

## Practice Management Prep for family medicine residents

The response from Dr Blais<sup>1</sup> to Dr Schipper's September 2020 President's Message<sup>2</sup> addresses an important aspect of the College of Family Physicians of Canada's (CFPC's) new practice management tool—Practice Management Prep (PM Prep)—that would likely benefit from some additional context. Practice Management Prep is intended to be used in addition to the existing practice management curriculum offered in residency programs and by other stakeholder organizations in Canada.

As Dr Schipper noted, PM Prep was developed in response to feedback from new-in-practice physicians that the business side of running a family practice, such as managing finances, medical-legal questions, and contract negotiations, posed the greatest challenge, and they wanted more training in those areas during residency.

When looking to address these gaps, the CFPC first sought to understand what was already being done as part of residency training for practice management. All programs reported practice management training being delivered in some capacity over the 2 years of residency, often in concert with key stakeholder organizations including Joule and the Canadian Medical Protective Association (CMPA). However, despite the existing training, early-in-practice family physicians reported they felt unprepared for practice management and that they were often unaware of the resources available to them, or that the time required to identify and locate necessary resources posed a substantial barrier to accessing those resources once they were in practice.

When consulted by the working group, program directors indicated that there was limited time to dedicate to additional practice management training within the existing curriculum. As a result, the working group set out to develop a self-guided resource that could be completed independently, but that could also be optionally enhanced through coaching at existing intervals (eg, the periodic review) with the support of residency programs.

After completing a PM Prep activity that consists of a brief reflection on key practice management topics and creation of a learning plan, learners are encouraged to review identified resources that have been paired with the specific reflection question, and to discuss their reflection. Ideally, they would discuss the topic with their preceptor

or a faculty member at their program as time allows, but alternatively with a mentor, peer, or peer group, to deepen their reflection. The CFPC also offered 2 virtual peer consultations in February 2021, providing opportunities for residents to connect with their First Five Years in Family Practice colleagues to ask questions about practice management and transitioning to practice.

In addition to the self-reflections, through the support of stakeholders like Joule, the CMPA, and the CFPC Chapters, PM Prep includes a repository of resources by topic for learners to refer to at any time, including once they transition to independent practice. We are also exploring carrying out continued virtual learning opportunities with Joule and the CMPA to meet our resident and First Five Years in Family Practice practice management needs. Our hope is that this tool will help residents think about and discuss practice management topics earlier in training and throughout their residency. The aim is that they will leave training aware of practice management resources available and accessible to them.

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**Competing interests**  
None declared

### References

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2. Schipper S. Practice management. Conquering the final frontier of learning. *Can Fam Physician* 2020;66:697 (Eng), 698 (Fr).

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## Formula choices in infants with cow's milk allergy

The recent article in *Canadian Family Physician* about the choice of formula for infants with cow's milk allergy<sup>1</sup> neglects to discuss the spate of industry-sponsored guidelines in the United Kingdom in which authors have financial conflicts of interest with companies making the products. The first and second international guidelines in 2007 and 2010, respectively, were both funded by infant formula manufacturers, with many guideline authors declaring conflicts of interest:

Five of the 11 authors of the 2011 food allergy guidelines from the NICE [National Institute for Health and Care Excellence], ten of the 12 authors of the 2012

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European Society for Paediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN) guidelines, all five authors of the 2013 Milk Allergy in Primary Care (MAP) guideline, and all 12 authors of the 2017 iMAP [International Milk Allergy in Primary Care] guideline declared interests with infant formula manufacturers either at the time of writing or subsequently.<sup>2</sup>

During roughly the same period as when the guidelines were produced, prescriptions for specialist formula milks in the United Kingdom for infants with cow's milk protein allergy increased by nearly 500% despite the lack of any data showing a substantial change in the prevalence of the condition.<sup>2</sup>

The 2011 report from the Institute of Medicine (now the National Academy of Medicine) recommends that most of the membership of clinical practice guideline committees should not have conflicts of interest.<sup>3</sup> None of the above guidelines published after the report was released conform to that recommendation.

The *Canadian Family Physician* article mentions 2 guidelines. The guideline from the World Allergy Organization<sup>4</sup> does not provide financial conflict of interest statements for the authors but does say that the organization's Special Committee on Food Allergy is supported through unrestricted educational grants from

various charities and companies that are representative of the food industry: Danone, Heinz, Ordesa, Nestlé Nutrition Institute, DicoFarm, and Invest for Children. The other set of guidelines is the one from the European Society for Paediatric Gastroenterology, Hepatology, and Nutrition<sup>5</sup> mentioned above.

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#### Competing interests

In 2017 to 2020, Dr Lexchin received payments for being on a panel at the American Diabetes Association; for talks at the Toronto Reference Library; for writing a brief on an action for side effects of a drug for Michael F. Smith, Lawyer, and a second brief on the role of promotion in generating prescriptions for Goodmans LLP; and from the Canadian Institutes of Health Research for presenting at a workshop on conflicts of interest in clinical practice guidelines. He is currently a member of research groups that are receiving money from the Canadian Institutes of Health Research and the Australian National Health and Medical Research Council. He is a member of the Foundation Board of Health Action International and the Board of Canadian Doctors for Medicare. He receives royalties from University of Toronto Press and James Lorimer and Co, Ltd, for books he has written.

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