

## Complementing undergraduate medical training

We thank Drs Keegan, Scott, Tan, and Horrey and Ms Tissera for bringing forth an important reminder to *Canadian Family Physician* readers on the existence and success of the Shared Canadian Curriculum in Family Medicine (SHARC-FM).<sup>1</sup> We were remiss in not mentioning in our article<sup>2</sup> the important contribution of SHARC-FM, carried out by undergraduate family medicine leaders working collaboratively over the past 10 years, sharing a common approach to family medicine learning. As noted on its website, SHARC-FM is a “matrix of family medicine educational resources (objectives, point-of-care tools, cases, etc.) that educators and trainees can use to support learning in family medicine.”<sup>3</sup> We believe its effects have been important in Canada. As shared in our article:

Nearly all participants (92%) felt either positive or strongly positive about their choice to be family physicians ... participants believed they had had extensive experiences within family medicine settings while in medical school, with strong family medicine role models.<sup>2</sup>

This finding reflects the work of family medicine undergraduate leaders and provides some evidence of the positive effects SHARC-FM has had in exposing medical students to family medicine in Canada. We used resident entrance surveys to elicit more specific information about the level and type of exposure to the different domains of clinical care<sup>4</sup> affiliated with the discipline of family medicine. We hope the findings of our paper serve to complement the work of SHARC-FM and provide further information for those developing undergraduate family medicine curricula.

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### Competing interests

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### References

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## Complete dissociation from the health care and pharmaceutical industry

Every year the health care and pharmaceutical industry (HPI) spends billions of dollars on its association with the medical profession including professional colleges. The College of Family Physicians of Canada (CFPC) has a long history of receiving a portion of this money through various activities such as journal advertising in *Canadian Family Physician*, unrestricted educational grants for the sponsorship of continuing professional development programs, and funding of annual Chapter or national College awards.

The CFPC appointed a task force in 2010 to evaluate the ability of the HPI to influence family physicians through this funding of College activities. As Dr Lemire states in her article in the April 2014 issue of *Canadian Family Physician*, the College requested this evaluation with the intent of maintaining the “trust of its members, their patients, and the Canadian public.”<sup>1</sup> The recommendations from the task force were highlighted and approved at the College’s November 2013 board meeting. At this meeting the board requested an analysis of complete dissociation from the HPI. These results were to be presented 1 year later at the November 2014 board meeting but have still not been made public.

Complete dissociation is no longer unusual in North America: the University of Michigan, the Oregon Academy of Family Physicians, the Brody School of Medicine at East Carolina University, and the Memorial Sloan Kettering Cancer Hospital have halted all continuing professional development funding by the HPI.

Although no Canadian organizations have implemented complete dissociation, some provincial College Chapters are considering HPI-free annual scientific assemblies (according to Dr Lemire’s