



# CFPC Board of Directors Highlights

May – June 2021

This document connects the Board’s work to the [Strategic Plan](#)’s three focused goals and where it relates to the College’s ongoing work.

## Goal 1 Advancing Family Medicine

### Preparing family physicians to meet the needs of patients and communities: Residency Training Profile

The *Residency Training Profile for Family Medicine and Enhanced Skills Programs Leading to Certificates of Added Competence* (Residency Training Profile) was released June 2nd. [Access the Residency Training Profile](#) and learn how it guides family medicine training and how family doctors deliver comprehensive care.

In fall 2021, the Outcomes of Training Project will culminate in the release of a full report and set of recommendations outlining the actions and resources required to implement the Residency Training Profile. This is intended to spark innovation and educational transformation and will inform the evaluation of national family medicine training outcomes.

We look forward to advancing this work with multiple partners, perspectives, and voices at national, provincial, regional, and local levels. This will include being attentive to the response we receive about the Residency Training Profile and moving at a pace that respects training capacity, resource constraints, and any potential effects on learners.

### Certifying family physicians: Enhanced skills

The Residency Training Profile clarifies that the principle aim of enhanced skills residency training leading to Certificates of Added Competence (CACs) is to enable advanced practice and health systems leadership. CAC holders are local- and systems-level care champions,

functioning as resources to their colleagues and communities. They support continuity and extend the role of the comprehensive family physician by providing backup and consultation to colleagues treating patients with challenging conditions, ideally integrated in a Patient's Medical Home practice environment.

The Board approved updating [Action 1C in the CFPC's Strategic Plan](#) to reflect that the CFPC will define a Practice Eligible Route for enhanced skills training leading to a CAC by December 2022.

## **Family physicians meeting the needs of patients and communities: Access to care**

At the May 27–29, 2021, Chapter Symposium and Annual Leaders' Forum concerns were expressed about access to care and urgency to take action. The COVID-19 pandemic has normalized and necessitated effective integration of virtual care into family practice. Particularly concerning is the rapid rise of for-profit, virtual-only solutions that offer convenience of access but disrupt continuity, introduce potential for duplication of services, and exacerbate inequities of access to care.

Through discussions about the CFPC's examinations, direct-to-patient virtual care, national licensure issues, and access to care, the Board reiterated the importance of the CFPC supporting family doctors in engaging in longitudinal and broad scope care while working in team-based environments.

The Board supports family physicians and primary care teams providing accessible care, while recognizing the exhaustion that many family doctors are experiencing. Family doctors cannot deliver on this expectation alone and must join forces with others to support uptake of the Patient's Medical Home as a solution that focuses on the practice rather than solely on the physician to enhance access and continuity of care. This includes effective ways to arrange a group practice workflow and schedule.

Work by CFPC staff is under way to create a comprehensive and timely position on this issue in consultation with relevant stakeholders and to use it as a basis for future advocacy.

## **Networks to support rural health care closer to home**

Over the past year members of the CFPC participated in drafting a consensus statement on the essential components of well-resourced, high-functioning, and multidisciplinary networks that would support high-quality anesthesia, surgery, and maternity care for people living in rural Canada closer to home.

The Board approved the *Consensus Statement on Networks for High Quality Rural Anesthesia, Surgery and Obstetrics Care*, a collaboration of the CFPC, Canadian Anesthesiologists Society

(CAS), Canadian Association of General Surgeons (CAGS), Royal College of Physicians and Surgeons of Canada (Royal College), Society of Obstetricians and Gynecologists of Canada (SOGC), and Society of Rural Physicians of Canada (SRPC). A link will be shared on our website when available.

## Goal 2 One Unified Voice

### **Advocating for and supporting family physicians to meet community needs: Using data**

The Board discussed the [CFPC's Strategic Plan Action 3A](#), 'Develop a strategy and infrastructure for generating, storing, analyzing, and linking CFPC data with various sources, as the precursor to developing a data warehouse.'

In September 2020 the Board approved a process to look at integrating CFPC data with data from other reputable sources in a data warehouse that would enable analytics that advance goals, objectives, and activities of the CFPC in support of our Board, members, and stakeholders. The CFPC maintains a variety of unique data sets that, at present, are disconnected and do not allow for the integration of learner, physician, patient, and community level data from external sources.

The Board identified priority questions related to family medicine and advocacy and related to the CFPC and our membership. This will inform the current feasibility study and the recommendations to be reviewed by the Board this September.

### **Supporting family physicians to meet community needs: Racialized communities**

Regarding [Actions 5A and 5B in the CFPC's Strategic Plan](#)—5A 'Ensure the integration of Indigenous health and cultural safety into family medicine residency training standards and promote use of the *CanMEDS-FM Indigenous Health Supplement*'; 5B 'Develop a plan of action engaging racialized leadership to address systemic racism where the CFPC has responsibility and influence'—specific actions between the present and December 2022 were discussed. Efforts must be considered over the long term with intentional engagement of Indigenous people and people of other racialized communities. We are focusing on the three areas below:

1. Truth—the importance of creating safe space and time to hear truths and experiences directly from our diverse members and staff.
2. Pursuing academic family medicine-related work presently under way:

- [CanMEDS-FM Indigenous Health Supplement](#)—working with the Indigenous Health Committee on teaching approaches/tool kit; hiring an Indigenous educator; looking at the assessment of these competencies and implications for our Certification Examination in Family Medicine (CCFP)
- As a partner in the National Consortium on Indigenous Medical Education (NCIME)
- In collaboration with the Royal College, update Residency Accreditation Standards and ensure that the upcoming CanMEDS 2025 physician roles include language and a plan of action regarding cultural safety, cultural humility
- As a member of the Canadian Medical Forum Working Group on Anti-Racism

3. Reviewing our policies and procedures using an anti-oppression lens.

Over the course of the June 2021 Board meeting it was noted how lenses of diversity, social accountability, and anti-racism have organically become part of the Board’s discussions regardless of the topic. The Board and the College are committed to addressing these issues, fostering necessary conversations, and providing opportunities for family physicians and other learners to enhance their understanding of culturally safe, equitable care and to counter racism in medicine.

## Goal 3 Transforming the CFPC

### Supporting our members: Working with our Chapters

The Board approved updating [Action 7A in the CFPC’s Strategic Plan](#) to ‘Conduct a review of how National and Chapters work together to identify areas of alignment that support our members and secure the future of Family Medicine.’ Repositioning this action emphasizes function over structure and a partnered leadership approach.

## Everyday Ongoing CFPC Work

### Strategic Plan: Monitoring progress

The Board, the CEO, and the Executive Directors have been focusing on the execution and monitoring of the refreshed strategic plan. The Board is engaged in each of the 20 priority actions in the CFPC’s strategic plan to provide strategic consultation and direction. The Board will monitor overall progress on the 20 actions three times per year. The first such monitoring exercise occurred at the end of June.

## Updating resources for members: Collaborative mental health care

Together with the Canadian Psychiatric Association, the CFPC updated the position statement *Collaborative Mental Health Care in Canada: Challenges, Opportunities, and New Directions*. Key concepts within the document include the need to continue strengthening collaborative care training opportunities in both family medicine and psychiatry training programs, and to engage with new technologies, such as virtual care, in the provision of collaborative care. Once published, a link will be posted on our website.

## Being proactive: Artificial intelligence (AI)

The Board discussed challenges and opportunities with the emergence of artificial intelligence in health care for family practice. On the opportunities side, we are excited to have [Jaky Kueper](#) on board as the first CFPC-AMS TechForward Fellow. Her main areas of research involve describing the current state and future needs of artificial intelligence and primary care. This 12-month contract position is supported by Associated Medical Services (AMS) Healthcare and the Foundation for Advancing Family Medicine.

## Board of Directors: Vacancy filled and election nominees approved

The Board appointed Dr. Michael Green of Kingston, Ontario, effective June 1, 2021. He is filling the unexpired Director-at-Large term until November 11, 2021, following a resignation.

The Board approved the nominees for the 2021 Board of Directors election. Details will be shared with members by September 9, 2021, with the election taking place from October 20th to November 3rd. Voting will be done electronically so all voting members of the CFPC can participate.

## Finances

The Board approved the Finance and Audit Committee's recommended 2021/2022 Micro Budget (June 1, 2021, to May 31, 2022) including:

- Budgeting for a shortfall of \$2,863,590 that will be funded almost entirely by the revised anticipated surplus from the 2020/2021 fiscal year (\$2,830,000) with the remaining \$33,590 from the unused COVID-19 Contingency Reserve.
- Key assumptions made in preparing the micro budget:

- Recommending to CFPC members that member fees will not be changed and be held at the current levels for the period July 2022 to June 2023 (effective July 1, 2022). The member fees have not increased since June 1, 2017. Member approval will be sought at the November 11, 2021, Annual Meeting of Members.
- The fees for the Certification Examination in Family Medicine and for the Examination of Added Competence in Emergency Medicine remain unchanged for the 2022 calendar year.
- Assumed that some form of face-to-face meetings will resume in early 2022 (pandemic recovery), in developing the committee expense budget.
- Ongoing IT investments for divisional system enhancements.
- Identified risks and their associated contingency reserve funds along with a strong reserve policy to mitigate negative financial impact.
- Reserve funding transfers of \$6,767,592 for projects included in the budget. Total uncommitted reserves: \$21,045,655.

## **CFPC committees: Family Medicine Specialty Committee**

The Board approved a Chair succession model for the [Family Medicine Specialty Committee](#) with a one-year Chair-elect term, followed by a three-year Chair term, followed by a one-year Past-Chair term, effective May 2021.

The Board also approved Dr. Katherine Stringer of Halifax, Nova Scotia, as Chair-elect of the Family Medicine Specialty Committee, effective May 11 to November 11, 2021, at which time she will become Chair.

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