

Pathways to subspecialization in family practice

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Special interests, focused practices, and fellowships are all terms that arise during discussions about subspecialization in family practice. In order to explain how special interests work in family medicine, examine the types of focused practices, explore the pros and cons of a third-year fellowship, and discuss the effects of focused practices on the future of family medicine, we present answers to frequently asked questions.

Special interests and focused practices

In family medicine, what does it mean when family physicians have special interests? The term *special interest* is used fairly broadly, so it might cause confusion. In family medicine, family physicians with special interests are those with “traditional comprehensive continuing care family practices who act as the personal physicians for their patients and whose practices include one or more areas of special interest as integrated parts of the broad scope of services they provide.”¹ An example is a family physician who provides health care to a diverse population but has an interest in sleep medicine and is able to educate his or her patients further around sleep disorders within the family medicine clinic.

What does it mean when family physicians have focused practices? The focused practice designation is applicable to family physicians with a “commitment to one or more specific clinical areas as major part-time or full-time components of their practices.”¹ For example, this would be applicable to a family physician who spends some or all of his or her time working in a sleep disorders clinic but might see patients for other issues in his or her family practice.

How is a special interest or a focused practice officially recognized? In 2015, the College of Family Physicians of Canada (CFPC) began providing Certificates of Added Competence (CAC) to family physicians with demonstrated added competence in any of 5 areas: care of the elderly, palliative care, emergency medicine, family practice anesthesia, and sports medicine. Currently, there are 3 ways to achieve a CAC: through completion of extra residency training (a fellowship); through practice experience and professional development; or by acquiring a Certificate of Special Competence in

Emergency Medicine. Physicians who complete the CFPC Certification in emergency medicine can choose to use the CFPC(EM) designation, or apply for the CAC in emergency medicine.²

There is an online application process for CACs through which applicants must provide evidence supporting their CAC claim. The CAC is a credential awarded by the CFPC, and the application process has been open only in phases thus far.²

Where can I learn more about special interests and focused practices in family medicine? The CFPC's Section of Communities of Practice in Family Medicine (formerly known as the *Section on Special Interests and Focused Practices in Family Medicine*) has committees for each recognized program (19 programs at the time of publication). As a CFPC member, you can register for free to receive updated communications and be informed about networking opportunities with physicians with similar interests. Please visit www.cfpc.ca/SIFP_Whats_New for more information.

Fellowships

How do I apply for a fellowship in family medicine? For emergency medicine fellowships, applicants can apply through the Canadian Resident Matching Service. For fellowships in other specialties, all programs have their own application requirements and deadlines. It is best to visit the Enhanced Skills sections of each school's website, determine which programs you are interested in, and review the requirements and deadlines for each. For Ministry of Health and Long-Term Care funding eligibility for fellowships, third-year residents must have applications submitted and have started third-year residency within 12 months of completing the second year of residency; this includes self-designed fellowships.

What are the pros of a third-year residency fellowship? The pros of fellowships include the following.

- Fellowships provide structured clinical experiences with educational support in order to improve skill sets. This is especially relevant in areas of interest in which procedure competency is important, as a fellowship can provide the patient volume needed for hands-on experiences.
- There are opportunities to be mentored by clinical leaders and to network with other fellows and colleagues in your field of interest.
- You can become more familiar with resources in the community before starting your own practice.

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- Fellowships can be helpful in obtaining positions in larger hospitals and academic centres.

What are the cons of a third-year residency fellowship? The cons of fellowships include the following.

- Fellowships delay entry into the work force.
- They do not necessarily result in increased income.
- Specialty focused training can potentially result in the loss of a generalist approach and training.
- You might be able to gain the practical and professional experience through other venues, which would still allow for application for a CAC.

Effects on family medicine


How will focused practices affect the future of family medicine? On one hand, some physicians believe that focused practices are too specific and detract from comprehensive family medicine. There are many underserved populations in Canada, and many patients are still without a family physician.

However, family physicians with focused practices can often fill gaps in the system. We have seen the usefulness of family physicians with extra training in underserved areas such as managing primary care for oncology patients, working in long-term care homes, and providing palliative care services. Focused practices can be especially helpful in fields of medicine outside of

mainstream primary care; for example, sleep medicine and occupational health are both specialized areas of medicine that have huge effects on patients in the primary care system.

We believe that especially when practising in those underserved areas, having a focused practice or a special interest could be beneficial to your primary care patients, as the wait times for specialists and health care services are longer, or involve transportation or access barriers.

Conclusion

We have addressed several frequently asked questions about special interests, focused practices, and fellowships to help residents understand that there are various pathways to subspecialization in family medicine. We want residents to be aware of the opportunities and choices they have in family medicine. 

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Competing interests

None declared

References

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