

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



2013–2014 Annual Report

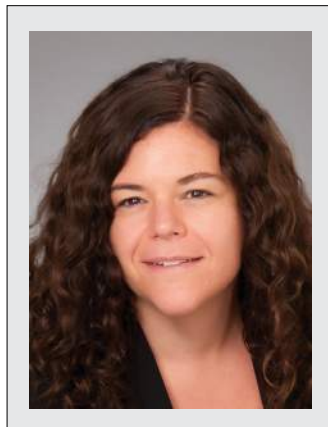


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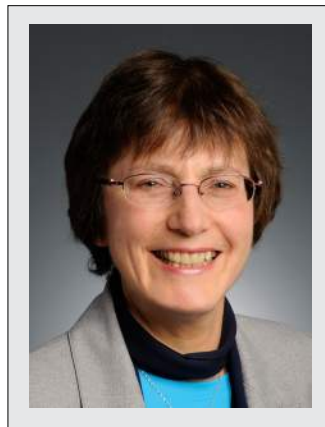


Annual Report of the President and Executive Director/Chief Executive Officer of the College of Family Physicians of Canada 2014

Kathy Lawrence,
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Chief Executive Officer



Happy 60th Anniversary! 2014 is a special year. It marks 60 years of progress for the College of Family Physicians of Canada (CFPC) and 20 years for our Research and Education Foundation (REF). To commemorate our “60/20” anniversary, we are launching a book and a history website illustrating key moments and accomplishments at the College and in family medicine in Canada. We invite you to browse through the stories, photos, and videos online at <http://familymedicineheritage.ca/> and to drop by the book display in College Square during Family Medicine Forum.





Celebrating the CFPC's and REF's 60/20 anniversaries, June 2014.

The Family Medicine Heritage projects shine light on the changes to the discipline of family medicine and the CFPC over the years, but also underscore that the fundamentals haven't changed: family medicine is still centred on the doctor-patient relationship. Throughout our anniversary celebrations, we hope you have enjoyed the "60/20" articles published in *Canadian Family Physician*, and the Throwback Thursday Twitter features with some classic photos!

The 2014 annual report will provide information on the following topics:

- ▶ Approaches to addressing changes in membership growth
- ▶ Highlights of this year's accomplishments
- ▶ Areas of ongoing interest
- ▶ The significant involvement of our members in these projects and achievements

More information about our activities is available at www.cfpc.ca.

CFPC Membership

The number of CFPC members now tops 31,000. For the last several years growth in membership has been substantial, and there has been little attrition. Net growth in membership is now leveling out as the number of members retiring balances the influx of new graduates joining the CFPC each year. In order to continue to address our primary mandate in postgraduate education and lifelong learning, better support our members in their everyday practice, provide a family medicine lens to stakeholders, and support research in family medicine, we are making some changes:

- ▶ We launched an organizational capacity review in 2014, which in turn initiated an organizational restructuring and staffing changes. These changes are designed to strengthen our organization and ensure our continued success.
- ▶ We concluded a governance review and will propose changes for your approval. Our objectives with these proposals are to:
 - ▷ Improve capacity of your Board of Directors to govern the organization
 - ▷ Increase opportunities for key stakeholders—Chapters, Sections, committees, university departments of family medicine—to work with the Board and with each other
 - ▷ Augment communications among the Board, key stakeholders, and members in order to better inform you of, and involve you in, the direction of our activities
- ▶ We have increased the number of family physicians on staff. We have added:
 - ▷ Six part-time Regional Educators, who are informing members and stakeholders about the changes taking place to Mainpro in 2015, soliciting feedback from members about these changes, and smoothing the transition (see details below)

- ▷ Six part-time Clinician Educators in Assessment, who are focused on developing assessment and evaluation processes related to competencies and certification in family medicine
- ▷ One part-time global health consulting physician (contractual), who is responsible for the development of the Besrour Centre business plan and for the third Sadok Besrour Global Health Conference in November 2014



NSCFP FM awards, September 2014: (L to R) Dr Stewart Cameron, NSCFP Award of Excellence; Dr Lawrence; Dr Jennifer Hall and Dr Greg Archibald, Dalhousie Department of Family Medicine; Dr Kathleen Horrey, Dalhousie Dr Ted Atkinson Award; Dr Brian Hennen, NSCFP Award of Excellence; Dr Michelle Dow, NSCFP Family Physician of the Year; Dr Vonda Hayes, Dalhousie Faculty Development Award; Dr Lemire.

Our members' volunteer involvement is also invaluable to our organization. The CFPC relies on members' input to guide the College's direction and to aid in implementing ideas. We are grateful for the continued participation and dedication of so many CFPC members, and invite even more to become involved so that College initiatives can reflect the interests of our full membership.

In the latter part of 2014 we began to explore different approaches to committee meetings, to remain fiscally responsible, reduce members' travel and meeting time, and reduce our carbon footprint. We experimented with replacing some face-to-face meetings with working electronically through video- and tele-conferencing. We are monitoring the pros and cons of this approach in planning future committee work.

We want to continue our broad scope of work—from health policy, to education, to global health—and so are investigating possible sources of additional revenue, such as grants and external partnerships. We also reviewed our fee structures. As always, due to the generosity of our members, staff, and continuing partners, our Research and Education Foundation provides important financial support for specific initiatives—our thanks again to all of you for your contributions to the REF.

Our Focus

In November 2012 the Board of Directors approved the “**CFPC Strategic Plan 2013–2017**.” The strategic plan is essential to maintaining our focus to realize set objectives. To this end we have introduced a new Strategic Plan Implementation Team (with the playful acronym “SPIT”), comprised of the CFPC executive team and the Director of Governance and Strategic Planning. SPIT's mission is to propel CFPC's execution of the strategic actions toward the plan's goals and objectives. SPIT discusses challenges and achievements with the Executive Committee of the Board, reporting quarterly on progress. We are engaging, in a phased manner, all staff, committees, and sections in this work, so that it is truly a collective journey. The progress thus far is exciting, as you will see below.

The strategic plan highlights seven themes that allow for better integration of our activities across the CFPC and enable greater opportunities to work across departments:

1. Sustaining comprehensive care
2. Maintaining competence
3. Engaging members
4. Enhancing organizational capacity
5. Supporting optimal practice
6. Enhancing capacity in family medicine research
7. Providing a family medicine lens to influence health policy

The updates below outline CFPC's work during 2014 in these key areas, as we progress toward our strategic plan's goals and objectives.

The CFPC is committed to producing family doctors who meet societal needs through a commitment to continuing comprehensive care

Theme I: Continuing Comprehensive Care

Triple C update: Evaluation strategy

- ▶ The Triple Cs stand for comprehensive care, Continuing care, and Centred in family medicine. Adopted by departments of family medicine in Canada, the new Triple C curriculum is receiving national and international acknowledgement. An evaluation of Triple C is under way. It is a longitudinal process that includes three resident surveys (occurring at entry to, and exit from, residency, as well as at three years into practice) **collected in partnership with family medicine departments across the country.** Our objective is to prepare family medicine residents to meet the needs of a community of any size when they begin to practise.
- ▶ Our work on the Triple C Competency-based Curriculum is one of the CFPC's several significant contributions to the implementation of the **Future of Medical Education in Canada Postgraduate (FMEC PG) Project's** recommendations. The 10 recommendations of the consortium aim to prepare the Canadian postgraduate medical education system for the century ahead. The FMEC PG Project is a collective vision of the CFPC, the Association of Faculties of Medicine of Canada (AFMC), the Royal College of Physicians and Surgeons of Canada (RCPSC), and Collège des médecins du Québec (CMQ).



Engagement with the 17 departments of family medicine

- ▶ In addition to the extensive work on Triple C, the CFPC continues to engage with the Chairs of the Departments of Family Medicine.

Commitment to rural competencies and generalism

- ▶ The CFPC has partnered with the Society of Rural Physicians of Canada to determine the core competencies for rural family practice and to identify and remedy any gaps that currently exist.

Opportunity for family physicians to earn Certificates of Added Competence

- ▶ With the assistance of many volunteer members, the CFPC has been reviewing the competencies that should be included within the core family medicine residency training curriculum, and those of family physicians with enhanced skills in family medicine. Beginning in summer 2015, the CFPC will be introducing Certificates of Added Competence (CACs) to recognize family physicians who have additional skills in particular clinical areas and are important resources to their family physician peers and patients. Watch for details!

Focus on assessment

- ▶ A project is underway to design and develop assessment and evaluation standards and practices. Part of the work in this area relates to aligning family medicine competency frameworks (eg, CanMEDS–Family Medicine, the Triple C Competency-based Curriculum, Evaluation Objectives) to provide a unified direction for curriculum, accreditation, and assessment. We must continue to study ways of ensuring that what we do in our training and assessment processes (during training, and through the Certification Examination) prepares family physicians to practise effectively in any setting in Canada, and to serve any patient population.



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members in
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Theme 2: Maintaining Competence

More opportunities to earn credits from a wider array of activities

- ▶ **New Maintenance of Proficiency (MAINPRO®) categories will be introduced in 2015.** The categories will increase the scope of activities eligible for credit. We are communicating with members throughout this transition and we hope you have connected with one of our Regional Educators (family physicians working part-time with the CFPC to reach out to members) or perhaps seen **CFPC's New Mainpro+ video** presentations outlining the changes and opportunities (available at www.youtube.com/user/CFPCMedia). Our objective is to make Mainpro more dynamic and interactive to facilitate the determination of learning needs, capture all of the professional development activities, make credit reporting faster and easier, and

solicit reflection on the impact of activities on practice, to stimulate practice improvement and better performance in practice.

Doing what we do, but differently

- ▶ CFPC's commitment to lifelong learning is constant and constantly evolving. We are partnering with the RCPSC, AFMC, CMQ, and others to envision the direction of continuing professional development in medical education. Our current work is soliciting input from experts in lifelong learning to come up with the key questions to address in planning for the CPD needs of our community in the future. As a group we will rigorously evaluate these responses to ensure a comprehensive and clear plan and direction.
- ▶ We are exploring options for funding CPD program development and dissemination while expanding our network of stakeholders. This includes, of course, working closely with our provincial Chapters.
- ▶ In late 2013, the Board of Directors approved a report regarding the CFPC's interactions with the health care/ pharmaceutical industry. It outlines an approach of clear and conscientious management of relationships abiding by the principles of trust, transparency, independence, accountability, and fairness. The CFPC and its Chapters are beginning to apply the principles to the events we organize and accredit.



Meeting with medical students and a resident during MCC's Council meeting.

Global health work

- ▶ We are developing a business model and operational plans to reflect our work in the area of global health. The intention is to collaborate with the 17 departments of family medicine and complement what each is doing in the area of global health. We are pleased that Dr Katherine Rouleau, Chair of the CFPC's Global Health Committee, has accepted a contract to work with us on this important initiative.



Dr Scott MacLean, Chair of the First Five Years in Family Practice Committee, discusses CFPC's involvement with WONCA.

Theme 3: Engaging Members

Enhancing your experience with the CFPC

- ▶ We initiated a marketing audit in late 2013 to understand what you most value about being a member, and how you prefer to communicate with us. Thank you for your input. We are using your feedback to improve our services. Among related initiatives, we will be introducing an ePanel to engage members on key issues pertaining to CFPC activities, interests, policy development, and advocacy issues. Watch for a request for participants, and visit the CFPC booth at FME.
- ▶ We are also working to provide a higher level of customer service to supply you with information and respond to your questions in a timely, accurate manner. We are working on the implementation of a Member Relationship Management Program (MRMP)—a long name for a simple concept—to provide “one-stop shopping” for all your CFPC needs. More details will follow in 2015.
- ▶ **CFPC's Fellowship in Family Medicine** is an honour bestowed on members who have successfully maintained their certification for 10 consecutive years, including earning 25 Mainpro-C credits every five-year cycle. With the change in Mainpro categories noted above and the end of Mainpro-C credits, we have a great opportunity to revisit the meaning of fellowship. Beginning in July 2015, Fellowship in Family Medicine will be awarded to members who distinguish themselves through exemplary contribution to their communities, their colleagues, and the discipline of family medicine. Applicants for fellowship will be identified through a process of nomination (including self-nomination). We have already communicated with members who would have been close to earning the FCFP designation under the current system, and will be communicating

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with all members regarding this new opportunity once the changes are approved by the Board. Members who already hold the FCFP designation will retain it for life as long as they maintain Certification.

Involvement of medical students and family medicine residents

- ▶ Growing numbers of students are participating in the Family Medicine Interest Groups (FMIGs) and we are pleased to see increased interest in family medicine as a residency program and career choice—38%, according to the 2014 CaRMs match—the highest percentage of medical students selecting family medicine as their first choice in 20 years. It is important for all of us to continue to be role models and mentors and to encourage students and residents to pursue careers in family medicine.
- ▶ The CFPC welcomes medical students and residents in all of our organization's activities. The Section of Medical Students and the Section of Residents each has a council within the CFPC, comprised of two representatives from each medical school's Family Medicine Interest Group. The College includes medical student and resident voices in many of our committees and discussions.

Are you in the first few years of your practice?

- ▶ The **First Five Years in Family Practice Committee** is your home and voice at CFPC. We have an active Facebook page and many resources designed specifically for you! For more information, visit <http://www.cfpc.ca/FirstFiveYears/>.

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FIRST FIVE YEARS IN FAMILY PRACTICE
CINQ PREMIÈRES ANNÉES
DE PRATIQUE DE LA MÉDECINE FAMILIALE

www.cfpc.ca/FirstFiveYears/

We look forward to hearing from you!



The winners of the 2013 Family Medicine Resident Leadership Awards, at Family Medicine Forum in Vancouver, 2013.

Theme 4: Organizational Capacity

The whole is more than the sum of its parts: The integral role of Chapters

- ▶ With three annual Chapter Symposiums under our belts, we think we're onto something. Chapter Symposiums involve presidents, presidents-elect, and senior staff from all 10 Chapters, along with the National office's president, past-president, president-elect, and senior staff. It's an opportunity to focus on the Chapters—where they can collaborate, and what they can learn from each other. The focus in 2014 was on equipping health leaders with strategies and tools to advocate for and steer change effectively.

The CFPC is committed to providing the organizational capacity to meet our strategic goals and objectives



2014 Chapter Symposium by night—curling in Saskatoon.

- ▶ The CFPC developed the vision of the Patient’s Medical Home (PMH) to improve outcomes, to enhance provider and patient satisfaction, and to allow for timely access to care in a family-practice setting. Leadership—as defined in the “LEADS in a Caring Environment capabilities framework” (Lead self, Engage others, Achieve results, Develop coalitions, Systems transformation)—is the responsibility of every family physician who embraces the PMH vision. The Symposium encouraged family physicians to LEAD the implementation of the PMH vision across Canada.
- ▶ The review of the CFPC’s governance and stakeholder engagement highlighted the importance of better integration of the CFPC’s projects and the Chapters’ work. The Chapters remain a critical element in the stakeholder engagement structures being proposed.

Impacts of the Canada Not-for-Profit Corporations Act: We’ve got our house in order

- ▶ Necessary adjustments (establishment of Articles of Continuance, significant bylaw amendments, and the introduction of a new financial year) to comply with this new Act were approved by you at the November 2013 Annual General Meeting. At this November’s Annual Meeting of Members with you we will be discussing proposed changes to the composition and function of the Board of Directors, which if approved will in turn require changes to the Articles of Continuance and bylaws.

Reworking how the CFPC functions

- ▶ As you can tell, the overarching theme for 2014 has been about addressing the present to look to the future. Considerable energy has been spent working on culture and values, an organizational capacity review, position evaluation and salary review, MRMP, strategic plan implementation, and governance review. The Board has supported further exploration of a smaller, skills-based board to increase our governance effectiveness and strategies for enhancing stakeholder and member engagement. Details will be presented to the Board in November 2014. If supported, the proposed changes will be shared with all of you and members will be asked to approve the changes at the November 2015 Annual Meeting of Members.
- ▶ In addition to several staffing changes, we are also reworking the way some of our committees align and integrate with each other. We are well aware of the importance of dynamic communication as part of this process. We also want to assure the more than 1,000 members who serve on committees and working groups and represent the College of the importance we place on face-to-face interaction, as we work towards remaining fiscally responsible.

Canadian Family Physician (CFP): Accessible to members pretty much everywhere!

- ▶ CFP’s website, www.cfp.ca, is also transforming itself—reading web articles on a smartphone or tablet device is now a realistic and practical option.
- ▶ The digital version of CFP, eCFP, offers web-exclusive articles in addition to those published in the print edition.

Family Medicine Forum: Making it even better

- ▶ It’s exciting to see so many members attending Family Medicine Forum (FMF) each year. The challenge is for delegates to get to all the CPD sessions they wish to attend. To this end, we are exploring ways of

extending the FMF CPD sessions to be available to you electronically throughout the year.

Research and Education Foundation: Our thanks to you!

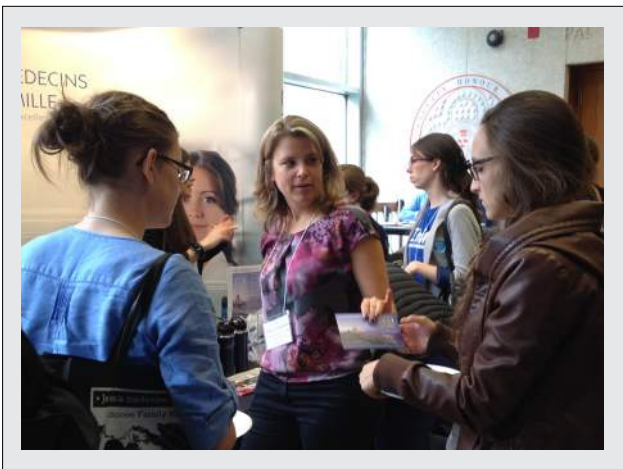
- ▶ Revenue increased from \$600 thousand to over \$1 million by the end of 2012 and maintained through 2013. Since its inception the REF has raised over \$10 million.
- ▶ The continued support of corporate and foundation partners, members, and staff will allow the REF to prosper and to achieve its aim of supporting family medicine for a healthy Canada.
- ▶ The CFPC and the REF continue to establish new awards to recognize the outstanding achievements of College members. In 2014 we introduced the CFPC Indigenous Medical Student Scholarship, the CFPC–Canadian Psychiatric Association Collaborative Mental Health Care Award, the CFPC–Canadian Geriatrics Society Award of Distinction in Health Care of the Elderly, the PMH 60/20 Award, and the Team Williams Family Medicine Innovation Grant.
- ▶ In addition to raising funds to support a robust awards program, the REF is also actively involved in prospecting and securing funding for specific CFPC initiatives.



Chief Shawn Atleo delivered a keynote address at FMF 2013, urging family physicians to continue their work in advocating for better health for Aboriginal communities. Early in 2014, CFPC announced a new CFPC Indigenous Medical Student Scholarship, to help further this work.



The CFPC conferred Honorary Membership on the Governor General of Canada, David Johnston, at FMF 2013.



President-Elect of the QCFP Maxine Dumas-Pilon, with medical students at the 2013 Quebec ASA.



Dr Kathy Lawrence and Dr Francine Lemire with Dr Marshall Godwin, at the Newfoundland and Labrador ASA.

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Theme 5: Supporting Optimal Practice

What would help you care for your patients?

- ▶ Is it access to guidelines for prescribing medical marijuana under the new legislation? What about concise materials that you can share with your patients related to important discussions about advance care planning? We are prioritizing the development of resources and tools that you have told us will help you in practice. We want to acknowledge and thank members serving on committees and working groups. The deployment of their expertise contributes to benefit all members and the patients we serve.

Prevention in Hand (PiH)

- ▶ This new online resource, established through a partnership with the Public Health Agency of Canada, is being designed for providers, patients, and the public. The CFPC's Patient Education Committee is overseeing this initiative aimed at providing access to a comprehensive set of links to prevention information and resources. This platform will be ready for you and your patients by spring of 2015.

Advances in Labour and Risk Management Program (ALARM)

- ▶ As of July 1, 2014, the ALARM program became the urgent obstetrics training program of choice for the CFPC. The CFPC and the Society of Obstetricians and Gynaecologists of Canada (SOGC) are working together to make this a smooth transition. A number of innovations are already beginning to show themselves with ALARM, through the addition of family medicine teachers as ALARM instructors.



**Advances in Labour
and Risk Management**



Theme 6: Research

Section of Researchers: Expanding our reach

- ▶ The Section of Researchers Council has been engaging with Chapters and Departments of Family Medicine around building research capacity, in an effort to establish and nurture research as core to family practice, and to increase the visibility of family medicine research at federal and provincial research funding levels.

The CFPC is committed to seizing all opportunities to build capacity in family medicine research



Left to right: Dr Cheryl Levitt, Dr Wendy Norman, Mr Eric Mang, and Dr Francine Lemire at Parliament Hill, during their meetings with government for support of family medicine research, October 2014.

Canadian Primary Care Sentinel Surveillance Network (CPCSSN)

- ▶ CPCSSN is a pan-Canadian project led by a team of family medicine researchers under the auspices of the CFPC. The CFPC has received \$11.7 million in funding over five years from the Public Health Agency of Canada (PHAC) to support CPCSSN (www.cpcssn.ca). The primary goal of the project is to conduct **ongoing surveillance**, using electronic medical records, on five chronic diseases (chronic obstructive pulmonary disease, diabetes, depression, hypertension, and osteoarthritis) and three neurological conditions (Alzheimer disease, epilepsy, and Parkinson disease) in family physician practices. CFPC is exploring with Queen's University ways of collaborating with CPCSSN after PHAC funding concludes on March 31, 2015.

The influence of family medicine research

- ▶ Seven notable studies carried out by family medicine researchers have been identified to spotlight the influence and importance of family medicine research. This compilation is proving useful in connecting with funders and decision-makers. Check out “**Seven Wonders of Family Medicine Research**”!

The CFPC is committed to influencing the health policy environment to promote high quality care in family practice

Theme 7: Health Policy

The Patient's Medical Home (PMH): Taking hold

- ▶ This year saw the release of the PMH practice assessment tool, a survey to be completed by family practices as a reflective exercise. It is one example of the CFPC's engagement in quality improvement. The practice assessment will help indicate where practices are already "PMH-like" and delineate opportunities for improvement.
 - ▶ Several PMH resources exist, including a short video, best practice guides, and a **new PMH website** that was launched in 2014 (visit <http://patientsmedicalhome.ca>).
- ▶ The **PMH Steering Committee** includes CFPC members as well as representatives from the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, the Canadian Nurses Association, the Canadian Forces, and the public.
 - ▶ The Chapters and National office are sharing activities and initiatives on this **important vision for family practice**, where each PMH practice will ensure:
 - ▷ That every patient has a personal family physician, as well as access to other health professional team members, including nurses, other medical specialists, and other health providers (onsite, in the community, or via virtual connections)
 - ▷ Timely access for appointments in the practice
 - ▷ Advocacy and coordination of referrals and all other medical services provided for the patients of the practice
 - ▷ Delivery of comprehensive, continuous, coordinated care
 - ▷ Strategies for chronic disease management
 - ▷ Provision of preventive care and health promotion
 - ▷ Links between primary care and public health
 - ▷ Electronic medical records
 - ▷ Quality improvement programs



Communications with Members of Parliament: Making ourselves heard

- ▶ **Reporting on the federal government's role in health care:** In November 2013 CFPC launched its report card, "**The Role of the Federal Government in Health Care.**" This publication examines five main areas where the federal government has a role in making, or keeping, our health care system the best it can be to serve the needs of Canadians through all stages of life. We use "spotlights" to grade the government's performance.
 - ▷ The report card has earned the CFPC notice from federal government agencies and departments, including Health Canada and the PHAC. We were asked for advice on charting the future of health care in Canada, and how the government can collaborate with the CFPC on the items raised in the report card.
 - ▷ We were also contacted by the Auditor General regarding our thoughts on the challenges and risks facing Health Canada, the PHAC, and Canada Health Infoway
 - ▷ Our response to the 2014 federal budget related to the report card
 - ▷ Invitations to participate in Ministers' tables have increased (on subjects including addictions, prescription drug misuse, palliative and end-of-life care, domestic violence, and child maltreatment)
 - ▷ We are now focusing on two areas within the report card and charting paths to move the red scores ("no federal government role") to green ("federal government is demonstrating strong leadership") through the development of national strategies for 1) home care and 2) child and youth health.
- ▶ **Government relations related to the Triple C curriculum:** We presented the program to elected officials and key federal decision-makers, illustrating the extraordinary contribution the CFPC is making to education and training
- ▶ **Government relations to identify key contributions made by family medicine research to health care and the health care system:** We are concerned with the reduction in research funding and the lack of attention given to primary care/family medicine research. We are stimulating discussions with federal elected officials and key civil servants.

Breakfast with MPs

- ▶ Members of Parliament helped us celebrate the CFPC's 60th Anniversary! In our ongoing efforts to raise the CFPC's profile on Parliament Hill, we held a breakfast on Parliament Hill with Members of Parliament on June 19th and tied it into the CFPC's 60th/REF's 20th anniversary. MPs from all parties attended and we engaged in productive discussions about the future of health care and the important role of family physicians. Attendees were given "I Love Family Doctors" t-shirts, CFPC pins, and copies of the PMH document. The Prime Minister and the federal Minister of Health sent us congratulatory messages on 60/20.



Minister of Health Rona Ambrose wishes CFPC and REF Happy 60/20 Anniversary.

- ▶ Other policy areas where we are involved:
 - ▷ **Prescription drug abuse:** We were invited to the Ministry of Health's Symposium
 - ▷ **The federal budget and the Throne Speech** (February), changes in the funding transfers for health (March), the expiration of the Health Accord (April): The CFPC provided responses to all of these events
 - ▷ **Domestic violence and child maltreatment:** CFPC was invited to the Ministry of Health's forum
 - ▷ **Role of federal government in health care:** The CFPC has met with NDP, Liberal, and Conservative MPs over the year to speak about family medicine education, the PMH, and family medicine research, as well as to consult on a variety of other key health policies
 - ▷ **Advance care planning** tools for patients
 - ▷ **Medical marijuana:** We have produced a preliminary guidance document for members on prescribing medical marijuana; we continue to work with Health Canada in appropriate ways in this area
 - ▷ **Other:** We provided consultations on federal legislation and a number of private members' bills

End-of-life care

- ▶ In June, a colloquium brought together members of the Ethics and Palliative Care Committees, as well as representatives from the Canadian Medical Association, the Canadian Veterinary Association, an international ethicist, a lawyer, and the head of the Palliative Care Association, to discuss the spectrum of issues and concepts influencing and guiding the debate on physician-assisted suicide (PAS) and euthanasia. We hope to help family physicians understand the different definitions of PAS and euthanasia, to provide an updated statement on end-of-life care, and to explore the tools, advice, and education that may be needed by family physicians.



CFPC leaders meet in Ottawa with government staff and Dr Djaouida Sellah (second from right), NDP MP for Saint-Bruno–Saint-Hubert.

Social accountability

- ▶ In May, the Board of Directors, Social Accountability Working Group, and Aboriginal Health Working Group participated in a forum on social accountability in family medicine. The focus was to celebrate what family physicians currently do and to see it through a lens of social accountability. The event encouraged a culture of change and awareness within the CFPC. As the CFPC incorporates the principles of social accountability into its organizational culture, it will engage you to help improve the health of Canadians by addressing the social determinants of health and raising awareness of equity issues.

Pulling it all together through the Strategic Plan

All of the activities listed above, and more, are part of the CFPC's strategic plan. As you can see, we are successfully implementing and executing the plan—ie, we are “doing what we said we should do.” However, we want to take our assessment further and determine the impact of our actions. Are we making a difference? Going forward, our focus will include:

- ▶ A member questionnaire to ascertain the impact of our actions on you and your practice, eg, did our member engagement strategies (theme 3) engage you? Are we properly harnessing our capacity to meet our strategic goals (theme 4)? Did our practice support efforts assist you in your practice (theme 5)? Are you incorporating research in your everyday practice (theme 6)? Are you aware of our advocacy work and do you feel it has influenced decision-makers (theme 7)?
- ▶ Second, we will track the results of the Triple C Competency-based Curriculum closely (theme 1). How does it impact the scope of practice of new family physicians?
- ▶ Third, we will repeat our staff survey to determine whether our focus on culture and values, position evaluations, and re-organization have enhanced staff perception of, and satisfaction with, their ability to serve members well (theme 4).
- ▶ Fourth, we will survey Chapter and CFPC staff to determine the extent to which we are collaborating and supporting each other (multiple themes).

Conclusion

We wish to thank our 31,000 CFPC members across the country who have dedicated thousands of hours to patient care, and the hundreds of members who have participated in College, Chapter, and committee and section meetings and activities. A special thank-you goes to the 2013–2014 CFPC Executive Committee and the Board, and to the superb National and Chapter staff, for their outstanding commitment and wisdom.

Respectfully submitted,



Kathy Lawrence, MD, CCFP, FCFP
President



Francine Lemire, MD CM, CCFP, FCFP, CAE
Executive Director & Chief Executive Officer