



**The College of  
Family Physicians  
of Canada**

**Le Collège des  
médecins de famille  
du Canada**

## **Alberta College of Family Physicians**

### **2002: A YEAR IN REVIEW**

#### **Services and Activities of the Alberta College of Family Physicians**

##### **Preamble**

- The Alberta College of Family Physicians (ACFP) is the only provincial organization that exclusively represents family physicians.
- The commitment, enthusiasm and willingness of members to participate in College activities determine the strength of the ACFP.
- A strong ACFP allows it to act as a clear, decisive and collective voice for family physicians in influencing policies and programs, affecting their ability to deliver quality health care.
- As an Alberta member of the CFPC, the National office forwards \$178 of your total membership fee to the ACFP to sustain all services and activities on your behalf.

#### **1. Served as the voice and advocate for family physicians in Alberta**

##### **(1) Committee Representation**

The ACFP had representation on provincial and national committees to ensure that the perspective of Alberta family physicians was taken into consideration. These included but were not limited to:

- Alberta Management Committee on Drug Utilization
- Physician Breast Cancer Screening Advisory Committee
- Alberta Cervical Cancer Screening Program Advisory Committee
- Interdisciplinary Committee on Protection of Children of Divorce and Separation
- Pandemic Influenza Surveillance Committee
- Executive Committee of Section of General Practice, AMA
- National CFPC Accreditors for MAINPRO®
- National CFPC Membership Advisory Committee
- National CFPC Continuing Medical Education Committee
- National CFPC Board Committee
- The Editorial Advisory Board of Family Health Magazine, jointly chaired by Dr. Connie Ellis and Dr. Tim Kolotyuk, includes seven other members of the ACFP in addition to representatives from other health disciplines. The magazine is published four times a year and receives wide circulation to doctors' and dentists' offices, hospitals, health units and clinics in Manitoba, Saskatchewan, Alberta and British Columbia. Last year saw an increasing number of family physicians submitting articles for publication in the magazine.

##### **(2) Primary Health Care Reform**

- Following release of the Mazankowski Report, the ACFP sent a response to Government indicating its support for certain recommendations and concern or questions for other recommendations. A press release was also sent to several media outlets. Representatives of the ACFP Executive

Committee met with Dr. Larry Ohlhauser to further discuss the position of family physicians in regard to the recommendations set out in the Mazankowski Report.

- Executive Committee members attended various sessions throughout the year to keep updated on the progress of primary health care (PHC) reform and to ensure that the voice of family physicians was heard.
- Toward the end of the year, ACFP Executive Committee members were still not clear about the direction of PHC reform and accordingly, sent a letter to Gary Mar, Minister of AHW, requesting an opportunity to meet with him. In early December, Dr. Tuhin Bakshi and Dr. Cathy Scrimshaw met with the Minister to share their concerns and questions on behalf of family physicians about PHC and its impact on family practice. The key messages from that meeting were:
  - The end point of PHC reform is to ensure that barriers are removed to enable patients to be seen by the most appropriate health care provider.
  - The path to reaching that endpoint is evolving and primary care providers are encouraged to initiate a variety of innovative strategies that reflect the vision of PHC reform.
  - While PHC reform is not synonymous with alternative payment plans for primary care physicians, they may offer flexibility to allow development of PCR projects. The type of reimbursement is based on physician choice, patient population and practice setting and will continue to be negotiated by the AMA.
  - PHC reform will take many shapes based on differing needs of the population, geographic differences, availability and types of health care providers, etc.
  - We encouraged AHW to take the leadership role in developing PHC reform strategies and not to delegate this responsibility to the regional health authorities.
  - While PHC reform envisions the removal of barriers that currently preclude patients seeing the most appropriate health care provider, it was recognized that primary care physicians must be cognizant and abide by the legislation in the current environment. Medical-legal issues are a reality.
  - We asked to be involved in the planning of PHC reform and offered our assistance in advancing reform measures by communicating with our members and evaluating new health care delivery models through the Alberta Family Practice Research Network.

### (3) Care of the Elderly

- In the summer of 2001, Dr. Bryn Whittaker and Dr. Jean Triscott approached the Alberta College of Family Physicians (ACFP) to request information on how to form a provincial family physician group that could plan manpower and address issues in geriatric care. An Internet bulletin board discussion, held during the summer of 2001, invited family physicians to post issues concerning care of the elderly.
- Drs. Whittaker and Triscott were invited to attend the October 2001 ACFP Board meeting to present an overview of the bulletin board discussion and to offer some potential recommendations to address identified areas of concern. At that meeting, the Board requested that a Care of the Elderly working group be struck with wide representation by geography and practice setting to begin the process of defining the future role of family physicians in caring for the elderly.
- A Care of the Elderly Working Group was established composed of the following members:
  - Dr. Diana Turner, Chair
  - Dr. Donna Manca
  - Dr. Fred Janke
  - Dr. Jean Triscott
  - Dr. Bryn Whittaker
  - Dr. Paddy Quail
- Through teleconference meetings held from January to June 2002, the Working Group identified the current situation and limitations of the current system in relation to: (a) the role of family

physicians in caring for the elderly, (b) the role of the College in caring for the elderly, and (c) the role of the university (educational) in training family physicians in caring for the elderly. This was followed by a description of the desired future, and recommendations that focused on closing the gap.

- In October 2002, the Board of the ACFP approved the 'Final Report on Care of the Elderly' (visit [www.acfp.ca](http://www.acfp.ca) to review the report). Approval was also given to strike a second working group for the purpose of acting on the recommendations of the report. The Working Group has distributed the final report to a wide number of organizations requesting feedback which will be integrated as appropriate in the second phase of their work. This next phase includes refining the recommendations of the Final Report and developing implementation plans.

#### **(4) Family Medicine Forum (FMF) 2003**

- In preparation for FMF 2003, to be held in Calgary on October 23 – 25, 2003. Dr. Rick Ward agreed to participate on behalf of the ACFP as Co-Chair of the National FMF Planning Committee in identifying topics and speakers, defining guidelines for speaker selection, speaker honoraria, and sponsorship of the program, and several other related items.
- Lorraine Dubois in the ACFP office is also a member of the FMF Planning Committee and is responsible for facilitating communication between the ACFP office and the National FMF planning staff for possible troubleshooting and responding to questions that are specific to Alberta.
- Dr. Donna Manca has the lead role in developing the research component of FMF 2003 in collaboration with the Section of Researchers (SOR). Dr. Bruce Wright has the lead role in developing the teaching component in collaboration with the Section of Teachers (SOT).
- The theme brought forward by our ACFP representatives - "*Climbing to New Heights – A Celebration of Family Medicine!*" - is one that encompasses the spirit of Alberta and provides a positive outlook for family physicians across the country. The National FMF Committee accepted this theme.

#### **(5) IMS Health Canada**

- In the Spring of 2002, the ACFP learned that the office of the Information and Privacy Commissioner of Alberta would be conducting an investigation to address the question: "Does the Health Information Act permit pharmacists and pharmacies to disclose health services provider information to IMS HEALTH, Canada Ltd.?"
- The ACFP registered with this Office its concerns with the practice of disclosing physician prescribing information, and although not directly addressed in this particular investigation, the selling of this information to IMS HEALTH, Canada Ltd.
  - An individual prescription contains personal identifiable information about the physician
  - Personal information is being collected from physicians without their awareness or consent.
  - IMS HEALTH Canada Ltd. makes private information public, which could lead to targeting individual physicians and their patients
  - Patient care could be adversely affected by pressure from pharmaceutical companies or other groups who use the information for their own financial gain.
  - The patient's privacy is indirectly being made public through the physician's prescribing profile
- This information was shared with the CPSA and the AMA which made an official representation to the Office of the Information and Privacy Commissioner.
- Dr. Tuhin Bakshi and Dr Terri Staniland, the ACFP National Board representatives, raised discussion on the practice of IMS Health, Canada Ltd. at the April 2002 National CFPC Board meeting.

- A report given by the CMA at the November 2002 National Board meeting stated that the CMA has sought and received intervener status and has petitioned the National CFPC for their help and support in raising the awareness of this problem.

#### (6) National Family Physician Workforce Survey

- Key messages of the NFPWS were developed and circulated to all family physicians in Alberta.
- Nationally, the CFPC estimated that Canada currently requires at least 3,000 additional family doctors, and shortfall that could widen to at least 6,000 by 2011.
- Of note in Alberta, the survey showed that:
  - Family doctors in Alberta providing regularly scheduled services, along with after hours on-call duties, are now working an average of almost 77 hours a week, 8 hours longer than the national average.
  - Alberta's family doctors report one of the highest levels of physicians providing on-call services in the country at 86% vs. 74% of all family physicians.
  - In spite of working longer hours and providing more on-call availability, 39% of Alberta family physicians report a lack of family physicians accepting new patients, compared to 49% of family physicians nationally. In addition, 53% report poor access to psychiatrists, and 43% report poor access to orthopaedic surgeons in their community.
  - Fewer Alberta family physicians report closed practices compared to the national average (55% vs. 66%).

## 2. Medical Students and Family Medicine Residents

- The ACFP continued its commitment to orienting medical students and family medicine residents to the profession of family medicine
- The ACFP organized and sponsored orientation sessions with medical students at the U of A and the U of C, and with family medicine residents at the U of A and the U of C, to discuss the role of family physicians and the value of College membership.
- The ACFP Chapter Board continued to be represented by a medical student from the U of A and the U of C, and a family medicine resident from the U of A and the U of C.

## 3. Continuing Medical Education

### (1) Continued to work toward the enhanced development and delivery of quality, affordable and accessible MAINPRO® C courses **BONNIE – THERE IS A CONTACT AT THE U OF C CME DEPT WHO HAS THIS INFORMATION**

- The ACFP developed a partnership with the University of Calgary on the development and dissemination of MAINPRO® C courses.
- The ACFP helped to fund the development of a MAINPRO C course on Breastfeeding.
- In 2002, the University of Calgary developed the following MAINPRO® C programs:
  - Generalized Anxiety Disorder - GAD
  - Vistas in Innovation in Practice - VIP
  - Breastfeeding
  - Breast Cancer Screening
  - Heart of Diabetes
  - 4 Hour Male Sexual Dysfunction
  - MSD Preceptorship
  - Insomnia (currently under development)

- Alzheimers Disease and Other Dementias (On Line)
- Please visit the Faculty of Medicine website at [www.ualberta.ca/~cme/](http://www.ualberta.ca/~cme/) for information on MAINPRO® C courses at the University of Alberta.

## (2) Continued to review and accredit an increasing number of MAINPRO® M1 courses in the province

- 165 MAINPRO M1 applications were processed by the ACFP office compared with 140 MAINPRO® M1 applications in 2001 and 125 applications in 2000. Dr. Dorcas Kennedy, Chair of the ACFP CME Committee, continued as the Accreditor of these applications.
- ACFP staff answered inquiries and distributed information on the process and criteria requirements for MAINPRO® M1 program accreditation.
- The ACFP monitored all applications to ensure that courses offered to Alberta CFPC members, advertised as meeting CFPC MAINPRO® M1 criteria, did in fact receive accreditation from the ACFP, CFPC or either the University of Alberta or University of Calgary.

## (3) Planned, coordinated and evaluated the 47th Annual Scientific Assembly to provide opportunities for members to learn and to network with colleagues and friends

- Responded to ACFP members' requests to include more MAINPRO® C courses at the Annual Scientific Assembly. The program included 9 MAINPRO C courses and more than 20 small group sessions.
- The ASA Planning Committee, consisting of volunteer ACFP members,
  - Planned the Annual Scientific Assembly with an emphasis on course content that was relevant to Alberta family physicians.
  - Sought sponsorship from related industry in order to keep registration costs for ACFP members at an affordable level.
  - Worked with sponsors of the Annual Scientific Assembly to ensure a professional and ethical relationship/forum was maintained.
- The 47<sup>th</sup> Annual Scientific Assembly was very successful as rated by participants.

## 4. Awards

### (1) Alberta's Family Physician of the Year

- The ACFP has traditionally chosen and celebrated the achievements of an Alberta Family Physician of the Year and in 2002, we were very pleased to have the Alberta Family Physician of the Year also be honored by the National CFPC as one of Canada's Family Physicians of the Year.
- The ACFP Nominating and Awards Committee reviews all nominations brought forward by the membership and were pleased to recommend the nomination of Dr. Michael Tarrant. The ACFP Board approved this nomination.
- Dr. Tarrant's contribution to his profession has been celebrated on a National level at FMF2002 in Montreal, and will be further acknowledged with a presentation from the ACFP Board at the 48<sup>th</sup> Annual Scientific Assembly.
- Dr. Tarrant has shown dedication to his patients and community for over 35 years. He has been a family physician practising in Northwest Calgary continuously since October 1964, first as a private practitioner in a group practice and since September 1977, at the University of Calgary Family

Medicine Clinic. Dr Tarrant holds a full time university appointment. He served as Residency Program Director for the Foothills Hospital for 4 years and then as the Undergraduate Coordinator for the U of C Family Medicine Department for many years. Dr. Tarrant has been the clerkship director since its inception in 1992. As well, he has been the Viral Watch coordinator (Alberta Chapter) from 1979 until the present time.

## (2) Fellowships

- Throughout the year, the ACFP encourages its membership to submit nominations to the ACFP office. Each spring, the Nominating & Awards Committee reviews and recommends nominations for Fellowship in the College of Family Physicians of Canada, and forwards selected nominations to the ACFP Board. These names are then passed on to the National Honors and Awards Committee.
- Recipients of Fellowship awards in 2002 were:
  - Dr. Heather Armson, Calgary
  - Dr. Robert Bradstock, Edmonton
  - Dr. Fred Janke, Sylvan Lake
  - Dr. Shelby Karpman, Edmonton
  - Dr. Elisabeth Lewke-Bogle, Milk River
  - Dr. Richard Martin, Grande Prairie
  - Dr. Tom Ranieri, Edmonton
  - Dr. Terri Staniland, Calgary
  - Dr. Maureen Topps, Airdrie

## 5. Primary Care Research

- The ACFP continued to advance the development and dissemination of new knowledge and skills through the Alberta Family Practice Research Network (AFPRN)
- Dr. Donna Manca, the Clinical Director of AFPRN, continued to build linkages provincially, nationally and internationally, worked closely with investigators to provide guidance, and succinctly summarized and analyzed projects for final review by the AFPRN Steering Committee.
- The Steering Committee had four hard working, enthusiastic family physicians, Dr. Diana Turner (Chair), Dr. Marlene Lidkea, Dr. Sandra Simon and Dr. David Yip, who:
  - Ensured all activities and projects were sensitive to community physicians.
  - Reviewed projects and assisted with the development of future workshops and research.
    - Some of the questions/projects assessed include:
      - Prostate cancer screening
      - Cognitive therapy to prevent depression relapse
      - Azithromycin's impact on Asthma
      - Support for caregivers and patients who loose their driver's license
    - Provided peer review ensuring physicians that they and their practices are not being used for unethical and/or meaningless research projects or surveys.
- A Card Study was conducted province-wide and generated 46 excellent questions. Individualized responses were sent outlining the next steps that could be followed to assist respondents in finding the answers to their questions and how these steps might be achieved.
- Dr. Manca was an active participant on the Care of the Elderly Working Group providing the perspective of potential primary care research projects for this population.

- AFPRN held a successful wine and cheese poster presentation at the 47<sup>th</sup> Annual Scientific Assembly with 14 posters on display.
- AFPRN collaborated with seven research networks across Canada and the National Research System of the College of Family Physicians of Canada (NaRes) on a project aimed to develop primary care research networks with linkages locally, regionally and nationally.
- AFPRN provided peer support and resources for community physicians interested in research, and reinforced that the Network::
  - Provides meaningful linkages between academic and community practice
  - Promotes family practice research by empowering the community physician.
  - Is open to all family physicians with no financial or other commitments
  - Promotes involvement in family practice research at any level:
  - Presenting research at AFPRN poster presentations
  - Learning more about research at the poster presentations or through an AFPRN workshop
  - Participating in AFPRN supported research projects
  - Contributing as a resource to facilitate primary care research

## **6. ACFP Governing Body and Administrative Support**

- The Board and staff continued to support activities and manage issues on an ongoing basis.
- The ACFP Board is composed of members who volunteer their time throughout the year to work on behalf of the wider membership. Board members include:
  - Dr. Tuhin Bakshi – President (Wetaskiwin)
  - Dr. Terri Staniland - Past President (Calgary)
  - Dr. Jill Konkin – Treasurer (Jasper)
  - Dr. Mohamud Verjee – Secretary (Balzac)
  - Dr. Cathy Scrimshaw – Member At Large (Pincher Creek)
  - Dr. Rick Ward – Chair, ASA Committee & National Co-Chair, FMF 2003 (Calgary)
  - Dr. Diana Turner, Chair, AFPRN Steering Committee (Calgary)
  - Dr. Denis Vincent – Chair, Communications Committee (Edmonton)
  - Dr. Dorcas Kennedy – Chair, CME Committee (Lethbridge)
  - Dr. Fraser Armstrong, Medical Editor, ACFP Newsletter (Edmonton)
  - Dr. Peter Norton – Chair, U of C Department of Family Medicine (Calgary)
  - Dr. Rick Spooner – Chair, U of A Department of Family Medicine (Edmonton)
  - Dr. Dianne Brox/Dr. Remo DiPalma – President, Section GP, AMA (Calgary)
  - Dr. Michael Caffaro – President, ASRM, AMA (Hinton)
  - Dr. Sakina Raj – Family Medicine Resident, U of A
  - Dr. Stan Fu – Family Medicine Resident, U of C
  - Ms. Agnieszka Choluj – Medical Student, U of A
  - Ms. Charissa Pocket – Medical Student, U of C
- There are six Standing Committees of the Board, again made up of volunteer practising family physicians:
  - Executive
  - Nominating & Awards
  - CME
  - Communications
  - ASA Planning
  - AFPRN Steering
- The staffing complement at the ACFP office is comprised of part time staff members who each bring exemplary and complementary skills to their jobs. Staffing at the office is equal to 2.6 full time positions. On a regular basis, staff members:

- Answered general questions from family physicians and the public regarding continuity of care issues, the patient –physician relationship and ownership of files, etc.
- Acted as an information resource in educating the general public on the importance of developing and maintaining a consistent relationship with their family doctor.
- Acted as a reference point in assisting patients to find a new family physician.
- Provided support to the Board and all initiatives of its six Standing Committees
- Conducted environmental scanning and liaised with various organizations to ensure that members of the ACFP were updated on issues and initiatives undertaken by other organizations and were represented on key regional, provincial and national committees and task forces
- Provided management skills on all operational and financial matters that pertained to the ACFP