



**Minutes (Draft)**  
**CFPC Annual Meeting of Members (AMM)**  
**November 11, 2021**  
**Virtual Meeting**

**Dr. Catherine Cervin, President, presiding**

**1. Call to Order**

Dr. Catherine Cervin, President, called the Annual Meeting of Members (AMM) to order and welcomed College members to CFPC's virtual AMM.

Past Presidents, current Board Directors, outgoing and newly approved Committee Chairs were recognized in a video just before the call to order.

Thirty CFPC members with voting privileges appointed a proxy for this meeting. Among them, four attended the meeting and were only counted once in the voting.

We mistakenly projected and announced partial results for each motion. A few more votes were cast. All motions remain 'carried'. Vote results are presented in detail below.

**2. 2020-2021 Memorial Roll of CFPC Members**

Members in attendance remembered all our colleagues who died between September 30, 2020, and October 4, 2021. Their names were included in the meeting materials.

Dr. Brian Hennen, one of 12 family doctors to receive the first CCFP designation in 1969, and CFPC President 1989-1990, was recognized.

**3. Minutes of 2020 Annual Meeting of Members**

**Moved and seconded by Drs. Shirley Schipper and Brady Bouchard:**

**Minutes**

**That** the minutes of the CFPC Annual Meeting of Members held virtually November 5, 2020, be approved.

**No discussion.**

Minutes of 2020 AMM	Partial result (projected and announced during the meeting)		Final votes recorded		Final Result (removing abstentions)	
	count	%	count	%	count	%
Approve	82	90.11%	110	91.67%	<b>110</b>	<b>100%</b>
Reject	0	0%	0	0%		
Abstain	9	9.89%	10	8.33%		
Total	91	100.00%	120	100.00%	110	100%

**Carried.**

**4. Report of the President and Chair of the Board**

The Annual Report was shared through the agenda and Dr. Cervin will provide the State of the College address Friday.

**5. Report of the Executive Director and CEO**

Dr. Francine Lemire shared highlights of the past year focused on:

- Thanking members, for rising to the challenges presented by the pandemic. Thank you for what you do and for your commitment to your patients and communities.
- Advocacy on behalf of family physicians and your patients. Key themes this past year:
  - The need to strengthen and better support primary care and family practice, including the integration of models of care aligned with the Patient’s Medical Home
  - Active regarding both the promise and perils of virtual care in enhancing care; the need for appropriate remuneration and the reality that family practice teams need to be better supported
  - *Access Done Right*
  - Support of universal pharmacare and the need for investments in mental health, long term care, and Indigenous health
  - Ongoing meetings with federal government representatives
- Addressing Indigenous health and committing to eliminate systemic racism.
- Recently engaging with some members about concerns with climate change, the growing impact on human health, and the role we all place in addressing this global issue. The CFPC is committed to addressing climate change and ensuring our business processes are environmentally friendly. A few examples:
  - A review of CFPC travel determined ways to reduce our carbon footprint by purchasing carbon offsets and being informed on how these offsets are used to counteract travel emissions.

- *Canadian Family Physician* journal suspended the use of plastic polywrap mailers.
- Family Medicine Forum (in-person): electronic communications; recyclable materials, discontinued handouts; FMF is hosted at venues offering the highest environment standards.

Going forward, the CFPC will be considering climate change as an aspect of social responsibility in reviewing partnerships. As well, we are considering divesting from fossil fuels with an upcoming review of our Investment Policy Statement.

- Production of the *Residency Training Profile*, aimed to help prepare family medicine residents for the diverse and changing needs of patients and communities. Release of the *Outcomes of Training Project*, developed as a full review and reflection on family medicine training to guide us into the future. It defines the family physician that Canada needs, and links to measurable national training outcomes.
- Addressing the significant stress and added anxiety for all candidates sitting a CFPC examination during the pandemic; commitment to delivering virtual assessments.
- Conducting the first virtual accreditation visits of university departments of family medicine.
- Production of quality and practical CPD opportunities to support members; launch of CFPCLearn in collaboration with the Alberta, Saskatchewan and Ontario Chapters; launch of two new Member Interest Groups: 2SLGBTQ+ and Physician Wellness and Resilience.
- Evolving the Foundation for Advancing Family Medicine into an active College partner, supporting our strategic initiatives through the engagement of the philanthropic community.
- Working to strengthen the College's brand, profile, and to amplify member voice where and when appropriate.
- Achievements of our *Canadian Family Physician* journal.
- Dr. Lemire has announced her retirement as the CFPC's Executive Director and CEO at the end of June 2022.

## **6. Report of the Nominating Committee**

Drs. Shirley Schipper, John Maxted and Alan Katz are completing their service on the Board of Directors and were recognized.

Dr. Danielle Cutts, Chair of the Nominating Committee announced the results of the election.

- This year's recruitment priorities for serving on the Board included self-identifying as a member of a racialized community.

- The Nominating Committee focused on identifying individuals who would make a positive contribution to the governance of the CFPC at this time, considering the diversity of our membership, and complementing the mix of current Directors.
- Six candidates were forwarded for two new Director-at-Large positions. The election also requested confirmation of the new President-Elect, Secretary-Treasurer and an additional term for one current Board Director.
- A total of 1,607 (4.1%) of members voted electronically (compared with 5.8% last year).

#### Results: 2021-22 Board of Directors

- Dr Jean-Pierre Arseneau, Director-at-Large (continuing his term)
- Dr Carrie Bernard, Director-at-Large (newly elected for an additional 3-year term)
- Dr Brady Bouchard, Director holding the office of President (acclaimed)
- Dr Magaly Brodeur, Director-at-Large (newly elected)
- Dr Catherine Cervin, Director holding the office of Past President (acclaimed)
- Dr Sarah Cook, Director-at-Large (continuing her term)
- Dr Amanda Condon, Director-at-Large (newly elected)
- Dr Sarah Funnell, Additional Director (continuing her term)
- Dr Marie Giroux, Director-at-Large (continuing her term)
- Dr Michael Green, Director holding the office of Honorary Secretary-Treasurer (newly elected)
- Dr Christie Newton, Director holding the office of President-Elect (newly elected)
- Dr Yan Yu, Director-at-Large (continuing his term, in his first five years of practice)

## 7. Report of the Honorary Secretary-Treasurer

The meeting package circulated to members outlined:

- Revenues and expenses related to the 2020-2021 unqualified (clean) Auditor's report and audited financial statements – surplus for the year ended May 31, 2021 was \$8,205,094 (including \$5,768,637 realized gains). Major components of the realized surplus: Federal Wage Subsidy based on decreased cash flow and extended payment due dates for members during the pandemic; delaying implementation of some human resources projects, staggering hiring, and reduction of in-person meetings; unanticipated investment income as the market wasn't impacted as expected during the pandemic.
- The commitment to maintain the fee for the 2022 Certification Examination in Family Medicine (FM Exam) and Emergency Medicine Certificate of Added Competence Examination (EM Exam), the same since 2019.
- The commitment for an ongoing CFPC subsidy for FM Exam candidates, and maintenance of annual FM Exam fee increases within 2% or the level of inflation, whichever is higher per year will commence with the spring 2023 exam.

- The commitment for the EM Exam fee to cover all direct and shared expenses such that the annual fee increase for the EM Exam will increase by an amount no greater than 10% per year, beginning in 2022 and for the next five years will commence with the spring 2023 exam.
- Revenues budgeted for 2021-2022 are in the amount of \$53,717,397. Expenses are in the amount of \$53,717,397. We are funding several one-time cost initiatives from the 2020-21 surplus (as part of Reserve Transfers) that were delayed or deferred, due to the uncertainty of COVID-19 (new member platform, data warehouse and other digital improvements to member products and services, Practice Support Program development, member engagement strategy, Outcomes of Training Project, Mainpro+/Cert+ enhancements, global family medicine, certification and assessment initiatives).
- The 2021-2022 macro budget development anticipates a balanced budget through the use of the 2020-2021 surplus and reserves.

Dr. Christie Newton, Honorary Secretary-Treasurer, referenced the reports circulated.

- Deloitte LLP completed their audit of the College’s financial statements for the year ended May 31, 2021 and provided an unqualified audit report.
- The pandemic was associated with a great deal of uncertainty regarding the establishment of our budget for the fiscal year ending May 31, 2021. We budgeted for a deficit of \$456,000 and realized a surplus of \$8.2M.

### a) 2021-2022 Membership fees

Moved and seconded by Drs. John Maxted and Sarah Cook:

#### 2022-2023 Member Fees

That the 2022–2023 fees remain at 2017–2018 levels.

**Context:** Due to the unanticipated 2020-21 surplus, member fees are not being increased. Fees have remained the same since June 1, 2017. We do anticipate the need to look at inflationary increases starting with the next fiscal period in order to continue to meet member needs through our strategic plan.

**No discussion.**

Maintain fees	Partial result (projected and announced during the meeting)		Final votes recorded		Final Result (removing abstentions)	
	count	%	count	%	count	%
Approve	86	97.33%	112	94.92%	<b>112</b>	<b>98.25%</b>
Reject	0	0%	2	1.69%	2	1.75%
Abstain	3	2.27%	4	3.39%		

Total	88	100.00%	118	100.00%	114	100%
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**Carried.**

**b) Auditor**

**Moved and seconded by Drs. Brady Bouchard and Yan Yu:**

**External Auditors**  
**Be it resolved that** on motion duly made, seconded and carried unanimously, it was resolved that Deloitte LLP, Chartered Accountants, be appointed public accountant (external auditor) of the Corporation until the close of the next annual meeting of the members or until their successors are appointed.

**Context:** In consultation with legal counsel, the motion for member approval at the AMM of the appointment of auditors has been revised to recognize our practice of entering into multi-year contracts with the CFPC’s appointed auditors. Our current agreement with our auditors represents a two-year extension of the original contact that was accepted in 2020. The two-year extension covers the fiscal years 2020–2021 and 2021–2022. We will be letting a request for proposal starting with the 2022–2023 fiscal year and will likely seek a five-year proposal.

**No discussion.**

Deloitte LLP, auditor	Partial result (projected and announced during the meeting)		Final votes recorded		Final Result (removing abstentions)	
	count	%	count	%	count	%
Approve	113	91.87%	113	91.87%	<b>113</b>	<b>100%</b>
Reject	0	0%	0	0%		
Abstain	10	8.13%	10	8.13%		
Total	123	100.00%	123	100.00%	113	100%

**Carried.**

**8. Member Recognition**

Each outgoing Committee Chair below is receiving a gift in recognition of their commitment to the CFPC and was recognized.

- Dr. Bilal Akil (Ontario), Section of Residents Council
- Dr. Jean Chen (Ontario), Patient Education Committee
- Dr. Sarah Funnell (Ontario), Co-chair, Indigenous Health Committee

- Dr. Ritika Goel (Ontario), Social Accountability Working Group
- Dr. Marshall Godwin (Newfoundland and Labrador), Section of Researchers Council
- Dr. Lee Green (Alberta), Co-chair, Triple C Data Oversight Committee
- Dr. Jennifer Hall (New Brunswick), Family Medicine Specialty Committee
- Dr. Maria Hubinette (British Columbia), Undergraduate Education Committee
- Dr. Brian Hutchison (Ontario), Action Group for Advocacy in Research
- Dr. Sudha Koppula (Alberta), Faculty Development Education Committee
- Dr. Kathy Lawrence (Saskatchewan), Postgraduate Education Committee
- Dr. Charles Leduc (Alberta), Co-chair, Triple C Data Oversight Committee
- Jeana MacLeod (Nova Scotia), Co-chair, Section of Medical Students Council
- Dr. James Rourke (Newfoundland and Labrador), Co-chair, Rural Road Map Implementation Committee (on behalf of the Society of Rural Physicians of Canada)
- Dr. Ruth Wilson (Northwest Territories), Co-chair, Rural Road Map Implementation Committee

A warm welcome to our new Chairs:

- Dr. Anne Andermann (QC), Social Accountability Working Group
- Dr. Ateeya Vawda (ON), Section of Residents Council
- Dr. Martina Kelly (AB), Co-Chair Undergraduate Education Committee
- Dr. Sonya Lee (AB), Co-Chair Triple C Data Oversight Committee
- Dr. Clare Liddy (ON), Co-Chair Triple C Data Oversight Committee
- Dr. Lyn Power (NL), Co-Chair Undergraduate Education Committee
- Dr. Vivian Ramsden (SK), Section of Researchers Council
- Dr. Kath Stringer (NS), Family Medicine Specialty Committee
- Dr. Keith Wycliffe-Jones (AB), Postgraduate Education Committee

## 9. Question and Answer (Q&A) Session

Dr. Brady Bouchard, President-Elect, moderated the Q&A session. Questions were invited (i) prior to the meeting, as members reviewed the agenda and reports, (ii) throughout the meeting:

- Dr. Shehnaz Pabani asked: “Please clarify if SOO will revert to in person exams after the pandemic?”

- Dr. Lemire shared the following: Our intent is to continue in 2022 and beyond to have the Simulated Office Oral conducted virtually; a pandemic-proof virtual exam taken as close to home as we can make it.  
There were two virtual oral components initiated this Fall. One was the oral component of the emergency medicine exam (this is not a SOO format but a more traditional examiner and examinee experience) which was mostly uneventful. The virtual SOO, which was a pilot, was also successful.
- Dr. Mimmi Thompson asked: “CFPC has indicated it is “considering divesting itself from fossil fuels”. What is the timeline in which this will be assessed? Ongoing investment in the fossil fuel industry is contrary to planetary health needs. How could CFPC leverage its ongoing partnership with Scotiabank to push for environmental change within Canadian banking? Scotiabank is one of the top funders of fossil fuel expansion and has a direct threat to future generations. Environmental groups have pushed to have Scotiabank, and other Canadian banks, publicly commit to end their support for all new fossil fuel projects and to publish a robust plan for phasing out their support for all existing fossil fuel projects. CFPC should be taking on a bigger advocacy role in this respect.”
  - Dr. Lemire shared the following: I want to take this opportunity to thank several members who have reached out to us about challenges with climate change and its effects on populations around the world. The CFPC has had a positive working relationship with Scotiabank for over 20 years. Through this partnership, Scotiabank has been supportive of family medicine and family physicians. The CFPC entered into a five-year agreement with Scotiabank and MD Financial Management in 2019. There is no intention to revisit this agreement while it is in effect.  
The CFPC, through the work of our staff, the Finance and Audit Committee (FAC), and CFPC and Foundation for Advancing Family Medicine (FAFM) Boards, pays a great deal of attention to our investment policy and its implementation. These groups are placing renewed importance to environmental, social and governance (ESG) principles. We have made the decision to follow the ESG direction provided by ScotiaWealth. Does it include some investments in fossil fuels? Yes. However, this is a limited portion of the overall portfolio and is an area which is revisited by our staff, FAC, CFPC and FAFM Boards on a regular basis. We are able to request changes on an urgent basis where investments are not aligned with our principles. The CFPC will be discussing divesting itself from fossil fuels at the next Finance and Audit Committee meeting in 2022.
  - There was a related comment from Dr. Samantha Green: “Thanks for addressing the climate emergency in your intro. Unfortunately I can’t stay for the Q&A. But I expect the CFPC to 1) commit to fossil fuel divestment (& not just “think about it”), and 2) pressure Scotiabank to divest, and promise to end the CFPC-Scotiabank relationship if they don’t. Fossil fuels are killing us. It’s equivalent to investment in tobacco and firearms.



If CMA & University of Toronto can do it, CFPC can do it.

<https://www.cma.ca/news/cma-expands-commitment-fossil-fuel-divestment>  
<https://www.utoronto.ca/news/u-t-divest-fossil-fuel-investments-create-climate-positive-campus> “

- Dr. Alykhan Abdulla asked: “The remuneration of family doctors, ongoing systemic challenges creating pebbles in shoes, expanding scope creep and multiple others factors are making family medicine much less subscribed. Is there any willingness to remove negotiating through PTMA and negotiating DIRECTLY with the federal government for PRIMARY CARE FUNDING?”
  - Dr. Lemire shared the following: We appreciate the difficult situations that family physicians are practicing in at the moment, and the challenge of not feeling appropriately compensated for the work one does. Honestly, in the near future, I do not see us trying to negotiate directly with the federal government or advocating that we should be negotiating with the federal government. There is a strong provincial and territorial medical association structure that is recognized as the negotiating body for physicians with provincial and territorial governments. We work with our Chapters to collaborate with their provincial medical associations and amplify the voice of medical associations in appropriate ways. The key message is that family physicians providing continuity and comprehensive care should be appropriately remunerated for the work they do. We are on record for saying this.  
Our advocacy with the federal government is about targeted federal funding that they would give to provinces to support innovation in models of community-based care that support continuity and comprehensiveness. The federal government is able to show leadership and provide funding to the provinces to support innovation in community-based care. We are relentless with this advocacy and will continue to be.
- Dr. Alykhan Abdulla asked: “How do we find other income streams for CFPC by showing our academic rigor and leadership in family medicine education internationally?”
  - Drs. Newton and Lemire shared the following: We likely need to engage with our academic institutions in considering this question further. In terms of our international work, we remain a not-for-profit organization and our activities internationally are relatively recent. We aim to build capacity in family medicine and primary care in nations or regions that are not as well resourced as we are, and we are also interested in developing capacity in family medicine in better resourced nations who are interested in collaborating with us on this endeavor. In those instances, we look to at least cover our expenses and potentially make a little money that can be used towards those in the regions not as well resourced. We do not look at this as an income stream. We have a collaborative relationship with the Royal College of Physicians and Surgeons of Canada who has a longer

history of this type of work, particularly in regions that are better resourced. We do look at comparability of education and certification standards from other countries. This program has been in place for 10 years and is currently being reviewed. None of this is done from the lens of creating an income stream. Further exploration would be required.

- Dr. Anne Andermann asked: “... I have received a couple calls today from media about Bill 11 in Quebec, while increasing access to family doctors is pivotal, how to create system change without pressuring family doctors?”
  - Dr. Lemire shared the following: It is incredibly disappointing and disheartening to see decision makers bashing family physicians and nurses in the media. We intend to follow up in collaboration with our Quebec Chapter.
- Dr. Radhika Marwah asked: “Is there discussion in CFPC about increasing Alternate Funding payment positions rather than just fee for service”
  - Dr. Lemire shared the following: Yes. We are advocating for the need to broaden the way we look at models of funding for family physicians. The complexity of care of many of the patients we look after does not fit with the Fee-For-Service model. We are on record supporting a shift away from Fee-For-Service towards blended remuneration more in line with the Patient's Medical Home vision. This is something we are discussing with decision makers both provincially through our Chapters and federally with the federal government.
- Dr. James A. Dickinson asked: “What is the College’s current position on extending the length and depth of training to improve the quality of Family Medicine in the Canadian community?”
  - Dr. Lemire shared the following: The Outcomes of Training Project (OTP) is focused on opportunities for improvement to enhance and better prepare future family physicians in Canada for what Canadians need. The OTP report and recommendations will be released in early 2022. It recommends aiming to lengthen the duration of training; the context and rationale are important. Quantitative and qualitative evidence indicates that family physicians today are not as comprehensive as ten years ago. There are many reasons for this. One is that our family physicians tell us they want to work comprehensively, including for instance including palliative care in their practice, but the system they are working in is not supporting them adequately to provide some scopes of practice that they would like to. We know the family medicine residency training curriculum is full so we are recommending extending the length of training to address opportunities for improvement around confidence and preparedness. We need to up our game in acute care (including emergency and hospital care), as well as long-term care, home care, and emerging competencies such as virtual care, cultural safety and humility. We anticipate this will require more time and are deliberate in doing this to better prepare physicians for complexity care. We

must also continue to work and create pressure for better health system transformation and support for family doctors to work in a system where they can do their best work.

- Dr. Ting-Wai Joyce Cheung asked: “Could we add on more spots for CAC training as opposed to increasing length of residency? Secondly, other allied health such as nurse practitioners are able to practice similarly to Family Medicine specialists, but we are now increasing the length of our trainee program, it seems inconsistent one group is able to practice with similar privileges with less training while the MD group is training longer.”
  - Dr. Nancy Fowler, Executive Director, Academic Family Medicine, shared the following: We have opted not to pursue increasing the number of Certificates of Added Competence (CAC) positions available. Primarily because the goals we are trying to achieve through the changes we are proposing are aimed at enhancing and supporting having residents fully prepared for comprehensive practice as a result of the core family medicine residency training. Philosophically CACs aren’t about enabling core training or consolidating skills that should be happening in core training. CACs are very important as part of the system of comprehensive care that we do collectively. We want to see family physicians with enhanced skills working where this is relevant as part of teams, supporting the provision of comprehensive care, but not that CACs be a replacement for comprehensive care training.  
Being clear about our goals of training, as the role of family physicians are evolving we are hearing that family physicians are no longer doing as much of the routine care and are increasingly involved in the more complex cases and leading teams to support the work of nurse practitioners and others. There might be some overlap in what we do but we really want to prepare family physicians to provide complexity care in the community.  
We recognize the importance of increasing the opportunity for family physicians out in practice to acquire enhanced skills to respond to needs in their communities. We are initiating some advocacy work and developing practice eligible routes for most of our CAC-related enhanced skills areas.
- Dr. Shehnaz Pabani asked: “In consideration of an ageing, complex population (refugees, new Canadians, Indigenous and BIPOC populations) climate change and its effect on health, is there a move to change the curriculum to be more inclusive and culturally sensitive in providing care where it is direly needed. [it was clarified as ‘in Canada’]”
  - Dr. Lemire shared the following: We are very sensitive to what we are living right now in terms of climate change. Our Section of Residents recently released a document to call attention to the need to include planetary health as part of our educational objectives. This has been widely circulated and received quite a bit of support. When new emerging areas of care are identified, they are referred to our Family Medicine Specialty Committee (FMSC). With everything going on

with planetary health, the FMSC will likely discuss this at its next meeting and determine whether to issue an emerging bulletin on planetary health in medical education. Over time, this would likely reflect itself in some modifications to the education of family physicians. There is a process.

- Dr. Saptarshi Chowdhury asked: “What will CFPC do to ensure that residents go into general practice?”
  - Dr. Fowler shared the following: Enhancements to training are part of this but can’t entirely address this issue. Part of what is influencing practice choices of our grads in what is available to them within the healthcare system. They are frustrated at the lost opportunities of not being able to practice their full scope of services. We need to combine education reform with health system reform. We need to continue to advocate for Patient’s Medical Home type practice environments both in training as well as in communities.
  
- Dr. Alykhan Abdulla asked: “How do we increase comprehensive family medicine working/learning/training/committing to live in rural regions?”
  - Dr. Cervin shared the following: This is among the objectives of the Outcomes of Training Project and is an issue discussed regularly by the Board. Training family physicians to be better at the broad scope of complex comprehensive family medicine is what we need, along with the advocacy for health system reform that will make rural practice attractive.
  
- Dr Saptarshi Chowdry asked the following question which we did not have time to answer during the meeting: “I believe the CFPC should continue to remain non-profit and not turn into an profitable juggernaut.”
  - Response shared by following the meeting: Having a surplus does not necessarily mean that a Not-for-Profit organization (NPO) will lose its non-profit status and become a For Profit organization (FPO). The past fiscal year was full of a lot of uncertainties and unforeseen circumstances due to the on-going pandemic which have impacted our financial status. We are investing the 2020-2021 surplus into many member benefitting programs and projects in the current fiscal year, along with having a detailed Reserve policy that outlines how our reserve funds are defined and utilized. The Board feels confident that if questioned by CRA, we will be able to satisfy them that this surplus was unplanned and unforeseen and hence does not need to impact our NPO status.
  
- Dr. Foluke Omotoso asked the following question which we did not have time to answer during the meeting: “Sorry, please what are the figures for recruitment and retainment of the foreign FPs and also how easy has it been for them to get jobs? Thank you”

- The CFPC recognizes the difficulties many internationally educated physicians encounter. The CFPC is only one player, along with other credentialing bodies, medical regulatory authorities, and governments in this complex issue.
- Response shared following the meeting: This is a great question. Recruitment and retention of all family physicians is important. It's not our core focus though and we are unable to answer your question. The Canadian Post-M.D. Education Registry (CAPER) maintains something called the IMG data base and they produce a number of reports (last in 2020) that may be of interest to you. We suggest these links as a trusted reliable data source:  
<https://caper.ca/international-medical-graduates> ;  
<https://caper.ca/international-medical-graduates/national-img-database-overview> .
- Dr. Shehnaz Pabani asked the following question which we did not have time to answer during the meeting: “Also addressing the TRC recommendations”
  - Response shared following the meeting:

**CFPC Summary of Actions in Response to the Recommendations of the Truth and Reconciliation Commission of Canada (November 16, 2021)**

In December 2015, the Truth and Reconciliation Commission of Canada delivered its final report, including a series of calls to action to further reconciliation between Canadian and Indigenous peoples.

Since then, the College of Family Physicians of Canada (CFPC) has taken the following actions to start to respond to the recommendations contained in the report:

- Made Indigenous Health and cultural safety in family medicine a strategic priority in the [CFPC Strategic Plan 2017-2022](#). This has included actions to:
  - Improve coverage of Indigenous health in the new conjoint Accreditation Standards
  - Promote Indigenous health in the *Red Book*, the specific standards for family medicine residency training
  - Raise the profile of Indigenous health in the CanMEDS-FM framework of competencies
- Published the following resources
  - [Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada](#)
  - [CanMEDS-FM Indigenous Health Supplement](#)
  - [The Rural Roadmap for Action](#)
- Regularly held educational sessions at the annual CFPC Family Medicine Forum and at other health care conferences to promote these actions and resources

- Continued to support collaborative work with the Indigenous Physicians of Canada and the Royal College of Physicians and Surgeons of Canada, as well as actively supported the creation of the [National Consortium for Indigenous Medical Education](#)
- Created the annual [Indigenous Family Medicine Resident Scholarship](#) and the [Indigenous Medical Student Scholarship](#)
- Donated \$20,000 to the Indian Residential School Survivors Society
- In the process of hiring an Indigenous Health Clinical Educator to work in collaboration with the Indigenous Health Committee to advance projects on Indigenous health education and combatting systemic racism in accordance with the CFPC Strategic Plan.

Drs. Lemire and Cervin thanked the group for the thoughtfulness and relevance of the questions being asked. We don't have answers for all of them but are committed to continuing to discuss, in part through our committees, in part through the feedback we get from you, and in part through the discussions of the CFPC Board.

212 Participants: 154 voting members, 2 members with voting privileges who registered as non-voting, 45 CFPC Staff, 7 Chapter Staff, 4 Other (platform and simultaneous interpretation support).

Format: Avenri platform for seeing, hearing and secure voting; questions welcomed through the type-in 'Q&A' feature.

**Adjourned.**

**Next meeting: To be held as part of the November 2022 Family Medicine Forum.**