



The Family Medicine Professional Profile for Certificates of Added Competence

The **Family Medicine Professional Profile** (FMPP) is the College of Family Physicians of Canada™ (CFPC)'s position statement for the discipline of family medicine. It communicates the collective contributions, capabilities, and commitments of family physicians to the people of Canada. Family physicians who have a Certificate of Added Competence (CAC) have acquired an added skill set within family medicine and are committed to maintaining that specific skill set.

Within the overarching commitment outlined by the FMPP, this companion document clarifies the contributions, capabilities, and commitments of those family physicians who have acquired CACs to the people of Canada.

The following vision for and expectations of family physicians who have acquired CACs were crafted from the work developing the **Residency Training Profile**. These were developed through consultations with family physicians with CACs, enhanced skills program directors, Category 1 program directors, and relevant domain-specific member organizations.

Primary Responsibilities

Family physicians who have acquired CACs are system leaders and champions in family medicine working within their specific domain of practice. They work with family physician colleagues, other specialist physicians, and other care providers to increase the capacity for providing comprehensive and continuity-based care through direct patient care, consultations, peer support, and education.

They have a clear commitment to family medicine and all those who have acquired a CAC are committed to the values expressed by the **FMPP** through the **Four Principles of Family Medicine**. They are dedicated to delivering accessible, high-quality, comprehensive, and continuous front-line health care. They embody a characteristic approach that strengthens the compassion, responsiveness, integrity, and quality of the health care system. They provide care that is relationship- and patient-centred, community adaptive, and is both collaborative and supports continuity.

Care within the domain of practice of the CAC

While many CAC domains are recognized parts of comprehensive family practice, CAC holders provide advanced level care. They have more intensive involvement with patients who require complex care and possess enhanced skills for the assessment and management of patient goals of care, function, prognosis, and quality of life. They augment and support the care provided by family physician colleagues, other physicians, and other care providers.

Leadership and advocacy

As leaders, CAC holders are involved in administrative roles, scholarship, and advocacy for patients in the domain of practice at a health system level. They see themselves as a resource for both patients and the community and attend to access and quality of care. They may provide a family medicine leadership presence and perspective at a local or regional level in a wide range of clinical and educational leadership roles, committees, organizations, and initiatives.

Scholarship (teaching/quality improvement (QI)/research)

Family physicians who have acquired CACs are trained to practise evidence-based medicine and strive for continuous practice improvement. Through ongoing self-reflection, critical appraisal, and continuing professional development they attend to self-directed learning and self-care. Residency training is designed to build a capacity and curiosity for ongoing teaching and future educational leadership. They are lifelong learners and teachers/mentors to multiple streams of learners, including patients and their families, students, residents, and colleagues. Scholarly research and inquiry is an integral part of their work.

Work Settings and Arrangements

- 1. Position within the health care system.** Family physicians who have acquired CACs have achieved and are recognized for their acquisition of additional expertise and often receive formal referrals from colleagues. They share their expertise in their domain with other family physicians and health care providers, both locally and remotely. They support and extend the capacity of their family physician colleagues by providing virtual/telephone support, along with consultation and education. They often function as a support to neighbouring rural or regional communities and support care close to home. In a leadership capacity they bring a family medicine perspective, helping to influence the values and understanding of family physicians within the health care system.
- 2. Practice patterns.** There is a range of how CAC holders incorporate their advanced skills into practice. Many maintain a comprehensive family practice and integrate their enhanced skills work, while some choose to enter focused practice. This decision is often based on local/regional norms of practice and what is supported by remuneration patterns. They have learned how to balance the various aspects of their practice, including changing focus and working in different locations. Regardless of practice style, all CAC holders work to enhance the capacity for comprehensive care and continuity in their communities.
- 3. Settings and context of work.** Family physicians who have acquired CACs work in a wide range of settings and in transitions of care across settings, including home care, long-term care, hospices, offices, specialized clinics, and hospitals. CAC holders help develop the health workforce and deliver appropriate care when and where it is necessary.
- 4. Team-based care.** Family physicians who have acquired CACs effectively work in interprofessional care teams as leaders and team members. As clinical leaders, family physicians with a CAC have the responsibility to meet the needs of the communities they serve.
- 5. Relation to Patient's Medical Home.** CAC holders are integral members in the Patient's Medical Home (PMH) vision, promoting continuity and comprehensiveness of care to best serve patients. These team-based practices are likely to include intraprofessional collaboration among family physicians who may not always be co-located and may exist across distances. They work together remotely or through technology for issues of common interest and need. For many family physicians with CACs this represents the optimal vision for integration within the system and this is a priority for advocacy and educational development.

Resources

1. College of Family Physicians of Canada. *Family Medicine Professional Profile*. Mississauga, ON: College of Family Physicians of Canada; 2018. Accessed May 5, 2022. <https://www.cfpc.ca/CFPC/media/Resources/Education/FM-Professional-Profile.pdf>
2. Fowler N, Wyman R, eds. *Residency Training Profile for Family Medicine and Enhanced Skills Programs Leading to Certificates of Added Competence*. Mississauga, ON: College of Family Physicians of Canada; 2021. Accessed May 5, 2022. <https://www.cfpc.ca/CFPC/media/Resources/Education/Residency-Training-Profile-ENG.pdf>
3. College of Family Physicians of Canada. Vision, Mission, Values, and Goals. Accessed May 5, 2022. <https://www.cfpc.ca/en/about-us/vision-mission-principles>
4. College of Family Physicians of Canada. *A New Vision for Canada: Family Practice—The Patient's Medical Home 2019*. Mississauga, ON: College of Family Physicians of Canada; 2019. Accessed May 5, 2022. https://patientsmedicalhome.ca/files/uploads/PMH_VISION2019_ENG_WEB_2.pdf

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