

Family Medicine and The Canadian Task Force on Preventive Health Care: Are we up for the challenge?

by Roland Grad MDCM MSc FCFP



I've just completed 6 years as a member of the Canadian Task Force on Preventive Health Care. As a TF member, I've had the privilege to work with enlightened colleagues from across the country, who are physicians or scientists, or both. Note that TF members are volunteers, reimbursed only for their travel, meals and hotel accommodation at face-to-face meetings.

As a TF member, I am presently contributing to guidelines in progress. These include an update to screening for hypertension, and new guidelines on the prevention of inappropriate prescriptions and screening to prevent fragility fracture. I chaired the work group that produced the 2017 guideline on screening for Hepatitis C. I was a member of the work group on antenatal screening for bacteriuria. I've contributed to the infographic and FAQ tools produced by the Knowledge Translation group, led by Sharon Straus.

TF members are mostly practising doctors with academic positions at a university. Some TF members practice Family Medicine - again supported by an academic salary. So, it is fair to say that academic Family Physicians contribute important intellectual content to TF clinical practice guidelines. What specific contributions am I talking about? First, as a TF member I've helped to select guideline topics and then shaped the wording of the recommendations within these guidelines. Second, Family Physicians can join a work group to contribute to a guideline as a clinical expert. This is a non-voting position that informs the perspective of work group members who then craft the guideline.

My experience on the TF has been very positive. I've learned how research evidence (e.g. from the systematic reviews we commission) is applied under the GRADE system. I've learned how TF members use their practice-based expertise to judge the value of research evidence in making recommendations for preventive health care. I've learned about the challenge of implementing recommendations; this became most apparent when our Hepatitis C guideline recommended against screening. Yet to be honest, one issue motivated me to write this piece. When the TF launched a call for new members in 2018, our chair (Brett Thombs) reached out to departments of Family Medicine. Subsequently, we received no applications (zero) from any of Canada's 38,000+ FPs. This leads to me to wonder. Is Family Medicine in Canada up for such an important challenge?

Under the leadership of Nick Pimlott, *Canadian Family Physician* strives to publish content authored by family physicians. Evidence for this comes from the support given to the publication of an article series in this journal called Prevention in Practice [<https://www.cfp.ca/content/by/section/Prevention%20in%20Practice>]. The journal also wants to publish high-quality guidelines that avoid some of the pitfalls of traditional Clinical Practice Guidelines through the meaningful involvement of FPs. To realize this goal will require an investment in time from the Family Doctors of Canada. I would like to emphatically make this point: Now is the time for Family Medicine and the Canadian Task Force to realize the potential contribution of future Family Physicians.

Dr. Roland Grad is a practicing family doctor and Associate Professor of Family Medicine at McGill. Since 2014, he is a member of the Canadian Task Force on Preventive Health Care.

