Saskatchewan College of Family Physicians
Strategic Planning Retreat
March 27th – 29th, 2009

Prepared by:
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Past President, SCFP
The Saskatchewan College of Family Physicians Board of Directors strategic planning retreat took place March 27th to 29th, 2009. The goal was to discuss the role of the SCFP and develop a plan to improve the ability of the SCFP to meet the needs of its members. Central to this meeting was the belief that the SCFP should be the voice of family medicine in the Province. This was a central theme of the member survey conducted in the fall of 2008.

The Retreat began with a discussion of the perceived future of family medicine in Saskatchewan and the issues facing SCFP board and its members. Subsequent activities of the meeting included large and small group discussions. This report will be presented to the SCFP Board at its spring meeting and to the members at the SCFP Annual General Meeting in the fall.

Attendees:

K. Lawrence – facilitator
T. Gabruch
M. Markentin
N. Kriel
K. Ogle
S. Goluboff
D. Gelhorn
A. Gruszczynski
P. Schwann
S. Rattan
R. Rammuno
L. Hislop
Overview

At the outset of the retreat participants identified a number of key issues and actions necessary to begin to move the SCFP toward being a more active voice for family medicine in Saskatchewan. There was a sense that the SCFP needed to work to ensure the work and the image of family physicians in Saskatchewan are consistent with the vision of family medicine held by the SCFP. It was also recognized that members of the SCFP need to continue to find value in their membership.

In order to serve as a voice of family medicine it was felt to be important to first establish a vision of a Saskatchewan family physician. The following was developed:

*Saskatchewan Family Physicians are clinicians with expertise in undifferentiated problems, prevention, chronic disease management, and palliation who are able to provide comprehensive care as well as develop expertise in focused areas of practice. They have continuing relationships with patients that allow them to understand their patient’s context and illness, and helps them bring meaning and understanding to the patient’s health care. They have the knowledge and skills to provide care to patients where they need it (hospital, clinic, home) and work with other health care providers to address patient’s needs.*

The participants also chose to identify some of the provincial stakeholders with whom they saw the SCFP interacting. These included:

- Patients
- Members
- Students/Residents
- Health Regions/Administrators
- Government
- Other Health Professionals
- Royal College Colleagues
- College of Medicine
- Health Care Industry
- Saskatchewan Medical Association

Initial deliberations by the attendees identified a list of important issues for family physicians in the province and subsequent discussion revolved around strategies to start to address these issues. They were:

- Comprehensive Practice and Primary Care Renewal
- Physician Education – Undergraduate, Postgraduate and CPD
- Supporting physicians interested in Research
- Professionalism and Respect

The subsequent sections of this document describe the recommended actions identified by the retreat participants in each of these areas.
Specific Initiatives

Comprehensive Practice and Primary Care Renewal

The participants continue to believe in the importance of comprehensive family practice and feel strongly that the SCFP should assist in ensuring physicians have the opportunity to continue to practice comprehensive care and should be remunerated appropriately for doing so. Opportunities for physicians to maintain or develop new skills should be identified and the SCFP should advocate for educational resources when gaps are identified.

The group also felt that it was important to continue to highlight the personal satisfaction to be found in practicing comprehensive care. The participants believed that promoting sustainable models of care and team based care were important components of this initiative. In the face of primary care reform and renewal the SCFP needs to promote better measures of quality of care to ensure that the focus of delivery and accountability reflect true measures of quality. The group felt that it is important to work with partners in Saskatchewan to ensure that as primary care renewal and reform occurs in Saskatchewan, physician performance will be assessed on outcome measures focused on quality. The participants saw the Health Quality Council as a valuable ally in this endeavour.

As a first step to achieving this goal, the SCFP should create a Committee on Quality and Renewal in Family Medicine. This committee should be tasked to work with partner agencies to identify quality measures for family practice and be populated by 4 to 5 members from around the province in addition to a chair. Dr. Tessa Laubscher was suggested as a potential chair for this group. Physicians from Rosthern, Moosomin, Prince Albert, Hudson Bay, Regina (Robin McMaster) and Northern Medical Services (Betty Spooner) were suggested as potential members.

Physician Education – Undergraduate, Postgraduate and Continuing Professional Development

A number of key issues were identified in this area. The training needs of 100 medical students per year, as well as 120 postgraduate students, many of them in Family Medicine, will have a significant impact on family physicians in Saskatchewan. While the most immediate impact will be felt in Saskatoon, the College of Medicine’s move toward Distributed Medical Education will result in the request for SCFP members throughout the Province to participate in teaching. It will be important that family physicians are involved in this training in an effort to ensure that appropriate role-modelling of family medicine occurs. The SCFP should develop a welcome package for medical students to provide them with information about the organization and family medicine as a career. Family Physicians also will have an important role to play in the future of medical training as identified in the AFMC’s recent report which indicated the need
for enhanced generalist training in medical school. Promoting family medicine as a career choice does not begin in medical school. The SCFP should look for opportunities to promote family medicine to high school as well as university students.

In order to achieve these goals, family physicians will continue to require support and opportunities to develop their teaching skills. Teaching, especially at the undergraduate level, requires alteration in the physician’s clinical activities. The SCFP needs to advocate for remuneration models that include recognition for teaching. The SCFP can also play a role in enhancing the image of teaching for family physicians. It has the opportunity through a newsletter (discussed below) to highlight the benefits of teaching as well as feature articles on family medicine teachers. At present the Department of Family Medicine recognizes excellence in teaching with its Community Teacher of the Year award. The development of a Saskatchewan Research and Education Foundation as suggested in this document would potentially provide funds to enhance this award.

The SCFP also needs to continue to support family physician continuing professional development. The ASA continues to be a priority responsibility of the Board. This year the ASA should include a workshop on the CFPC Mainpro program and include instruction on online submission of credits. The retreat participants also identified a need to provide additional information to members about the Alternate Route to Certification. In light of the College of Physicians and Surgeon’s of Saskatchewan’s changes to licensure, the majority of new members of the SCFP are not certificants. The group felt that many of the members are not aware of or do not understand the Alternate Route program. In order to address this concern, the participants recommend sending letters to members as part of the ASA program mail out describing the program and eligibility. Staff and board members should also wear “Ask Me about the Alternate Route” badges at the ASA as part of an awareness campaign.

The retreat participants also saw the ASA as an opportunity to bring attention to the SCFP and its members in a positive fashion. One of the challenges faced by the SCFP is that at the time of Family Medicine Forum and Family Doctor Week in Canada, all of the members that would be able to build on the national campaign are out of province at FMF. The SCFP needs to take advantage of the ASA to promote itself to the public and its members. Beginning this year the provincial award winners should be featured more prominently during the ASA. Large photographs of the award winners as well as information about each should be posted at the ASA. Media releases during this time should feature information on all of the award winners honoured at the ASA, not just the Saskatchewan Family Physician of the Year.

The participants also recommended that the SCFP consider the delivery of educational programs in addition to the ASA. The member survey indicated a desire amongst members to access accredited CPL in their communities. There are many programs reviewed by the SCFP which are only available in larger centres. Is there a way that some of these programs could be offered in smaller communities?
Finally, many college members have interest in developing enhanced knowledge in a variety of different areas. They may not however feel that they can leave their practices for an extended block of time to undertake additional training. The SCFP needs to advocate for enhanced training programs and fellowship funding to support them that are flexible enough to adapt to the time physicians have available for education while continuing to be educationally valid. It should continue to support its annual study grants.

Assisting Members interested in Research

While not all of the College’s members will be interested in undertaking research projects, the SCFP should support those with an interest in this area. The needs of members are broad, beginning with support for getting started with asking a research question and developing an ethics submission, to providing a forum for members to share what they have learned. The SCFP also has an opportunity to help support members in conducting research financially through the development of research awards under a Sask-REF. The SCFP needs to begin by identifying resources that are currently available to members (Health Region, College of Medicine Research Office, Department of Family Medicine, CFPC, Canadian Library of Family Medicine) and then developing a research toolkit to support members. While the SCFP study grants have been used in the past to support research projects, the Board should establish its own research grant for members. The SCFP should look at the possibility of offering a Mainpro C program at the ASA to help build members research skills.

Professionalism and Respect

There was a consensus amongst participants that interactions between family physicians and their other specialist colleagues at times demonstrated a lack of respect for family physicians in the province. This was seen not only in interactions between individuals and in institutional decisions, but was also described by medical students. There continues to be persistent undermining of family medicine as a career choice by some during medical school. As previously mentioned, it is important that family physicians take an expanded role in education to help to counteract this negative messaging. It is also important that in difficult individual interactions that family physicians not further compound the negative situation, rather, the SCFP should support efforts to build on the initiatives undertaken by the RCPSC and the CFPC as a result of the conjoint position paper “Family Physicians and other Specialists: Working and Learning Together”.

Next Steps

A number of exciting initiatives have been described in this document. They will all need additional resources and specifically require a leader with the time and skills to develop the initiatives laid out by the Board.

Leadership

The participants felt that the development of a CEO for the SCFP was essential for the success and ongoing development of the College. They also recognized that the current administrative structure of the SCFP is not sustainable. The membership of the College has doubled without any change in staff. At present, there is perceived to be enough work to occupy a full time staff member and that the ASA requires a second individual on an at least half time basis. It is also apparent that the SCFP needs to have an identifiable storefront in the future, rather than continue in its current location. The participants felt that as a first step the Board needs to develop a proposal for expansion of its administrative structure which includes the creation of a CEO position, expanded office staff, and new office space.

Newsletter

At the present time the SCFP carries out a number of activities and serves as a provincial resource to the CFPC, but provides little information to the members about its activities. In order to ensure that members continue to experience value, the SCFP has to communicate more effectively with its members. The development of a regularly produced newsletter would allow the SCFP to provide more information about the work of the CFPC on behalf of members as well. As previously indicated the newsletter could feature information about College award winners, comprehensive care physicians and why they love what they do, and provincial resources in a number of areas. It could also be a forum for providing information to members on topics such as the alternate route to certification and primary care renewal.

Research and Education Foundation

It was highlighted to the participants that the number of individuals in the province that contribute to the Research and Education Foundation is small. There are however a number of individuals that have received awards from the Foundation. It would be important for the SCFP to highlight recipients of REF awards in provincial publications. There is also an opportunity for provincial colleges to establish their own REF under the national organization. This would allow for the creation of previously identified education and research grants that would be for provincial members.