

## Messaging Forum Follow up Items

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

| Suggested Deliverable  | Decision  |
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| 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<br><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. |

| <b>Suggested Deliverable</b>   | <b>Decision</b>   |
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| 6. Establish a higher profile within Medical Schools through an increase in dedicated events – designate an ACFP ‘go to’ physician to liaise directly with a FMIG.   | Provide a small budget and identify a 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.  |