

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



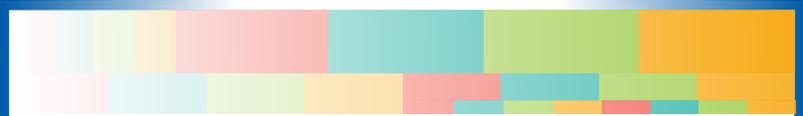
LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



Family Medicine Interest Groups

*Strengthening the future
of family medicine*

2017



Acknowledgements

The College of Family Physicians of Canada (CFPC) gratefully acknowledges the contributions of staff members Dr. Victor Ng and Pamela Cirino for their leadership in creating and producing this document. Summer student Katarina Kostovic's dedication to researching the history of the FMIGs was invaluable to the project. We also thank all the FMIG chairs and presidents for sharing their FMIG knowledge, experiences, and best practices to support their current and future colleagues across the country.

Introduction

The delivery of high-quality primary health care is vital to the function and sustainability of the Canadian health care system as a whole. In the early 2000s, medical students joined a movement to strengthen the foundation of family medicine. With the help of the College of Family Physicians of Canada (CFPC), and funding from the CFPC and Health Canada, Family Medicine Interest Groups (FMIGs)* were created at each medical school across the country. These groups are composed of medical students and family medicine champions who work together to promote a positive perception of family medicine.

The FMIG goals include increasing the number of medical students who choose family medicine as their specialty, increasing students' understanding of the breadth and depth of family practice, and ultimately improving the positive collegial environment of family physicians and other specialties. The number of students selecting family medicine as their first choice for residency fluctuated for many years, reaching a low of 24.8 per cent in 2003.¹ The percentage of students ranking family medicine as their first choice started to rebound in 2004, reaching a 22-year high of 38.5 per cent in 2015.²

Overview

Between the early 1990s and the mid-2000s, medical student enrolment—and family medicine postgraduate numbers—declined as a result of several factors. For example, the 1991 Barer–Stoddart³ report stated that Canada was oversupplied with physicians and called for a nationwide decrease in the total number of medical student positions. In addition, the elimination of the rotating internship and introduction of the 2-year residency program resulted in a decrease proportionally in family medicine positions available for training. For example, medical school enrolment peaked at 7,492 in 1982. By 1999, that figure dropped to 6,388.⁴ That change affected family medicine—there were 1,543 post-MD trainees in family medicine in 2001. However, by 2004, the number of post-MD trainees in family medicine increased by almost 15 per cent, to 1,769.⁵ The number has increased each year since then, reaching 3,443 in 2015.⁶

At the same time, changes in procedures and advances in technology meant that specialists in disciplines other than family medicine were better positioned to take advantage of compensation opportunities. This contributed to an income disparity between family physicians and other specialists. A culture that favoured other specialties over family medicine reinforced the “hidden curriculum” that devalued family medicine.

*This term/acronym is used throughout the document; it includes *groupe d'intérêt en médecine familiale (GIMF)* in Quebec, and *IgFM (Interest Group in Family Medicine)* at the University of Toronto.

FMIGs share common objectives:

- Increasing students' awareness of, and exposure to, family medicine—its opportunities, roles, and responsibilities
- Fostering positive relationships and developing networks with staff physicians, residents, and other medical students
- Promoting postgraduate training and eventual practice in family medicine

There continues to be interest in enhanced skills training programs where family medicine residents can learn and refine skills in a particularly academic or clinical domain. This may have contributed to some renewed interest in family medicine from medical students recognizing flexible career opportunities in family medicine. The CFPC endeavours to strengthen comprehensiveness and continuity of care through its role in standard setting in family medicine

residency programs, support of distributed training environments, faculty development, and promotion of practice models to enhance primary care and family practice. The additional acquisition of enhanced skills can complement the care family doctors are able to offer to their patients and meeting the needs of their communities. Meeting community needs should be at the heart of how physicians acquire and use enhanced skills, and scopes of practice.



The CFPC and students

FMIGs were developed in Canada during the early 2000s—early adopter medical schools were the University of British Columbia, University of Saskatchewan, and Western University—but more help was needed. In 2003, the student-driven Interest Group in Family Medicine (IgFM) was created at the University of Toronto to recruit students interested in family medicine and form a committee of support systems and advocacy roles. This caught the attention of Dr. Calvin Gutkin, the CFPC’s Executive Director and CEO at that time.

In 2004, a nationally organized system of FMIGs was proposed under an agreement between Health Canada and the CFPC. The proposal outlined several initiatives, including a suggested conceptual framework to increase interaction between medical students and family physicians to facilitate an open dialogue about family practice careers. Later, Dr. Francine Lemire and Heather Zimcik (one of the University of Toronto IgFM founders) made a presentation to Health Canada’s



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The FMIGs filled in the blanks of things that ... curriculums in the first and second years couldn’t offer students interested in family medicine
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Calvin Gutkin, MD, CCFP (EM), FCFP
CFPC Executive Director and CEO 1995–2012

Advisory Committee on Health Delivery and Human Resources—Physician Subcommittee to secure ongoing financial support. Acting on leadership from Dr. Gutkin, Dr. Lemire (Director of Membership and Professional Affairs for the CFPC at that time) was responsible for shepherding the growth of FMIGs.

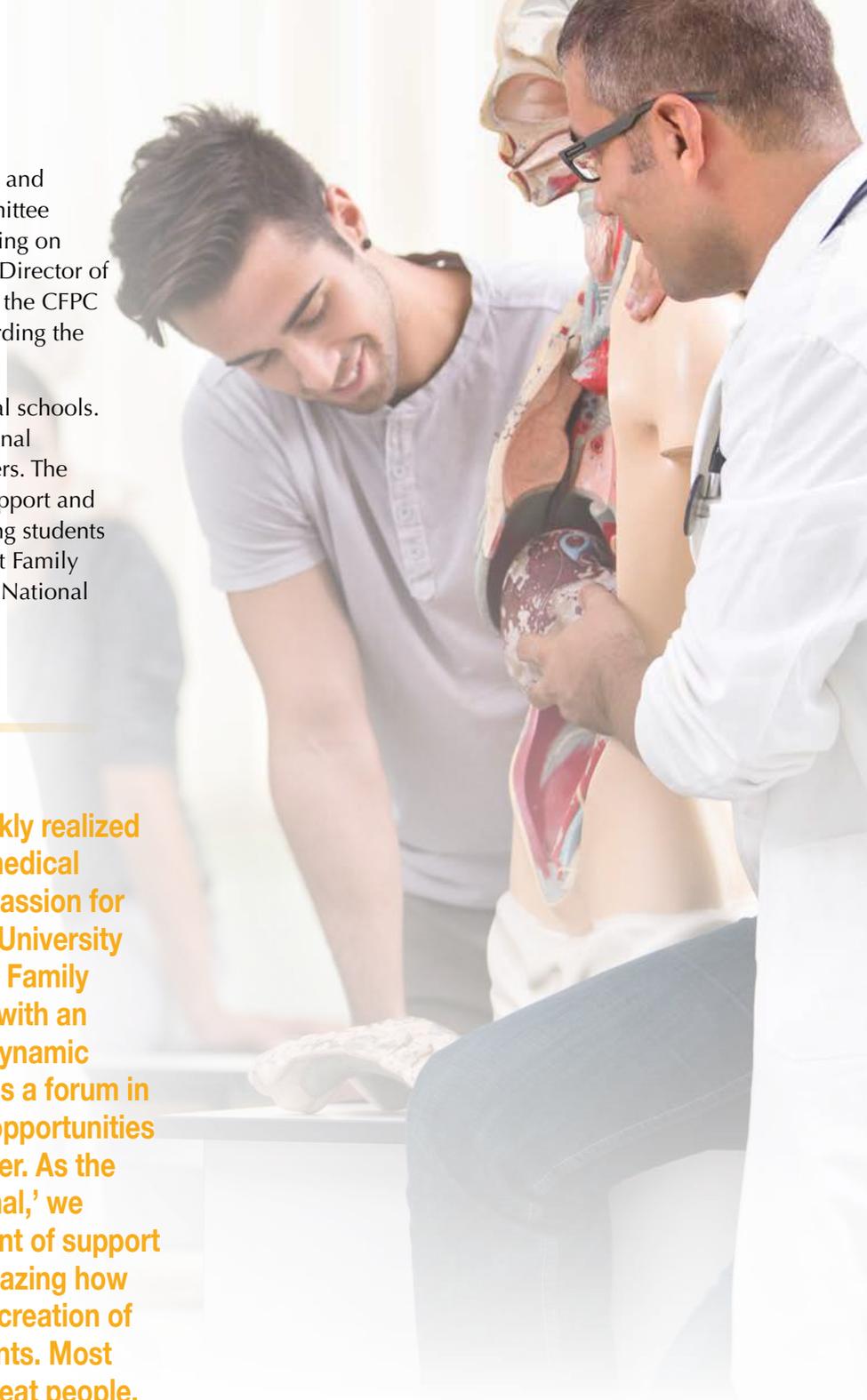
FMIGs now exist at all Canadian medical schools. FMIGs are supported by the CFPC National Office and the CFPC's provincial Chapters. The CFPC's priority is to provide resource support and coordinating activities, including bringing students from all FMIGs together twice a year—at Family Medicine Forum (FMF) and at the CFPC National Office in Mississauga, Ontario.

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During medical school, I quickly realized that there were many other medical students that had the same passion for family medicine as I did. The University of Toronto's Interest Group in Family Medicine (IgFM) provided us with an opportunity to interact with dynamic family physicians, and gave us a forum in which we could discuss the opportunities within a family medicine career. As the FMIG movement 'went national,' we received a tremendous amount of support from the CFPC. It really is amazing how things have evolved with the creation of the Section of Medical Students. Most importantly, I met so many great people, and it is wonderful to see them again at FMF each year, and hear about the amazing things they are doing, from coast to coast

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Jonathan Kerr, MD, CCFP
IgFM co-founder, University of Toronto





Section of Medical Students

As it became clear that medical students needed to be involved in advancing FMIGs, the CFPC established the Section of Medical Students (SOMS) Council in 2006. Dr. Gutkin and Dr. Lemire helped establish the SOMS and their leadership role in the CFPC. The SOMS Council is composed of representatives from each FMIG, and the Section's two co-chairs have opportunities for direct communication with the CFPC Board of Directors. Student interests and views are considered in the development of CFPC policies and positions. SOMS meetings are supported through funding donated by Scotiabank and the CFPC.

The goals of the SOMS Council are to improve the quality of the undergraduate experience, promote family medicine as a specialty, and positively affect the delivery of health care to Canadians.



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The creation of the Section of Medical Students (SOMS) was an important milestone for family medicine in Canada. It formalized the relationship that medical students and FMIGs had with the CFPC. Through students' participation with SOMS, which resulted in further participation with many committees, medical students have a voice and an opportunity to influence the direction of the CFPC, family medicine, and family practice. As a national organization, we recognize the importance of listening to our future colleagues and recognize their influence on the future of family medicine
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Francine Lemire, MD CM, CCFP, FCFP, CAE
CFPC Executive Director and CEO

Among other responsibilities, the SOMS Council shares feedback, plans FMIG activities, and advocates for family medicine in Canadian schools. Twice a year, the SOMS representatives are invited to attend national meetings with CFPC senior leaders to help grow FMIGs across Canada, and give students an opportunity to be involved in national initiatives and influence policies that affect family medicine.

Scholarships

Through the generous support of Scotiabank and the CFPC's Foundation for Advancing Family Medicine (FAFM), the CFPC provides two scholarships and awards for medical students. The Medical Student Scholarship offers \$10,000 for students in their second-last undergraduate year at each medical school in Canada. A selection committee composed of student and medical school faculty representatives identifies nominees. Significant consideration is given to those candidates who have been involved in family medicine activities, such as participation in a FMIG. The CFPC Indigenous Medical Student Scholarship recognizes a top First Nations, Metis, or Inuit medical student who has demonstrated an interest in or commitment to a career in family medicine. The Medical Student Leadership Award recognizes the leadership abilities of exemplary medical students in their final year of study.

The scholarship program plays an important role in strengthening family medicine by ensuring students get the support they need to pursue their chosen specialty.

The CFPC is grateful for the generous support of FMIGs by Scotiabank through its donations to FAFM.



I greatly valued my involvement in my university's FMIG and CFPC's SOMS. It was a great opportunity to be enlightened and share in issues and opinions from medical students coast to coast, and it introduced me to the organization of family medicine in Canada. It fostered important skills through serving on committees and board meetings, which encouraged my further involvement in the CFPC's Section of Residents and other leadership positions through my residency. As a practising family physician in Ontario, I feel my time with the SOMS of the CFPC was invaluable and has shaped my career path in family medicine



Michelle van Walraven, MD, CCFP
University of Ottawa



Activities and events

The goal of FMIG activities and events is to provide students with a good understanding of the family medicine discipline before they start their careers. The FMIGs provide added value to medical training by:

- Improving awareness and understanding of the opportunities, roles, and responsibilities of family medicine via a variety of student-led and faculty-supported activities
- Making it easy for students to meet with each other and with local family physicians who act as mentors and role models, offering a perspective that expands on the medical school curriculum and provides a greater understanding of what it means to be a family physician
- Engaging students early in their career to nurture an appreciation of family medicine and expose them to a generalist approach
- Improving medical students' understanding and appreciation of the discipline of family medicine, regardless of their eventual career path

FMIGs accomplish the goal through various events and initiatives, such as:

- Clinical skills workshops, speaker series, general business seminars/workshops
- Resident shadowing, mentoring
- Social events such as wine and cheese, mix and mingle, and trivia nights
- The Walk With the Docs – Advancing Family Medicine Globally event held annually at FME; funds raised help support Canada's medical students through related grants and scholarships, with recent participants including University of British Columbia, University of Saskatchewan, University of Manitoba, Western University, Queen's University, the GIMF/FMIG (Quebec), and Memorial University of Newfoundland



The following overview is a snapshot of the various activities and events that many FMIGs have hosted, and the related benefits that help enhance medical students' knowledge and understanding of family medicine as a career.

	DESCRIPTION	BENEFITS
<p>Clinical Skills Workshops</p>	<p>Students explore and build on the many skills necessary for family medicine through a variety of events that can span an afternoon, several evenings, or a weekend. They are supervised by faculty, residents, and/or upper-year students.</p> <p>Included are:</p> <ul style="list-style-type: none"> • Physical examination skills (e.g., punch biopsies, IV and injection administration, treating depression, labour and delivery, immunization, suturing, casting) • Aspects of running a clinic (e.g., Subjective data, Objective data, Assessment, Plan (SOAP) notes; lab values) • Health promotion (e.g., smoking cessation, weight management, motivational interviewing) • Interview and diagnostic skills (practised on standardized patients) 	<p>Students learn skills they can use in family medicine placements and clinical work.</p> <p>First- and second-year students become acquainted with the family medicine department, their fellow classmates, family medicine residents, and the many avenues family medicine offers as a career path.</p>
<p>Shadowing</p>	<p>Students shadow family physicians or family medicine residents in their practices, either for a specific period (e.g., a weekend in a rural location or an afternoon with a resident at a downtown clinic) or with particular patients (e.g., an expectant couple, from the initial prenatal visits through labour and delivery).</p>	<p>Shadowing exposes students to primary care in real-world situations.</p>
<p>Mentoring</p>	<p>Students are matched with physicians whom they can ask for advice about specific aspects of family medicine. The relationship can continue for several weeks or months or be a one- or two-question session over dinner. The ideal mix is one that includes older and younger physicians for a range of perspectives.</p>	<p>Students ask about real-life situations and receive the guidance of experienced family physicians.</p>
<p>Speaker Series/ Lectures</p>	<p>Experienced family physicians make presentations about various aspects of practice, which provide insight into issues that affect future physicians.</p> <p>Presentations can take the form of lectures with a Q&A session, small-group seminars, or conferences with several hundred attendees. Presentations usually occur at times that avoid interfering with students' schedule (e.g., at lunchtime).</p> <p>Presentations may occur with other interest groups to show the various models of family practice (e.g., a rural interest group to learn about rural and remote practice).</p> <p>In addition, family physicians with special interests and focused practices present on the different scopes of practice to showcase the diversity of family medicine careers and how these enhanced skills should meet community needs.</p>	<p>Students gain factual knowledge about extensive areas of family medicine practice and residency in terms of physician-patient relationships and business skills, allowing students to begin to decide which domains interest them most (e.g., building a practice, operating and sustaining a clinic, urban practice versus rural and remote practice, military medicine, international opportunities, in-hospital medicine, focused practices, sports medicine, follow-up cancer clinics, the CFPC).</p>
<p>Networking/ Social Events</p>	<p>Social events, particularly in informal settings, favour networking and building one-on-one relationships with physicians, faculty, and residents.</p> <p>Rotational dinners (Dine With Docs, Speed Dating) and cocktail party-style events (Mix n' Mingle, Meet & Greet), trivia nights, resident mixers, and so on, allow students to network with family physicians and residents, and learn from mentors, upper-year students, and their peers.</p>	<p>Encourage students to build one-on-one relationships with physicians and residents to gain insights from their career experiences, and connect with peers on a personal level.</p> <p>Upper-year students may make the most of connections with residents before their interviews for the Canadian Resident Matching Service (CaRMS).</p>

There are also some unique FMIG initiatives that have proven very successful:

- Together with the Rural Medical Interest Group, the University of Calgary FMIG arranged a tour of the town of Olds, Alberta, so that students could learn about practices in rural communities. Local physicians were invited to attend a dinner after the tour to add a personal perspective.
- The University of Saskatchewan FMIG holds Teddy Bear Clinics to introduce children to things they'll see in a doctor's office. These events allow the children to become more comfortable with the idea of visiting a doctor, and allow the FMIG members to connect with their communities. The clinics typically are composed of six stations (stethoscopes, blood pressure, reflexes, otoscopes, etc.) and the children rotate through each one. They can practise using the items on a teddy bear while working with medical students at each station.
- The University of Toronto IgFM launched its Journal Club in 2014, with the goal of showcasing research and scholarship in family medicine. The IgFM also runs the longitudinal family medicine observership program for second-year students. Students spend six afternoons, spread over a few months, with a family physician preceptor. Students can ask to be matched with a physician who shares their interest in a specific subject area, such as obstetrics, sports medicine, or women's health.
- The Quebec IMFs offer La Petite Séduction, enabling two students from each school to experience family medicine practice in areas outside of urban centres. All expenses are paid, and students have the opportunity to meet people in the community and experience a non-urban family medicine practice.
- Walk With the Docs – Advancing Family Medicine Globally, which is hosted by FAFM. In 2016, the Memorial University of Newfoundland FMIG team raised the most in pledges through their participation—more than \$9,100! They won \$1,000 and team jackets.

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My involvement with the Dal FMIG was a great part of my medical school education! I had the opportunity to travel to remote communities and meet people involved with many different aspects of rural family medicine. I was always interested in rural medicine but during my residency I was finding it hard to decide between different opportunities. I had several friends that did electives in Iqaluit, so that provided a connection up here. I took the plunge and signed up, never having been. I'm very happy with my choice! It has been nothing but an exceptional combination of challenging but satisfying full-spectrum family medicine

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Colin McCready, CCFP (EM)
Dalhousie University



Converting challenges into opportunities

FMIGs encounter common challenges, such as recruiting and retaining students, recruiting physicians for FMIG initiatives, recruiting a diverse group of physicians and residents for events (e.g., attracting individuals from outside of the medical school), and providing events at different locations when schools have more than one campus.

Here are some of the ways FMIGs have overcome these challenges:

- Promote the group, with current members, through visits to first-year classes
- Participate in medical school and other university events such as Clubs Day, Societies Night, etc.
- Partner with rural groups (RMIGs) to gain greater exposure, recruitment
- Email notices to all medical school students, not just FMIG members
- Build strong relationships during one-month clinical placements
- Ask community contacts for help (when students have community preceptors)
- Organize a department of family medicine open house
- Appoint community outreach coordinators
- Rotate through event locations for meetings, use technology (e.g., live stream, video/audio conference)

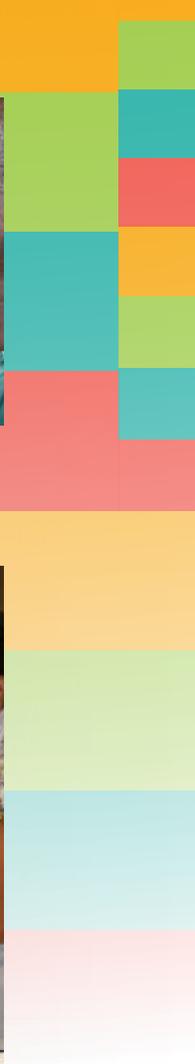
Recruiting physicians to collaborate with FMIGs can be difficult until a strong relationship is built. The Northern Ontario School of Medicine worked around this by having each student recruit a physician during their one-month clinical placements that start in their first year. Similarly, the University of Ottawa FMIG avoided the potential lack of variety in speakers (i.e., having all presenters recruited from within the university) by asking the

community-based preceptors with whom students are placed to speak at FMIG events.

Schools with more than one campus must ensure that events are accessible to all students. To serve its two campuses, the Saskatchewan FMIG alternates the host location of events as much as possible and uses video conferencing for their entire speaker series. In contrast, although all three of the University of British Columbia campuses are under the same FMIG name, they hold separate events at different times. All FMIGs at medical schools over multiple campuses cement their communications between groups through the structure of their executive. For example, the Western University FMIG has three co-chairs.

Scheduling can be challenging, even when faculty, physicians, and students are eager to participate. The University of Alberta and other FMIGs report variable attendance throughout the year—an issue for knowing the size of room to book, number of handouts to print, and amount of food to order. The University of





Toronto IgFM sends reminders to students the night before the event to better gauge numbers. Other schools handle attendance issues by holding events over lunchtime and providing pizza or other treats to entice students.

The turnover of FMIG executives can be high, especially in compressed programs. The annual handover to the next year's executive is a challenge for many schools. To address this issue in the University of Saskatchewan FMIG, the first-year student appointed to the junior president position learns about the roles before taking over as the senior in the following year. Other FMIGs keep detailed descriptions of the roles of each executive position plus expectations, important dates, and contact information. At Queen's University, faculty members help new FMIG executives with administration and organization.

New student recruits can be invited to join a university's FMIG through direct emails, social media, announcements in school newsletters,

a booth at the university's clubs' or societies' day, and so on. Western University has dealt with the irregular response to direct mailing by having FMIG representatives go to first-year classes to promote the FMIG and answer questions in person. At McGill University, a FMIG co-president gave a five-minute PowerPoint presentation about the committee, projects, and how students can get involved.

Some universities have reported that a delay in funding, normally received before the start of the new school year, meant that some events have had to be cancelled. At Dalhousie University, its FMIG responded by changing some of its events to include more fundraising. When Memorial University of Newfoundland's FMIG faced unforeseen expenses to accommodate a larger-than-expected incoming body of students, it approached the CFPC's Newfoundland and Labrador Chapter for support, which happily offered assistance for future endeavours.

These challenges and the solutions demonstrate the importance of personal connections in the family medicine community.



Conclusion

Medical school enrolment started to decline in the 1990s as a result of several factors, including the decrease in available positions, and the selection of family medicine as a specialty by medical students soon followed suit. Scientific and technological advances in other specialties also had a negative effect on family medicine. Students at the University of Toronto recognized the need for changing the trend, and they became the pioneers in formalizing student involvement in the cause.

In place by the mid-2000s, FMIGs have been crucial to reviving interest in family medicine in medical schools.

STATISTICAL AND ANECDOTAL EVIDENCE SHOW THAT MEDICAL SCHOOL ENROLMENT HAS STEADILY INCREASED TO

11,610 IN 2014/15, FROM A LOW OF 6,388 STUDENTS IN 1999/2000.⁵

THE NUMBER OF APPLICATIONS TO FAMILY MEDICINE HAS ALSO INCREASED TO

3,324 IN 2014/15 FROM 1,729 IN 2005/06.⁶

FMIGs use educational opportunities to share their knowledge with new students, the medical community, and the public at large. Social events provide a relaxed atmosphere for promoting the specialty, and encouraging participation in FMIGs.

The FMIGs have also served as a forum for medical students to explore different domains of care within family medicine such as emergency medicine or palliative care.

Medical students are attracted to the flexibility and fluidity of careers where family doctors can develop and pursue enhanced skills training in a particular clinical area. The CFPC is committed to continuing comprehensive care, and preparing future family physicians to be well trained to meet community needs. It supports and promotes models of care that foster continuity and comprehensiveness to be addressed by the practice, with leadership in caring for complex patients, quality improvement, and patient safety. The CFPC also supports a better integration of enhanced skills training and practice, which can play a significant role in ensuring the comprehensiveness of health care services offered to patients and reinforce health care delivery in a local health system.

FMIGs have and continue to improve the image of family medicine among students and faculty, and increase the visibility of family medicine across Canada. They help create an open and friendly environment in which students can explore the breadth of the specialty. The FMIGs' diverse programs reflect the hard work and dedication of many students, faculty, and community members with the goal of advancing family medicine in Canada. The CFPC is proud to support their efforts and will continue to promote family medicine as a career of first choice.

Contact

See www.cfpc.ca/FMIGs.aspx for more information about FMIGs, including contact information for each FMIG and FMIG resources. You can also find an interesting video at www.cfpc.ca/MedicalStudents.

¹Association of Faculties of Medicine of Canada. Table IX – History of Family Medicine as the Career Choice of Canadian Graduates. Available from: www.carms.ca/en/data-and-reports/r-1/reports-2003/. Accessed 2016 May.

²Canadian Resident Matching Service. 2015 R-1 Main Residency Match Report. Ottawa: ON: 2015.

³Stoddart GL, Barer ML. *Toward integrated medical resource policies for Canada*. Report prepared for the Federal/Provincial/Territorial Conference of Deputy Ministers of Health. Hamilton (ON): Centre for Health Economics and Policy Analysis; 1991.

⁴Association of Faculties of Medicine of Canada. Table 9: Enrolment in Canadian Faculties of Medicine by Year of Study, 1968/1969–2015/2016. In: *Canadian Medical Education Statistics 2016*. Volume 38. Ottawa, ON: 2016.

⁵Association of Faculties of Medicine of Canada. Table 55: Post-MD Trainees in Canadian Faculties of Medicine by Field of Training, Canada 1994/95–2004/05. In: *Canadian Medical Education Statistics 2016*. Volume 27. Ottawa, ON: 2016.

⁶Association of Faculties of Medicine of Canada. Table 49: Post-MD Trainees in Canadian Faculties of Medicine by Field of Training, Canada 2006/07–2015/16. In: *Canadian Medical Education Statistics 2016*. Volume 38. Ottawa, ON: 2016.



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