Dear Colleagues,

Through member surveys and formal and informal interactions, you have told us that you understand and appreciate CFPC’s standard-setting role; you have also told us that the CFPC needs to “have your back” through effective advocacy and by doing a better job of supporting you in your everyday practice. In this column I want to share with you proposed recommendations, recently supported by the CFPC board, to expand the work of the Section of Communities of Practice in Family Medicine so that it has greater relevance to more members.

Formed in 2009 as the Section of Family Physicians with Special Interests or Focused Practices, the renewed section will continue to welcome these family physicians and offer them support within the CFPC. However, we aim to enlarge the tent and include the diversity that exists in the scope of practice of family doctors. There currently are 19 communities of practice, with a traditional committee structure. These groups have done excellent work in creating guidance documents in a number of clinical areas and in helping to enhance our advocacy in certain areas (eg, the cannabis for medical use guideline, presentations to the federal government on issues such as palliative care and medical assistance in dying). We want to grow this number and better engage the more than 9000 CFPC members who have indicated interest in being part of current and emerging communities of practice. We also want to provide an even stronger point of connection in the CFPC for members who might identify less strongly with the College’s academic mission.

An important vehicle to achieve this will be the creation of member interest groups (MIGs). Our 19 current communities of practice will be reconstituted as MIGs, and our capacity to welcome other MIGs will be expanded. Members of the CFPC from across Canada will be encouraged to affiliate with 1 or more MIGs that correspond to the characteristics of their clinical work and interests. Each MIG will be led by a chair and vice chair; connectivity will occur through a modern, secure collaborative networking platform. In the online space, the focus will be on networking and sharing perspectives about interesting clinical dilemmas, on advocacy, and on information about events, conferences, and publications of interest. New MIGs will be created based on member interest and on the CFPC’s identified priorities. We will be especially interested in new MIGs that appeal to members with more comprehensive scopes of practice such as inner-city health. Practice areas that are nonclinical but deemed important for practice, such as quality improvement, administration, physician wellness, and virtual care or artificial intelligence, will also be considered.

We aim (and hope) for MIGs to inform and support the evolution of some of the CFPC’s initiatives, such as the Patient’s Medical Home, the Family Medicine Professional Profile, and Certificates of Added Competence, through the contribution of perspectives of practitioners. We also will want to capitalize on opportunities to connect MIG members face to face through Family Medicine Forum and other provincial and regional events. We are engaging the Chapters and other groups within the College in these conversations.

A transition period of about a year to move to this model is being planned. Adjustments in our operations are required and some risks need to be mitigated. This plan could not be before you without the commitment of the Redesign Working Group and the leadership of Drs Frank Martino and Jeff Sisler. The group oversaw focus-group discussions, key informant interviews, and an environmental scan of external organizations with similar programs. I sincerely thank them for this engagement.

Our President, Dr Paul Sawchuk, has one important objective for his presidency: that more of the CFPC’s great work be highly visible to a much larger cohort of our members, and that members unequivocally realize and believe that their College has their backs. We are very enthusiastic about better supporting you and your everyday practice. Watch for further updates as this initiative unfolds. As always, questions and comments are welcome at info@cfpc.ca.

Acknowledgment

I thank Dr Jeff Sisler for his review of this column. The Section of Communities of Practice in Family Medicine Redesign Working Group includes the following members: Drs Frank Martino (Chair), Ruth Wilson, Tom Bailey, Ben Schiff, Chris Frank, Lori Montgomery, Dorcas Kennedy, and Lisa Fischer. Staff support members include Dr Jeff Sisler, Dr Victor Ng, Ms Lily Oeur, Ms Maureen Desmarais, and Ms Dale McMurchy (Consultant).