



## Calibrating

Francine Lemire MD CM CCFP FCFP CAE, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

Dear Colleagues,

Important discussions were had and decisions made by your Board of Directors at the end of May. The board meeting was followed by a leaders forum, focused on defining the future of our profession. Our President, Dr Garey Mazowita, provided an important context for our deliberations (page 645).<sup>1</sup> I want to share the results of the board decisions with you, with the understanding that a great deal more work needs to be done in several areas.

**Meeting community needs.** This was the underlying theme of most of our discussion. The dynamic and changing nature of medicine's social contract (exemplified by the proposed Bill 20 in Quebec, Statement 190 in Manitoba, negotiations in Ontario, the Privileging Project in British Columbia) and some of the tensions around recognition of enhanced skills have reinforced the need for the College to continue to be deliberate in this regard.

**Alignment of accountability of academic family medicine initiatives.** A Family Medicine Specialty Committee was approved to enhance alignment of the work related to curriculum development, evaluation and assessment frameworks, Certification expectations, and accreditation standards. An important midterm objective of this committee is also to foster better integration and communication between education and practice. This committee will include representation from the academic community and also from government and regional health authorities, our Royal College colleagues, and practising family physicians.

**Approval of criteria for the maintenance of certificates of added competence (CACs).** Members acquiring CACs will be required to demonstrate that some of their continuing professional development (CPD) activities are geared to maintaining competence in the CAC area. A minimum of 125 Mainpro credits, 75 of which must be in the Accredited category, in each 5-year Mainpro cycle will have to pertain to the CAC domain. We learned about personal learning plans, which encourage us to reflect and identify learning needs at the beginning of each Mainpro cycle and to plan deliberately our CPD activities. These plans will be optional and incentivized initially for those with CACs, and it is anticipated that they will become integral for all physicians as part of their CPD portfolio. It is ultimately a necessary requirement to connect lifelong learning with CPD needs and assess effects on practice. The Royal College is moving in this direction and so are we.

**Approval of CACs in addictions and enhanced surgical skills.** As we establish national standards of competence in certain enhanced skills areas, we are asked by cohorts of members to recognize other areas of enhanced skill. The Royal College recently approved an area of focused competence in addictions. Family physicians with enhanced skills in addictions asked for recognition and establishment of standards of competence in this area too. Family physicians with enhanced surgical skills requested a similar process. The ability to maintain cesarean section and urgent surgery capability is crucial in some rural areas and influences the comprehensiveness of services that can be provided in smaller communities. These CACs were approved, but the board expressed concern about potential negative consequences if CACs proliferate—fragmentation, narrowing of our scope of work, growth of 2+1 residency programs that do not allow new family physicians to experience providing comprehensive care. Most important, some want to ensure that what we do in the area of enhanced skills meets community needs as well as recognizes enhanced skills by practitioners. The board called for more work in this area. Senior staff and the Section of Communities of Practice in Family Medicine report to the Executive Committee in August.

**Approval of a new strategic plan for Family Medicine Forum (FMF).** Key directions include a better integration of Family Medicine Education Forum and Research Day as part of FMF overall; enhanced participation of all Chapters in FMF planning; and sharing the best of FMF with more members through enhanced technologies.

**Proposed governance changes.** The member consultation process for the proposed changes to our governance is ongoing (videoconferences twice a month, website, and eNews updates). The board was briefed on and approved proposed changes to the nominations committee and approval of individual nominations to the board at the Annual Meeting of Members. Some of these changes arose from feedback from you, our members. Information on the proposed changes can be found at [www.cfpc.ca/Proposed\\_Board\\_Restructuring](http://www.cfpc.ca/Proposed_Board_Restructuring). We encourage your feedback, either by participating in upcoming videoconferences or by e-mailing us at [CFPCgovernanceproposal@cfpc.ca](mailto:CFPCgovernanceproposal@cfpc.ca).

I want to thank the Board of Directors for their engagement and diligence in shaping the direction of the organization. And I want to wish all of you a great summer! 🌻

**Acknowledgment**

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**Reference**

1. Mazowita G. Rising to the challenge. *Can Fam Physician* 2015;61:645 (Eng), 646 (Fr).

Cet article se trouve aussi en français à la page 647.