



Staying well in uncertain times

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It is in the shelter of each other that the people live.

This Irish proverb is at the heart of my message today, together with the well-known quote often attributed to Margaret Mead: "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

Staying well is a collective effort and commitment, not solely an individual responsibility or behaviour. Developing and nurturing personal resilience (a trait that most family doctors have in abundance) is a necessary but not sufficient condition for staying well. As Adam Neufeld, a first-year resident in Calgary and a member of the Section of Residents pointed out to me in our question and answer session,

One example of how the current wellness landscape and system is failing learners ... is by treating their wellness as a skill or competency, instead of focusing on the system and environment. This is akin to blaming a plant for not blooming, without first addressing the environmental nutrients that are missing (sun, water, air).

A recent article outlined factors associated with lower rates of burnout among physicians. Among them, teaching, leadership, learning, and being a member of a supportive well-functioning team¹ underline the importance of effective connection with others to our well-being. In my own career, working at system levels to address frustrations has given me a sense of hope and purpose.

The resident's comments reminded me of the effectiveness of assembly and advocacy by interns and residents across Canada. As one example, the Professional Association of Internes and Residents of Ontario (PARO, formerly PAIRO) began in 1968 as a small group of residents from the teaching sites in Toronto, Ont, and by 1969 it grew to include all 5 medical schools in Ontario. Through collective action over years, including a strike in 1980 to obtain independent binding arbitration, residents now have better vacation leaves, parental leave, post-call days, limitations on working hours, etc. I recognize that many practising family doctors have no such benefits.

The CFPC and its Board are working at a system level to improve the well-being of family doctors. Nationally, and provincially with Chapters, our aim is to be the clear,


unified voice of family medicine and family physicians to promote the unique contributions that family physicians make to the health of Canadians. Actions include championing the Patient's Medical Home as the practice setting that achieves better care for patients and at lower cost, while creating a supportive team environment for providers and promoting continuity and the delivery of comprehensive care by family physician practices and the local and regional health systems. (There is evidence that a broader scope of practice is protective against burnout.)²

We received a grant of \$125000 per year for 4 years from Scotiabank, the Canadian Medical Association, and MD Financial Management Inc as part of their commitment to physician wellness. This year, through the practice based small group learning program, these funds will create a new wellness and resilience module to enable problem-based small group members to connect, support each other, and strategize around well-being. Four similar mini modules delivered by trained family physician facilitators will be run virtually and will be available to all family doctors.

The CFPC will launch a new physician wellness and resilience member interest group. The Member Interest Groups Section (www.cfpc.ca/migs) allows like-minded family doctors to connect and share expertise, support, and ideas informally and in a safe space.

Finally, a small team of members with expertise in physician wellness from across the country will be meeting to create other initiatives to address issues affecting the health of CFPC members. If you are interested in getting involved, please contact migs@cfpc.ca.

Continuing medical education and practice tools that are both relevant and timely support the daily work and well-being of all family doctors. Please go to www.cfpc.ca/practicesupport and check out the new CFPCLearn at <https://cfpclearn.ca>.

One resident's graph of their well-being during the first year of residency highlights the essence of what we need.³ When we are learning, engaged in meaningful work, part of a supportive, well-functioning team, and have time for ourselves and our families, we are well. I hope wherever you are that you can be part of a small, committed group to change your world. 

References

1. Norvell JG, Baker AM, Carlberg DJ, Diller D, Dziedzic JM, Finnell JT, et al. Does academic practice protect emergency physicians against burnout? *J Am Coll Emerg Physicians Open* 2020;2(1):e12329.
2. Weidner AKH, Phillips RL Jr, Fang B, Peterson LE. Burnout and scope of practice in new family physicians. *Ann Fam Med* 2018;16(3):200-5.
3. Hurst C, Kahan D, Ruetalo M, Edwards S. A year in transition: a qualitative study examining the trajectory of first year residents' well-being. *BMC Med Educ* 2013;13:96.

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