CFPC Board of Directors
Decisions/Directions and Impacts
List of Board Motions

Addiction Medicine—National approach to training and designation........................................... 1
Entry routes to fields of medical training.......................................................................................... 1
Continuing professional development offerings from Chapters available coast to coast............... 3
Quality improvement training for members through their Chapter.................................................. 3
Clinical resources and educational content for family physicians and their teams ......................... 3
Value proposition of family physicians and having members’ backs............................................. 5
Health care/pharmaceutical industry ............................................................................................... 5
2019–2020 micro budget.................................................................................................................. 7
2019 Board of Directors election....................................................................................................... 7
Honours and Awards 2019 ............................................................................................................. 7
CFPC lease agreement..................................................................................................................... 7
Endorsement process....................................................................................................................... 8
Family Medicine Specialty Committee—Updated Terms of Reference....................................... 8
GOAL 1:
SET STANDARDS TO DEVELOP AND SUSTAIN
SKILLED FAMILY PHYSICIANS

Addiction Medicine—National approach to training and designation

There are reports of significant overlap in required competencies and practice patterns in addiction medicine services. Distinct training, certification, and designations exist. This impacts credentials and remuneration. The CFPC, in collaboration with the Royal College of Physicians and Surgeons of Canada (Royal College), will pursue conjoint training and designations for all physicians providing addiction medicine.

NATIONAL APPROACH TO TRAINING AND DESIGNATION FOR ADDICTION MEDICINE IN CANADA

THAT the Board approve in principle the collaboration of the CFPC with the Royal College on a National Approach to Training and Designation for Addiction Medicine in Canada as outlined in the referenced Project Charter based on the following agreement:

- The Area of Focused Competence (AFC) diploma in Addiction Medicine conferred by the Royal College and the Certificate of Added Competence (CAC) in Addiction Medicine conferred by the CFPC is an equivalent designation; and
- Based on agreement about equivalence, the project will pursue a process of conjoint training and designation for Addiction Medicine between the CFPC and Royal College; and
- The CFPC and Royal College will share resources to conduct this project

Entry routes to fields of medical training

An ‘entry route’ is any field of medical training that can be entered directly from medical school. The final decision regarding entry routes belongs to the provincial ministries of health, in partnership with university postgraduate medical education offices, who are responsible for ensuring the appropriate supply of physicians to the workforce. However, the structure of entry routes is intertwined with the certifying colleges’ training requirements including length of training, required competencies, and curriculum design.

The CFPC’s response made it clear that the proposal for a common year of residency training to provide more opportunity for learners to decide on their field was not acceptable for family medicine. The College has spent a long time designing the current family medicine training program and is focused on the outcomes of training.

The CFPC’s response was shared by the Association of Faculties of Medicine in Canada with the deans of medical schools, and subsequently the CFPC shared a copy of the response with the chairs of the departments of family medicine.
RESPONSE TO REPORT ON ENTRY ROUTES—TRAINING PHYSICIANS TO MEET SOCIETAL NEEDS

THAT the Board support the CFPC response drafted by Nancy Fowler, Executive Director, Academic Family Medicine, to the Report on Entry Routes – Training Physicians to Meet Societal Needs, dated March 29, 2019.
GOAL 2:  
MEET THE EVOLVING HEALTH CARE NEEDS OF OUR COMMUNITIES

Continuing professional development offerings from Chapters available coast to coast
Investing in highly rated and highly subscribed continuing professional development (CPD) programs led by Chapters, in order to make them available to more members and support Chapter operations.

SUPPORTING SCALING UP CHAPTER-LED CPD
THAT the Board approve up to $360,000 over three years from the Strategic Initiatives Reserve be allocated to support Chapters with spreading and scaling up proven CPD initiatives to a broader member audience.

Quality improvement training for members through their Chapter
Members are interested in quality improvement (QI) training. In some provinces this is a regulatory body requirement. Chapters are eager to provide this QI training, developed from a family physician lens. This is a train-the-trainer model.

SUPPORT FOR CHAPTERS TO OFFER CFPC’S PRACTICE IMPROVEMENT ESSENTIALS WORKSHOPS TO MEMBERS IN THEIR PROVINCE
THAT one-time funding of $70,000 be allocated to help Chapters develop the capacity to scale-up and spread the CFPC’s Practice Improvement Essentials (PIE) workshops to members in their province;
FURTHER THAT the funds be drawn from the Research Initiatives Reserve.

Clinical resources and educational content for family physicians and their teams
The CFPC’s collaboration with the PEER ( Patients, Experience, Evidence, Research Group) and the Alberta Chapter to date has been increasingly productive with guidelines and practice tools developed for family physicians by family physicians. Formalizing the partnership will ensure the launch of these great products in a timely manner with our co-branding.
FORMAL PARTNERSHIP WITH PEER AND THE ALBERTA COLLEGE OF FAMILY PHYSICIANS

THAT the Board authorize CFPC staff to establish a formal partnership with PEER and its other funding partner, the Alberta College of Family Physicians, expressed by the signing of a Memorandum of Understanding.

(PEER- Patients, Experience, Evidence, Research Group)
GOAL 3: PROMOTE THE VALUE OF PATIENT CARE PROVIDED BY FAMILY PHYSICIANS

Value proposition of family physicians and having members’ backs
The CFPC continues to promote and celebrate family medicine. Given that 44 per cent of our membership is comprised of family physicians in Generation Y (born from 1980 to 1994) and Generation Z (born from 1995 to 2015), the CFPC will launch a marketing campaign to predominantly focus on this group.

The College will also link the recommendations arising from the Outcomes of Training Project to expressing the value of family physicians.

MARKETING PLAN
THAT the Board support three marketing campaigns as described below.

2. Medical Student campaign.
   a) Part 1: Launch 2020. $231,000
   b) Part 2: Launch 2020. $13,000
3. First Five campaign. Launch 2020. $66,000.

FURTHER THAT the campaigns be supported by funds drawn from the Strategic Initiatives.

Health care/pharmaceutical industry
The CFPC is currently carefully managing the relationship with the health care/pharmaceutical industry (HPI), making sure there is no impact on the education provided by the College while aiming for gradual divestment from HPI revenue.

- Effective January 1, 2018, CPD standards and policies changed to exclude HPI sponsorship and exclude its representatives from submitting CPD programs for certification; hence, there is no longer any CPD revenue coming from HPI sources. In 2017–2018, nine per cent of the CFPC’s and 10 per cent of Chapters’ revenue related to the review of CPD programs was from HPI.
- Revenue from HPI represented 14 per cent of the total revenues at FMF 2016 and FMF 2017. HPI accounted for 41 per cent of the exhibitor revenue at FMF 2017, a drop from 44 per cent at FMF 2016.
- Twenty-eight per cent of Canadian Family Physician (CFP) advertising revenue in 2017–2018 was from HPI, down from 48 per cent in 2016–2017.

The Board reviewed a detailed analysis of the impacts, risks, and scenarios for FMF and CFP. The Board will share a proposed direction and rationale leading up to the Annual Meeting of Members (AMM), taking place on October 31, 2019, after engaging our members on this issue. Member
comments will be collated and shared at the AMM for further discussion with the members present. The Board will make its decision following this discussion.

There is strong scientific evidence suggesting that HPI-led activities influence physician prescribing. At the same time, family physicians are required to know about pharmaceuticals and some family physicians continue to attend non-certified HPI-led activities (we also are aware that HPI’s funding does support physician organizations in the creation of Mainpro+® certified activities. Provided that specific guidelines are adhered to, this is not prohibited in the CPD standards created by the CFPC, Royal College, and Collège des médecins du Québec).
STRENGTHEN OUR MEMBER-BASED ORGANIZATION

2019–2020 micro budget
The 2019–2020 micro budget is $47 million. There is a projected deficit of $83,143 (0.2 per cent of the total budget). This will be accommodated through the unused portion of the 2016–2017 budget contingency.

2019-2020 MICRO BUDGET
THAT the 2019-2020 Draft Micro Budget, including all assumptions as discussed, be approved.

2019 Board of Directors election
The Board’s and Nominating Committee’s nominees will be shared with CFPC members by August 26, 2019, and the nominee names will be published on the CFPC website.

The call for applications was very successful and garnered 22 applicants for the one Director-at-Large vacancy.

Honours and Awards 2019
All the 2019 Honours and Awards recipients were approved — an amazing group of talented individuals and thank you to all our members who participated in the review process!

CFPC lease agreement
The CFPC’s office lease will expire in January 2021. The CFPC will work with a real estate broker to explore options to renew the current lease.

While the CFPC office will not be relocated to Ottawa, the College plans to work with a consultant to develop a business plan to augment the CFPC’s strategic presence in Ottawa; this may include office space. The plan will be considered by the Board.

OFFICE SPACE
THAT staff be authorized to negotiate through our Commercial Real Estate Brokerage Firm, CBRE, with Epic Realty, for 46,478 square feet office space (returning 3,310 square feet) and 3,485 square feet storage space in the basement, and to report back to the Board of Directors with an update no later than October 2019.
**Endorsement process**

In order to ensure the CFPC’s endorsement process continues to meet high standards, it is time for a refresh.

**ENDORSEMENT PROCESS**

THAT the Board support the establishment of a time-limited endorsement review working group to review the current process and documents and make a recommendation to the Board.

**Family Medicine Specialty Committee—Updated Terms of Reference**

The revisions reflect the growing and evolving mandate, reinforcing the linkage between training and practice, strengthening reporting and governance, and modifying the Committee’s membership.

**FAMILY MEDICINE SPECIALTY COMMITTEE—TERMS OF REFERENCE**

THAT the Board approve the Family Medicine Specialty Committee Terms of Reference (version: March 2019), as reviewed June 2019.

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

Paul Sawchuk, MD, MBA, CCFP, FCFP
President and Chair of the Board

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