



## Enhanced skills in family medicine: update

Francine Lemire MDCM CCFP FCFP CAE, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

Dear Colleagues,

In 2012, the CFPC Board of Directors initiated Certificates of Added Competence (CACs) to recognize members who acquired added competence within family medicine and who are committed to maintaining this competence throughout their careers. The first CACs were awarded in 2016 at Family Medicine Forum in 4 areas: FP anesthesia, palliative care, care of the elderly, and sport and exercise medicine. Our emergency medicine designation has been changed to reflect the new designations and is now a CAC in emergency medicine. We are currently implementing 2 new CACs in addiction medicine and enhanced surgical skills. The former is important, particularly in the context of our collective responsibility in addressing the opioid crisis; the latter involves a smaller number of physicians but is important in terms of access to surgical services in more rural areas. The Royal College is at the table with us in this work.

Every day, FPs and Canadians benefit from the additional competencies and abilities of those with enhanced skills. Yet, this is an area of tension requiring ongoing discussion and management. In attempting to catch up with the reality that approximately 30% of FPs include specific areas in their scopes of practice, we are also contributing to the evolution of what takes place in practice.

At the time of writing, 4695 CFPC members hold CACs: 3319 in emergency medicine,\* 448 in palliative care, 327 in care of the elderly, 277 in sport and exercise medicine, and 324 in FP anesthesia. In addition, more than 6000 members have expressed an interest in being part of 1 of our 19 Communities of Practice in Family Medicine.


The Board of Directors has considered this issue in the context of our global mission of supporting FPs in the provision of comprehensive continuing care, meeting community needs, and supporting and building upon the career interests of members. We need to remember that defining enhanced skills competencies in certain areas, on a pan-Canadian basis, is hard work, and that for family medicine, the CFPC has the expertise to do this. We also need to remember that for the areas currently under consideration, access to care has been enhanced by having FPs meeting the educational standard in those areas.

This said, other factors (many out of our control) are at play to create and maintain the tension we experience. They include anecdotal reports of early career decisions by

medical students to acquire a CAC as a means of becoming a “specialist,” rather than an FP with enhanced skills; a style of practice and models of remuneration that sometimes go counter to supporting a scope of practice that includes family practice, along with time spent in a particular scope area; the reality that it is hard to be a generalist FP and be knowledgeable in so many areas; certain regulatory initiatives (eg, privileging project in British Columbia, training requirements for emergency care in Ontario) that raise questions about potential unintended consequences of creating CACs, as well as raise doubts, in some of our graduates, about their ability to include these areas as part of their scope; and a societal trend, reinforced, once again, through education, practice, organization of care, and remuneration, where specialization is valued at the expense of a generalist approach, despite solid evidence to support generalism.

It is with all this in mind that the board, after careful consideration, recommended that before committing to further CAC development, we take the opportunity to analyze the effects of CACs on the College, on its members, and on related jurisdictions. It is important that we assess member perceptions along with the effects on care provision, regulatory status, credentialing practices, and trainee career perceptions and intentions. The CFPC is currently initiating this process and expects that the outcomes will be available in the next 18 to 24 months.

The CFPC’s Family Medicine Professional Profile (“the FM Profile”), created during the past year, describes, in a positive way, FPs’ individual and collective commitments to better meeting societal needs. It is about our unique value proposition. In it we position enhanced skills as a manifestation of community adaptiveness and as an extender of comprehensiveness at the practice and system levels. We were pleased that members of both the Family Medicine Specialty Committee and the Communities of Practice in Family Medicine Council endorsed the vision and approach. We are also advocating, not only for the maintenance of funding of third-year positions, but also for dedicated funding to support shorter, specific educational experiences for FPs needing to acquire additional skills to better meet community needs.

We will update you on this work as it progresses. I welcome your comments at [info@cfpc.ca](mailto:info@cfpc.ca). 

#### Acknowledgment

I thank Drs Nancy Fowler and Roy Wyman, Ms Tatjana Lozanovska, and Ms Danijela Stojanovska for their review and assistance.

\*This is the total number of CCFP(EM) and MCFP(EM) designation holders. It includes those who requested a Certificate of Added Competence in the credentialing phase and those who did not, as well as all new graduates.

Cet article se trouve aussi en français à la page 159.