UNIVERSITY OF OTTAWA
DEPARTMENT OF FAMILY MEDICINE RETREAT
MONTÉBELLO, QUEBEC
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PART 1
Setting the stage…
WHAT WOULD A THREE-YEAR RESIDENCY LOOK LIKE?

Promoting generalist approaches in a world of increasing specialization
IS IT THE RIGHT QUESTION?
PROMOTING GENERALIST APPROACHES IN A WORLD OF INCREASING SPECIALIZATION

Do we need a longer residency and what would it look like?
WHY?
“On the shoulders of the family doctor rests the care of the people”

~William Pickles President RCGP in 1954 on the establishment of the CFPC
Beginning with the end in mind...

Building on Triple C
COMPREHENSIVE CARE CLOSE TO HOME

Quadruple Aim.
EXPLAINING FAMILY PHYSICIANS

The Family Medicine Professional Profile
Outcomes of Training Project -- Workstreams

1. Describe Expected Outcomes: Training Profiles
2. Evaluate Training Outcomes: Building a Framework
3. Gather intelligence – how are we doing and where are we going?
4. Make recommendations to guide future training
WHY NOW?

Is there a problem?
CAUTIONARY TALE

#1

SCOPE THREAT
CAUTIONARY TALE #2

“A BIT OF AN EXISTENTIAL CRISIS”
Hi Nancy,

I hope you are well and enjoying the feeling of December. I know I love it and am very fortunate to feel that way. My existential crisis – At our ASA, we had a reception for Early Years and students and of the 7 people I spoke to a total of ZERO were planning on having a practice. Hospitalist, ER, anesthesia, locums (maybe these guys would transition to a practice eventually…) How will Canada ever have enough family doctors if this is happening? What can we do to encourage it?

~CONCERNED MEMBER
CAUTIONARY TALE

#3

COACH JOE
OTHER DRIVERS

- Health care trends
- Emerging technologies and treatments
- The evolving role of the family physician
- Educational capacity “the curriculum is full”
- Reduced resident duty hours
- “Prepared but not practicing”
- Keeping pace
PART 2

The good generalist…
MAKING A COME BACK?
"Generalists are professionals who are committed to you as a person. They do not have to give up on or pass on your care because your problems do not fit their expertise; they can deal with many issues of prevention, diagnosis and problem management; and they can recognize their own limits and yours, while orienting their service to your world views and character. A good generalist is trustworthy, therapeutic in relation, and makes judgements that are safe for the individual and the system.

~Royal College of General Practitioners (UK) Commission on Generalism 2011
“There is need for a widely accepted working definition of generalism that reflects not only a broad foundation of training, but an ongoing philosophy of care that is comprehensive, and integrative – working to reach across gaps in the health care system and adaptive to the needs of local communities.” (Imrie et al., 2011)
“Somebody has to accept the responsibility for the overarching wellbeing of that patient and advocating for that patient when [they are] falling through the cracks.”

— Dr. Jeffrey Turnbull
Generalism is a professional philosophy of practice, distinguished by a commitment to holistic, integrated, person-centred care, the broadest scope of practice within each discipline and collaboration with the larger health care team in order to respond to patient and community health needs.

~ PG Collaborative Governance Council 2019 (Canada)
FAMILY PHYSICIAN AS EXPERT GENERALIST

Developing the Family Medicine Professional Profile
PROFESSIONAL IDENTITY & VALUES
“In hospitals diseases stay and people come and go; in general practice people stay and diseases come and go.”

~IONA HEATH, PRESIDENT OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS, HARVEIAN ORATION 2011
CLINICAL MEDICINE 2011, VOL 11, NO 6: 576–86
We’ll figure it out.
FAMILY DOCTORS NEEDED
Four Principles of Family Medicine
The College of Family Physicians of Canada

- The Family Physician is a Skilled Clinician
- Family Medicine is a Community-based Discipline
- The family physician is a resource to a defined practice population
- The patient-physician relationship is central to the role of the family physician
“OUT OF THE CROOKED TIMBER OF HUMANITY, NOTHING STRAIGHT WAS EVER BUILT.”

~ IMMANUEL KANT
ADAPTIVE EXPERTISE
WHOLE PICTURE. WHOLE PERSON.

Integrative reasoning
ILLNESS AS NARRATIVE WRECKAGE
~ ARTHUR FRANK
CAN MEDS-FM

Competency Framework

Family Medicine Expert

Communicator

Professional

Community-Based Patient-Physician Relationship

Skilled Clinician Resource to a Defined Population
COMPREHENSIVE SCOPE
Full Meal Deal
FAMILY MEDICINE
PROFESSIONAL PROFILE

- Primary Care
- Home & Long-term Care
- Maternal & Newborn Care
- Emergency Care
- Hospital Care
- Scholarship
- Leadership
- Advocacy
PRIMARY CARE PLUS
INTER-DEPENDENT WORK ARRANGEMENTS
“We don’t do it alone.”
THE PATIENT’S MEDICAL HOME
“Biomedical science is proportionately less robust in an unselected population with low prevalence of serious disease. And one of the principal achievements of general practice is to provide very broadly based diagnostic skills which can select, through the referral process, high prevalence populations for specialist practice and thereby ensure the effectiveness of specialists.”

~IONA HEATH
Explaining Family Physicians
The Family Medicine Professional Profile

Family Medicine

IDENTITY & VALUES
(Four Principles of Family Medicine)

Inter-dependent
WORK ARRANGEMENTS
(Patient’s Medical Home)

Comprehensive
SCOPE
(Primary Care Plus)

Generalist
COMPETENCIES
(CanMEDS-FM)
Goal of Training statement in CFPC Red Book 2018 ...

“To train residents who are competent to enter and adapt to the independent practice of comprehensive family medicine* anywhere in Canada”

*Now defined by the FM Professional Profile
PROMOTING GENERALIST APPROACHES IN A WORLD OF INCREASING SPECIALIZATION

Do we need a longer residency and what would it look like?
Am I able to do this?
Will I be supported to do this?
Do family doctors really do this?
Do I value this?
DO WE NEED A THREE-YEAR RESIDENCY?

What’s the evidence?
WHAT ARE OTHERS DOING?
WHAT ARE OTHERS SAYING?

The Outcomes of Training Project
WHAT HAVE WE HEARD? TRAINING GAPS

Addiction & Mental Health
Cancer Survivorship
Chronic Pain
Home & Long-term Care
Indigenous Health
Palliative Care (making headway)
Reproductive Care—Medical Abortion
An affinity map allows designers to visualize trends, themes, and opportunities for improvement.

EXPERT PANEL CONSULTATIONS

- Educational Leaders
- Learners
- Early Career Physicians
- Regulatory Authorities
- Other Key Informants
“THE CURRICULUM IS FULL”
WHAT WOULD IT LOOK LIKE?

Strengthening Generalism
KEY EDUCATIONAL DESIGN ELEMENTS

More experience
Expanded content
Preceptor selection
Community of practice around resident: “the clinic is the curriculum”
Authentic learning contexts
KEY EDUCATIONAL DESIGN ELEMENTS

Greater responsibility and autonomy

“Productive Struggle”

Enhanced expectations for leadership, scholarship and advocacy

Supported transition to practice. Structured mentorship. New models.

Graduated certification?

Deferred CACs?
ATTENDING TO THE UNDERGRADUATE EXPERIENCE
Not everything that counts can be counted, and not everything that can be counted counts.

- Albert Einstein
SUCCESS. HOW WILL WE KNOW?