



Annual Forum highlights

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

Dear Colleagues,

When the College moved to a smaller, skills-based board, we committed to engaging Chapters and leaders serving on committees, sections, and working groups, as well as leaders of university departments of family medicine, in informing and providing feedback to the board in strategic areas. More than 120 members and national and Chapter staff participated in our first Annual Forum in June. The board requested feedback in 4 areas. This set the stage for further board discussion later in June. Here is a summary of where we landed.

Continuity and comprehensiveness of care (C3). Many CFPC activities already relate to this. A next step is to better define the challenges and issues. What influences residents and medical students as they make practice decisions? What influences practising FPs' decisions on practice scope? Three areas of development were recommended.

Position statement: We need to develop an interim position statement on C3 that recognizes the changing environment and the realities of present-day medicine and to suggest a desired situation where FPs with enhanced skills can better integrate in comprehensive family practices, preferably in a Patient's Medical Home (PMH) model.

Advocacy: Health care is funded at the provincial level, and the CFPC's advocacy needs to be better coordinated with that of Chapters, departments of family medicine, and medical schools to reiterate the need for sustainable funding to support C3 models, family medicine training, and the acquisition of enhanced skills.

Research-readiness: Research-ready practices, which support quality improvement, patient safety, and comprehensive care, and capture the evolution of the integration of enhanced skills as part of C3, are an important direction.

Competence upon completing residency. Our graduating residents are competent to practise when they complete the educational requirements of the family medicine residency, including the Certification examination. We have the shortest family medicine residency program in the world. Questions have been raised about resident confidence, manifested, we believe, by a renewed interest in enhanced skills programs. As FPs we need to be able to identify and respond to community needs, have the administrative skills to run a practice, and engage in quality improvement and patient safety. We must enhance our skills in emergency care, our understanding of health systems, and our competence in external and political relations.

Primary care reform. Pockets of innovation in primary care and family practice have emerged in several regions, and the new models are consistent with the PMH concept. The Health Policy and Government Relations Department, collaborating with the relevant committees, will be submitting a work plan for development of "PMH 2.0." The group will consider continuing to monitor the evolving adoption of the PMH across the country; improving our understanding of how money is spent and identifying opportunities for the CFPC, Chapters, and faculties of medicine to influence health policy; and continuing to engage sister medical and allied health organizations, the public, and patients. It is important for PMH 2.0 to emphasize C3, the integration of enhanced skills, and the importance of FP roles in primary and secondary care, and to provide a vehicle to brand family practice appropriately.

Mandatory elements of professional development. In response to discussion of whether Mainpro+ cycles should include mandatory elements, such as courses on appropriate prescribing or opioid prescribing, the group's recommended direction was to accelerate development and introduction of personal learning plans (PLPs) as part of Mainpro+. Properly designed PLPs would allow us to better appreciate each FP's scope of practice, which in turn enables us to identify the most relevant learning needs. For optimal relevance, PLPs must be informed by community need and the practice population. Such PLPs could also be introduced during residency and offer an important tool across the continuum of one's professional career. We hope to collaborate with the Royal College on this initiative.

Strategic planning 2017 to 2022. We are in the last part of our current strategic plan and we sought feedback on future goals and objectives. We are aiming for 3 to 5 goals, each with 3 to 5 objectives and a well aligned action plan, and we are focused on measuring outcomes. We hope to have this work finalized by this time next year.

This first Annual Forum was a big test for us, as a means of engaging leaders in the strategic orientation of the organization in the context of our skills-based board. Feedback has been very positive. This is one element of a multi-pronged approach to member and stakeholder engagement. Continuing to be a "big tent organization" in a broad discipline that permits expression of differing views was emphasized. I wish to thank our participants. More to come in each of these areas. Your feedback is welcome, as always. 🍁

Acknowledgment

I thank Ms Sarah Scott and Dr Jennifer Hall for their assistance with this article.

Cet article se trouve aussi en français à la page 767.