be a part. The accomplishments of these years also reinforce the importance of the contributions of the outstanding individuals who preceded me as CFPC Executive Director—Victor Johnson (1954 to 1965), Donald Rice (1965 to 1985), and Reg Perkin (1985 to 1996)—and the elected and staff leaders with whom they worked. The main challenge for me and the team that has been right there beside me throughout my tenure was to carry on with the work these leaders had begun. Nothing we managed to bring to fruition in the past 17 years would have been possible without them. From its beginnings until today, those involved with this College have truly understood the benefits—for both patients and the CFPC itself—that result from continuity of care. 