

**THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA**



**LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA**

December 2019/January 2020

**CFPC Board of Directors
Decisions/Directions and
Impacts**

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GOAL 1: SET STANDARDS TO DEVELOP AND SUSTAIN SKILLED FAMILY PHYSICIANS

Virtual Care

The CFPC, the Canadian Medical Association, and the Royal College of Physicians and Surgeons of Canada are co-chairing the Virtual Care Task Force. The CFPC's co-chair is Dr. Ewan Affleck.

The Task Force was established to develop strategies and recommendations for promoting a pan-Canadian approach to the delivery of publicly insured medical services by the Canadian medical community through virtual means. The Task Force takes a national approach to virtual care.

[The Virtual Care Task Force Report](#) was collaboratively released February 11, 2020.

VIRTUAL CARE TASK FORCE REPORT

THAT the Board support in principle the concepts outlined in the draft Executive Summary and Principles of Virtual Care, being developed by the Virtual Care Task Force co-chaired by the CFPC, the Canadian Medical Association, and the Royal College of Physicians and Surgeons of Canada.

Guidelines and Knowledge Translation

A working group of subject matter expert family physicians will be established to: advise and assist in the development of CFPC guidelines/practice support tools that are relevant, evidence-based, and practical; review external guidelines for CFPC endorsement; and review funding applications for Chapter-led CPD initiatives that may be scaled up.

GENERAL RESERVES

THAT the Board approve a transfer of \$195,000 from the Strategic Initiatives Reserve to be administered over a three-year period to support the establishment of a Guidelines and Knowledge Translation Expert Working Group;

FURTHER THAT if the initial three-year trial is successful, the operating budget will subsequently need to accommodate an annual expense of up to \$65,000.

Certification Examination in Family Medicine

The Section of Residents Executive Council represents our resident members and helps our Board and organization continue working on member communications. One task is communicating the breakdown

of the Certification Examination in Family Medicine candidate fee and how the CFPC invests in our future by assisting with the candidates' fee.

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

THAT the CFPC, as a matter of equity for our members, commit to an ongoing subsidy for the Certification Examination in Family Medicine.

GOAL 2: MEET THE EVOLVING HEALTH CARE NEEDS OF OUR COMMUNITIES

Indigenous Health

The Board had a productive meeting with the President and Vice President of the Indigenous Physicians Association of Canada (IPAC), Dr. Nel Wieman and Dr. Evan Adams respectively, and the CFPC's Indigenous Health Working Group co-chairs, Dr. Sarah Funnell and Dr. Darlene Kitty.

We focused on the Truth and Reconciliation Commission of Canada's Calls to Action and the initiatives that CFPC is presently undertaking (e.g., the 2018 inclusion of Indigenous-directed indicators in the Standards of Accreditation for Residency Training Programs, also known as the Red Book, and the soon-to-be-launched CanMEDS-FM Indigenous Health Supplement), and could further partnerships with Indigenous physicians.

Together we raised questions such as:

- How can we encourage more Indigenous physicians to get involved in education and leadership roles in the health care system, and within the CFPC?
- How can the CFPC and IPAC work together to provide Indigenous training for medical students, residents, and practising physicians throughout their careers?
- How can we move health services toward being more culturally safe and providing care in a humble manner, encouraging Indigenous people to come forward for health care?
- How do we recruit and support Indigenous medical students to select family medicine and thrive in their training?
- How we can formalize a relationship between the CFPC and IPAC?
- How can the CFPC declare its commitment to cultural safety and humility?
- How can the CFPC adequately sponsor the Pacific Region Indigenous Doctors Congress (PRIDoC)?
- How can the CFPC support and participate in the proposed National Consortium for Indigenous Medical Education? IPAC is seeking the help of a Consortium to align and maximize resources, ensure learning in Indigenous health across the learning spectrum, support Indigenous leadership in Indigenous medical education, and ultimately improve health care for Indigenous peoples. Dr. Funnell, Dr. Kitty, and Dr. Wieman are among the authors of the proposal.

INDIGENOUS HEALTH

THAT the CFPC commit to collective capacity-building toward closing the gap on health disparities for Indigenous people through education, practice, research, and advocacy;

FURTHER THAT the CFPC, jointly with other partner organizations, support the Indigenous Physicians Association of Canada (IPAC) in its application to Health Canada for funding for the National Consortium for Indigenous Medical Education;

FURTHER THAT the CFPC commit in principle to support the development of the National Consortium for Indigenous Medical Education.

Physician Mobility

The need for national licensure or enhanced physician mobility between provinces and territories has been an important access to care request among physicians. Family physicians play a vital role in providing care in rural and remote locations and by serving as locum tenens. The Federation of Medical Regulatory Authorities of Canada (FMRAC) is developing mobility agreements to increase physician mobility. We will continue to work with FMRAC and other national medical organizations to this end.

PHYSICIAN MOBILITY AGREEMENTS

THAT the CFPC support in principle the Resident Doctors of Canada’s (RDoC’s) “Statement on Including New-in-Practice Physicians in Mobility Agreements,” in particular that we support reducing barriers to national mobility for all certified physicians regardless of number of years in practice;

FURTHER THAT the CFPC commit to working further on physician mobility with the RDoC and the Federation of Medical Regulatory Authorities of Canada.

Environmental Impacts/Climate Change

The Board is committed to continuing to explore how the CFPC and individuals (staff, members, Board Directors) can meaningfully reduce our environmental footprint.

- In the past two years, more of our meetings—including some Board and committee meetings—are held through videoconference
- We are exploring a carbon offset for staff air travel (includes the Board and committees)
- We are considering the application of an environmental impact lens to all discussions
- We recently removed the polywrap for the distribution of *Canadian Family Physician* journal while we investigate a biodegradable option
- The Section of Residents is focusing its 2020 Guide to Improvement of Family Medicine Training (GIFT) project on climate change
- Over the past year, we have supported the Canadian Association of Physicians for the Environment’s (CAPE)’s [Call to Action on Climate Change and Health](#) and WONCA’s [Declaration Calling for the Family Doctors of the World to Act on Planetary Health](#). In the past, we’ve supported other initiatives such as the Paris Agreement.
- We are considering our impact as an organization by taking measures such as issuing reusable water bottles, consistently offering reusable or bio-degradable/compostable plates and glasses for meetings, allowing staff to work from home one day a week. We have also reduced paper

use at FMF with online programs and we request that convention centre facilities not use single-use items. A CFPC team is looking at additional options.

Position Statement on Access to Opioid Agonist Treatment in Detention

The CFPC's Member Interest Groups for Prison Health and Addiction Medicine developed this [position statement](#). It advocates for access to the same evidence-based therapy available in the community and recommends opioid agonist therapy be initiated and maintained for all appropriate candidates at provincial, territorial, and federal correctional facilities.

Statement in Support of the Declaration of Astana

The CFPC's Besrouer Centre for Global Family Medicine developed this [statement](#). The original 1978 Alma-Ata Declaration on Primary Health Care established a public commitment to making community-driven, quality health care accessible to all. This statement supports the renewed and revised primary health care principles presented in [2018 in Astana, Kazakhstan](#).

GOAL 3: PROMOTE THE VALUE OF PATIENT CARE PROVIDED BY FAMILY PHYSICIANS

Protection of Terms—Family medicine, family physician

Recognizing significant member input, the CFPC issued a new statement on protecting terms and phrases reserved for family physicians. Some naturopaths have adopted terms such as “family medicine” when describing their services. This is misleading. [This statement](#) explains our concerns.

The CFPC will work further to create a sharable infographic emphasizing what family physicians do.

Pharmaceutical Industry

Through requests for member feedback on the CFPC’s future relationship with the pharmaceutical industry, we know that the topic is polarizing. Our membership is closely divided in their respective positions.

Some members believe that receiving any revenue from pharmaceutical companies, even when governed by a strict management policy as is our current process, represents a conflict of interest and compromises our professional integrity. Their preference is a pharma-free CFPC. Other members acknowledge the pharmaceutical industry as a part of the health care system and recognize the role of pharmaceuticals as part of the therapeutic options used daily by physicians. They support the current relationship with pharma as it is structured and managed through our CPD standards, *Canadian Family Physician* journal, and FMF exhibitors.

Recognizing the CFPC’s role as a member-based and a standard-setting organization, our future role with the pharma industry has been discussed and debated extensively without consensus over a protracted period of time. Efforts have been made to uphold our fiduciary obligations while acknowledging personal values, morals, and ethics. The motion was developed with the effort to be respectful and with some compromise to the varying opinions.

PHARMACEUTICAL INDUSTRY

While recognizing the differing perspectives on the presence of the pharmaceutical industry at Family Medicine Forum (FMF) and within the *Canadian Family Physician (CFP)* journal, and its unconscious influence on prescribing,

THAT the CFPC commit to enhancing the evidence-based independence of FMF and *CFP* by being pharma-free by the end of 2024.

FMF EXHIBITORS

THAT cannabis, homeopathic, and naturopathic exhibitors be eliminated from the FMF exhibit hall by FMF 2021.

Research

The CFPC is actively advocating with the Canadian Institutes of Health Research (CIHR) to support a CIHR Primary Care Research Institute or, failing that, greatly enhance investments in this area. We encourage all members to review the infographic entitled 'Creating a Stronger Base for Health Care Innovation: The case for enhanced support of research on primary, home, and community care.' This will be posted on the CFPC website soon. This needs member support. Gathering data about what family physicians do, and our value to the health care system and patients, is important for the present and future of family medicine.

GOAL 4: STRENGTHEN OUR MEMBER-BASED ORGANIZATION

2020 Board Director Election

The Call for Interest in applying for a Board of Directors position in the 2020 election will be shared with members in early February. We hope you will apply if you are interested in a leadership role or encourage someone else you think would be a great addition to the Board. The application deadline is March 31, 2020.

2020 DIRECTOR-AT-LARGE VACANCY

THAT the Board approve the elements of the 2020 Call for Interest for a Director-at-Large position.

Access to Your Board

To enhance member accessibility to the Board of Directors, emails for Board Officers have been included on the CFPC website with their bios.

Executive Expectations

Executive expectations are established by the Board. They guide the CEO's actions / provide bounds within which the CEO has the authority to make decisions and operationalize the responsibilities delegated by the Board. They are reviewed annually. The Board approved an update to the Executive Expectations Policy related to multi-year obligations which are now entered through contracts with an extensive review process and two required signatories.

EXECUTIVE EXPECTATIONS

THAT the Board approve the proposed update to the Executive Expectations Policy.

Section of Residents' Council

Terms of reference updated.

SECTION OF RESIDENTS' COUNCIL TERMS OF REFERENCE

THAT the Board approve the revised Terms of Reference for the Section of Residents’ Council, including the addition of championing advocacy and research to its purpose, and clarifying how Council members are selected.

Chapter Bylaw Updates

The Nova Scotia Chapter will present the proposed bylaw amendments to their members for consideration.

BYLAW AMENDMENTS – NOVA SCOTIA COLLEGE OF FAMILY PHYSICIANS

THAT the Board approve the proposed amendments to the Nova Scotia College of Family Physicians Bylaws dated 25 October, 2019.

CFPC Head Office

The lease for the current 2630 Skymark Avenue, Mississauga, Ontario, head office space expires January 31, 2021. The Board deliberated the many unknowns including but not limited to changes in how we work, considering a greater presence in Ottawa, and the inflation rate if/when we renegotiate the lease. A lease term not to exceed 10 years and with the lowest annualized impact on the operating budget will be secured.

OFFICE SPACE LEASE TERM

THAT the Board authorize staff to enter into a 10-year lease agreement with Epic Realty that includes a termination clause after six years.

Please contact us at sschipper@cfpc.ca or flemire@cfpc.ca, or Sarah Scott, Director of Governance and Strategic Planning at sscott@cfpc.ca, if you have any questions.

Shirley Schipper, MD, CCFP, FCFP
President and Chair of the Board

Francine Lemire, MD CM, CCFP, FCFP, CAE, ICD.D
Executive Director and Chief Executive Officer