



ALBERTA COLLEGE of  
FAMILY PHYSICIANS

*Advancing excellence in family practice*

# **Messaging Forum September 12, 2009**

## **Red Deer, Alberta**

### **Final Report**

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## **1.0 Introduction**

The need for consistent and straightforward messaging on Family Medicine in Alberta was identified as a priority by the Board of the Alberta College of Family Physicians (ACFP) at its meeting in February 2009. The “need” for this kind of messaging stemmed from the conflicting messages that often emerge about Family Medicine. On the one hand, in efforts to recruit medical students into Family Medicine, family physicians frequently tell students that being a family doctor is an important, rewarding and appealing career. On the other hand, family physicians convey messaging to government and other organizations that Family Medicine is ‘dying on the vine’ with practitioners unable to afford to practise, being disrespected by other specialists and related communication.

It was also agreed at the February 2009 ACFP Board meeting that a worthwhile strategy for creating consistent and straightforward messaging on family medicine would be an invitational one-day forum in a central location between the two major urban cities. Invitees would include 25 – 30 representatives from important stakeholder groups throughout the province with varying and important insight in family medicine.

The remainder of this report provides highlights of deliberations at the Forum, next steps and some proposed actionable activities.

## **2.0 Leader, Facilitators and Participants**

Dr. Rick Ward, ACFP President, was the forum leader and facilitator of the large group sessions. The small group facilitators included Drs. Paul Humphries, Fred Janke and Cathy MacLean.

Twenty five people attended the Messaging Forum, representing various groups including:

- Alberta Health and Wellness
- Alberta Health Services
- Alberta Medical Association
- Alberta College of Family Physicians
- Family physicians from various communities
- College of Physicians & Surgeons of Alberta
- Family Medicine Residents, University of Alberta

- Media, represented by the Calgary Herald
- Medical Students from the University of Calgary and the University of Alberta
- Public, an independent public interest researcher and policy analyst
- University of Calgary, Department of Family Medicine

### 3.0 Forum Agenda (see [Appendix A](#))

#### 3.1 Formal Presentations

Following welcome remarks by Dr. Rick Ward, the stage was set for the day with a presentation by Dr. Cathy MacLean, Head, Department of Family Medicine, University of Calgary and incoming President, the College of Family Physicians of Canada.

Dr. MacLean emphasized the relationship of the role of family physicians and how strong primary care results in a healthier population with lower overall costs. She presented information on medical student career choice decisions, noting some of the key factors underlying students' lower interest in selecting Family Medicine. Dr. MacLean also addressed more topics of interest and overall, her presentation was very well received by participants.

Subsequent key presentations followed for the majority of the morning. A summary follows:

##### **Dr. Raj Sherman**

Parliamentary Assistant, Alberta Health and Wellness

- Dr. Sherman's presentation focused on recommendations to build and maintain positive relationships with government representatives.
- He explained that one of the most effective approaches when advocating on behalf of family physicians to elected officials is to provide solutions to issues, and not focus solely on problems.

##### **Harbir Gill**

Class of 2011, University of Alberta representing medical students

- This presentation highlighted the results of a project (completed by the Medical Student Political Advocacy Committee at the University of Alberta and the University of Calgary) on the issue of declining interest by medical students in practising Family Medicine
- Mr. Gill reported that this multifaceted problem requires a multifaceted solution involving the Government, Alberta Medical Association, Alberta College of Family Physicians, Medical Schools and Student Groups.

### **Michelle Lang**

Medical Reporter, Calgary Herald

- Highlights included an overview of the ongoing media interest in Family Medicine, specifically referring to the topic of the shortage of family doctors – an issue many Albertans relate to.
- Ms. Lang also pointed out that some stories that include a positive slant on Family Medicine are sometimes not easy to explain in a few sentences. An example of this is the good news about Primary Care Networks (PCNs). The concept of PCNs does not translate well into a few sentences in a newspaper article, even though PCNs are helping the practice of Family Medicine.
- She later emphasized the high credibility of family physicians with both the media and the public – an asset in any communications.

### **Pam Whitnack**

Executive Vice President, Rural, Public and Community Health  
Alberta Health Services (AHS)

- This presentation provided the AHS perspective on the importance of the role of family physicians in providing a patient-focused health system that is accessible and sustainable for all Albertans.
- AHS fully supports the premise that *'good things happen when people have timely access to efficient, high quality primary care provided by their own doctor, supported by teams'*.
- Also recognizing that many of today's family physicians feel overburdened and have difficulty in maintaining a healthy work-life balance, AHS is working towards aligning their services to more effectively support family physicians.
- AHS supports a higher number of allied health professionals for each family physician, the multidisciplinary team to be led by the family physician.

### **Glenn Monteith**

Assistant Deputy Minister - Health Workforce Division, Alberta Health & Wellness

- Data were presented associated with family physicians and PCN's
- Data also demonstrated support around alternate payment models and the significance of more family doctors in community practice

### **Dr. Linda Slocombe**

Board member, Alberta Medical Association (AMA)

President, Calgary and Area Physicians' Association

- The importance of the Alberta Medical Association's trademark expression "Patients First" was highlighted.

- She emphasized the importance of conveying a consistent and clear message on Family Medicine: “Patients depend on their family doctors and the system depends on a strong family practice base.”
- AMA realizes that this message must be presented as positive, strong and clear by all members of the medical profession, including each and every member of the Alberta College of Family Physicians and the Alberta Medical Association.

### **3.2 Break-out Sessions**

Following formal presentations, all attendees were given the opportunity to consider in detail, the following three questions:

- Who are our audiences when we tell the story of Family Medicine?
- What message should be given?
- Who should be delivering the messages and what methods should we use to get the message across?

The participants generated many responses to these questions with the majority of answers centering on:

- The priority is to provide short term damage control to the family doctors who are currently disenfranchised.
- The audience for the story of `Family Medicine` ranges from universities, family doctors and specialists, the media, the politicians, private and corporate business, and volunteer associations.
- The message about Family Medicine should include various wordings on the theme of essential care, for example, family practice as the backbone of a healthy community, the relationship between science and humanity, the profession/specialty of choice, and patient advocacy.
- The message should be delivered primarily by the family physicians that are skilled in front line communications – these physicians need to be front and center on a consistent basis.
- Suggestions were also made on increased communication specifically targeting student groups such as Family Medicine Interest Groups and high school students. It’s essential to improve positive messaging about Family Medicine and to avoid conflicting or negative messaging.

### **4.0 Wrap-Up (See [Appendix B](#) for detailed responses)**

At the end of the forum, attendees were asked to write down their responses to the following three questions, and to give their responses to ACFP representatives before leaving.

- 1) What was the best thing about the Messaging Forum?
- 2) What are areas for improvement?
- 3) Identify one key message from the forum.

A summary follows:

**What was the best thing about the Messaging Forum?**

- Opportunity to interact with the various stakeholders.
- To listen and respond to a variety of opinions and perspectives from the different groups.

**What are some areas for Improvement?**

- More time for all aspects of the discussions including panel discussions, questions and action items.
- Different combinations of members in the break out groups.

**What were the key messages derived from the Messaging Forum?**

- Everyone should strive to raise the profile of family physicians, celebrate success stories from across the province and get the word out publicly to people, government, doctors and students.
- Family physicians individually and the ACFP collectively must believe and portray the value of family medicine, and increase efforts to raise the profile of family physicians, celebrating success stories throughout the province, and spreading the word publicly to people, government, doctors and students.

**5.0 Next Steps**

1. Presentation to the ACFP Board on actionable suggestions that came out as a result of the Messaging Forum ([see Appendix C](#))
2. Feedback to participants on the go forward items endorsed by the Board

## Appendix A

**ACFP MESSAGING FORUM  
SATURDAY, SEPTEMBER 12, 2009  
Red Deer Lodge Hotel & Conference Centre  
4311 - 49th Avenue, Red Deer, AB**

TIME	ACTIVITY
7:45 -8:30	Breakfast
0830 – 0845	<b>Welcome</b> Dr. Rick Ward, President ACFP
0845 – 0915	<b>Setting the Stage</b> Dr. Cathy MacLean, Head, Department of Family Medicine, University of Calgary and Incoming President, College of Family Physicians of Canada
0915 – 1010	<b>Panel 1</b> <b>The Government</b> Dr. Raj Sherman, Parliamentary Assistant, Alberta Health and Wellness <b>Medical Students</b> Harbir Gill, Class of 2011, University of Alberta <b>The Press</b> Michelle Lang, Medical Reporter, Calgary Herald
1010 – 1025	Refreshment Break
1025 – 1110	<b>Panel 2</b> <b>Alberta Health Services</b> Pam Whitnack, Executive Vice President, Rural, Public and Community Health <b>Alberta Health &amp; Wellness</b> Glenn Monteith, Assistant Deputy Minister – Health Workforce Division <b>The Medical Profession</b> Dr. Linda Slocombe, Board member, Alberta Medical Association; President CAPA (Calgary and Area Physicians’ Association)
1110 – 1200	Small Group Breakout Session
1200 – 1300	Lunch
1300 – 1340	Small Group Breakout Session
1340 – 1410	Small Group Breakout Session
1410 – 1430	Networking / Refreshment Break
1430 – 1500	Summary of Breakout Sessions
1500 – 1530	Panel Response/Discussion Closing Remarks and next steps

## **Wrap Up Questions and Responses**

### ***What was the best thing about the messaging forum?***

- Opportunity to interact with the various stakeholders Good to hear other experiences and points of view.
- Appreciated Glenn Monteith and Raj Sherman.
- Discussion around the various panel topics.
- Variety of perspectives from different groups present.
- Small group format.
- Representation from medical students, need more of them here if possible.
- Group is represented well from different sectors.
- Interesting and intelligent people to come up with concrete and viable plans. Great to have an open discussion with many different stake holders, especially student leaders.
- Good speakers, good to hear from Alberta Health Services, Alberta Health & Wellness.
- Broad representation gave good range of ideas and provided buffer from bias dominating pressure.
- Opportunity to interact with representative from different groups who will ultimately be the key players in the future of family medicine. Seeing different perspectives helped me to appreciate the problem in a broader sense.
- Panel was excellent.
- Mix of attendees.
- Meeting all sorts of new people and discussing a common theme.
- The panelists-great experience represented-different perspectives.
- Small group management mix.
- The stake holder mix.
- Interaction with the various stakeholders-good discussions.
- Good variety of groups, government, and public represented.
- Lots of collective wisdom.
- Hearing the views of others and realizing that the messaging challenges are well understood by all stakeholders.

### ***What are some areas for Improvement?***

- More time for panel discussion – question and answer
- More time for discussions in large group around panel topics
- Allow to work in groups with different combinations of people instead of the same group numbers for each question.
- Make sure key members of all 6 groups always attend so that eventually everyone is on the same page
- No suggestions – perfect as it is

- Perhaps too many questions should focus on what message should be  
Invite members of the public (patients), experts in communications and other beyond those here today.
- A bit rushed in the panel sessions.
- Leave a longer space at the end of the day for panel questions.
- Carousel worked okay, but need facilitators to keep discussions focused. Far too much distracting conversation which diverted everyone's attention from the important issues.
- Only improvement for future meetings would be to give some advance notice of topics to discuss so that we could think about the issues and maybe have some further suggestions pre-prepared.
- Carousel not so great – our thoughts have an order and if you try to change it we fail.
- If done again – should build on the papers developed today and bring it forward to all the organizations involved.
- Focus the questions in the breakout groups to follow a logical process.
- More time on action items.
- Mix groups up throughout process.
- More time for question in AM.
- Ask more specific questions so specific answers and/or strategies can be developed. Have data readily available (salaries, % of students choosing family medicine etc).

### ***What were the key messages?***

- Alberta College of Family Physicians is the hub of the spokes and is that not what the family physician is in healthcare?
- A consistent, positive message that all members of the profession are aware of.
- Make people aware of the messages they give subconsciously. Family docs need to make an effort to let themselves be known, they need to advertise or sell the good works that they do to everybody for them to realize their value sending out.
- Medical students and residents. These are the people who will carry the torch of advocacy forward.
- Advocate to various groups by using individuals known within those groups.
- MLAs to advocate to MLAs, students to advocate to faculty and other students.
- A single key brand-phrase like the “patients first” for the AMA should be developed for the Alberta College of Family Physicians.
- Don't go off on your own – use the allies represented here today. “United We Stand”.
- Talk to your most vocal critics. Formulate a common message with your critic, and then bring that message forward to this body.
- Family medicine is organized and cohesive.
- Family physicians respect themselves.

- Work collaboratively with other GP/FP groups. Start with ourselves; get trained s as professionals Primary care needs a “BRAIN”, - strategic leadership to consolidate all the resources/groups working for Primary Care.
- ACFP need to make family physicians feel valued, raise the profile of family physicians, celebrate success stories from across the province, and get the word out publicly to people, government, doctors and students. Raise the profile of family physicians individually and collectively.
- Work with specialists to showcase the GPs depth and breadth of knowledge

***Propose to ACFP Board: Suggestions for Bring Forward Activities:***

1. Establish an annual award to present to each Faculty of Medicine for the Medical Student who is strongest advocate for Family Medicine.
2. Develop a leadership forum targeting Family Physicians, Family Medicine Residents and Medical Students to promote advocacy in Family Medicine in their community.
3. Establish a 'branded' tag line that identifies the essence of Family Medicine (much like the AMA's 'Patient's First®' branded message aligned with the organization.)
4. Sponsor an 'educational day' for MLAs on Family Medicine in Alberta.
5. Work more closely with SGP, SRM, AMA, GPL and PCNs to establish a single voice and strategic messaging.
6. Establish a higher profile within Medical Schools through an increase in dedicated events – designate an ACFP 'go to' physician to liaise directly with FMIGs.
7. Connect FM Residents with Medical Students in an advocacy role – designate FM Resident to work with FMIG.
8. Identify 'disgruntled family physicians' and market directly to them to try to identify and address their concerns.
9. Dedicate rural medical school positions. Present to Advanced Education Minister – dedicated medical school slots to university students, supported by rural communities with a return of service clause. (Similar to what happens with Saudi students)
10. Establish two information forums (in conjunction with PCNs) targeted at non family physician-specialists to present the 'Family Medicine message'.

**Messaging Forum Follow up Items**

**Post Board Feedback at its Meeting on October 28, 2009**

<b>Suggested Deliverable</b>	<b>Decision</b>
1. Establish an annual award to each Faculty of Medicine for the Medical Student who is the strongest advocate for Family Medicine.	That we would establish a yearly award of \$500 to each medical school to be given to the student in their third or fourth year that provides the strongest advocacy for Family Medicine.
2. Develop a leadership forum targeting Family Physicians, Family Medicine Residents and Medical Students to promote advocacy in Family Medicine in their communities.	We develop a two-day workshop targeted to Medical Students, Family Medicine Residents and 'Early in Practice' Family Doctors
3. Establish a 'branded' tag line that identifies the essence of Family Medicine (much like the AMA's 'Patient's First®' branded message aligned with the organization.)	Engage the FMIGs in a 'contest' – best tag line for the ACFP. Provide prize to winning entry.
4. Sponsor an 'educational day' for MLA's on Family Medicine in Alberta.	"We should do this!"
5. Work more closely with SGP, ASRM, AMA, GPL and PCN's to establish a single voice and strategic messaging. This would involve a formalized structure and strategic plan.	It was felt that this be done in two ways – a project oriented approach where we invite them to work with us in the leadership forum and through the Comprehensive FP Committee <u>Note:</u> In November, the AMA organized a retreat to discuss restructuring the GPL that would increase its current representation from the SGP and ASRM to also include representatives of the PCN medical leads and the ACFP. This expanded group would work together to unify messaging and strategies on issues facing Family Physicians in Alberta. Meetings begin in Jan. 2010.
6. Establish a higher profile within	Provide a small budget and identify a

<b>Suggested Deliverable</b>	<b>Decision</b>
Medical Schools through an increase in dedicated events – designate an ACFP ‘go to’ physician to liaise directly with a FMIG.	dedicated community- based FP who would be a resource for the FMIGs and a ‘voice’ of the Chapter.
7. Connect FM Residents with Medical Students in an advocacy role – designate a FM Resident to work with a FMIG.	Provide a small budget and identify a Family Medicine Resident who would be a resource for the FMIGs
8. Identify ‘disgruntled Family Physicians’ and market directly to them to try to identify and address their concerns.	This was seen as a potentially valuable but high intensity initiative which was felt to be a bring forward idea.
9. Dedicated rural medical school positions. Present to Advanced Education Minister – dedicated medical school slots to university students, supported by rural communities with a return of service clause. (Similar to what happens with Saudi students)	This was seen as a potentially valuable but high intensity initiative which was felt to be a bring forward idea.
10. Establish two information forums (in conjunction with PCN’s) targeted at non-FP specialists to give FM message.	It was considered a good and actionable item of moderate potential impact.