



**Report of the Chief Executive Officer
Presented at the Annual Meeting of Members
by Ms. Leanne Clarke
on November 23, 2017**

Family medicine is at the heart of a high-quality health system, and it is the skill and dedication of family physicians that help keep Ontarians healthy. As the new CEO of the Ontario College of Family Physicians (OCFP) since July 2017, it is my great privilege to be working with and supporting you as members as you deliver high-quality, comprehensive, continuous and coordinated care to your patients. This is the vision of the OCFP and what guides the work we do as staff to provide value to you as members.

While I have been with the OCFP since 2013, I have taken on this new role at an exciting time, with work that has been months in development and is now landing. Central to this is delivering on the final year of the current strategic plan and getting ready to develop and launch a new plan for the next three years. The member survey, completed by Ipsos earlier in 2017, identified your most important clinical and practice priorities. Your needs will serve as foundational input as new strategic directions are considered.

Considerable progress has been made to advance the goals in the current strategic plan, and these achievements are the result of members who contribute their time and energy to the OCFP, and through collaboration with many partners. This is particularly true of the innovative educational offerings and tools provided by the OCFP.

Among the highlights this past year was the made-in-Ontario *Practising Wisely* program, which was recognized by the College of Family Physicians of Canada (CFPC) with national funding and has now spread to five other provinces.

As well, much effort was put forth to advocate for the expansion of the Collaborative Mentoring Networks. The value of the networks was recognized by the Ontario government and resulted in funding to grow the current networks and to expand to new priority areas. This investment is a testament to the outcomes achieved by the networks to enhance capacity in primary care to meet the needs of complex and chronic patients.

The OCFP also focused our partnership and advocacy efforts to promote the leadership of family physicians in our health system. The OCFP continued to reinforce the importance for primary care transformation to be anchored in the 10 pillars of the *Patient's Medical Home*, and indeed this vision is gaining traction as health system planning and delivery evolves.

Our mandate is to serve our members, helping you excel in your practice for the benefit of your patients. With that commitment in mind, on behalf of the OCFP staff, I am pleased to share this overview of our work from the past year.

Evidence-based Education and Tools

Central to our work is evidence-based continuing professional development and practice tools. The past year was marked by a number of exciting developments to ensure members are best equipped to deliver high-quality care.

Mentorship

As referenced in the *Report of the President*, we received additional funding from the Ministry of Health and Long-Term Care (MOHLTC) to expand an important OCFP program – the Collaborative Mentoring Networks. For over a decade the mentoring networks – Medical Mentoring for Addictions and Pain, and Collaborative Mental Health Network – have demonstrated value to mentees through the guidance provided by expert mentors, and led by the concerted efforts of a Steering Committee and Co-Chairs Drs. Arun Radhakrishnan and Dr. Jon Hunter.

Evaluation has demonstrated that the networks provide a compassionate and safe space to learn and improve the competence and confidence of family physicians to manage complex pain and mental health in primary care. These are some of the most challenging issues in our healthcare system, and reinforced by your feedback in the member research.

The augmented funding will allow for growth of the mental health and addictions and pain networks, and expand this proven model to new areas including palliative and end-of-life care and medical assistance in dying (MAiD), early years in practice, rural medicine and leadership – key areas also highlighted in our member research. The networks are certified at 3-credits per hour, providing mentees with high-quality learning opportunities.

Practising Wisely

As noted, we also saw another popular and innovative OCFP program grow this past year, sparked by the OCFP's leadership and funding from the College of Family Physicians of Canada. Understanding that unnecessary tests and over-medicalization are obstacles to providing high-quality patient care and to health system sustainability, the *Practising Wisely: Reducing Unnecessary Testing and Treatment* program, developed in Ontario, is now being offered in BC, Alberta, Saskatchewan, Quebec and Newfoundland & Labrador. Closely aligned with the *Choosing Wisely Canada* campaign to promote good healthcare stewardship, *Practising Wisely* has been certified as one of the first 3-credit-per-hour courses in the new Mainpro+ system – the highest level of certification available.

We are grateful for the expertise and guidance of Dr. Jennifer Young who championed the course through its redevelopment, along with many other family physician experts, and are pleased to welcome Drs. Peter Kuling and Jobin Varughese to their new roles as Co-Chairs of the Scientific Planning Committee for the next two years. *Practising Wisely* is a major focus of the OCFP's education portfolio, along with clinical tools and other high-quality CPD programs.

On November 22, the OCFP is collaborating with groups such as Choosing Wisely Canada, the Centre for Effective Practice, the Canadian Task Force on Preventative Health Care, the Canadian Deprescribing Network, among others, to share resources at a special pre-conference event devoted to appropriate testing and treatment. The OCFP recognizes Health Quality Ontario as both a sponsor and participant in this event.

Conferences

No matter what stage you are in your practice, caring for your patients requires an ever-increasing base of knowledge, and the OCFP's conference programming continued to provide those learning opportunities. Our Annual Scientific Assembly (ASA), which welcomes nearly 1,000 participants annually and offers dozens of interactive workshops, changed this year from 2.5 days to 2 days to further streamline program content and deliver greater efficiencies. The ASA Committee has worked very hard to provide an informative and relevant program over the two days of the conference. We will be interested in hearing member feedback on this year's more condensed format, and how the change has impacted the learning experience.

I am also pleased to share that planning is now underway for the OCFP's first-ever *Sharing Tools for Excellence in Practice* (STEP) Conference on June 15, 2018 in Ottawa. Modelled after the Alberta College's *Practical Evidence for Informed practice* (PEIP) Conference, STEP will offer multiple evidence-based 'rapid fire' presentations, with plans to offer a live broadcast of the one-day event through the Ontario Telemedicine Network. We thank the Alberta Chapter for sharing their experiences in our planning, and look forward to keeping members apprised of this innovative learning event.

Whether focused on mentorship, Practising Wisely, Treating Poverty, Osteoporosis, Musculoskeletal Joint Assessment and more, all of the OCFP's evidence-based programs are developed and led by and for family physicians and grounded in collaboration.

We look forward to continuing to refine our educational offerings and deliver them in a format – from small group workshops to conferences to self-learning online – that best meet our members' needs.

Effective Partnership Initiatives

As referenced in the *Report of the President*, we engaged our primary care partners this past year through a variety of provincial policy tables, committees, working groups and other collaborations, with a particular focus on addressing areas of emerging and pressing need. Among the highlights:

- *Centre for Effective Practice (CEP) Tools*: from a resource guide on Medical Assistance in Dying (MAiD) to a tool for the management of chronic non cancer pain, the OCFP's collaboration with CEP has produced a variety of practical clinical tools to support family physicians and other primary care clinicians in their everyday practice. With the first phase of a three-year partnership having reached the end of its initial funding, the OCFP is pleased to continue working with the CEP for the next two and a half years on new tools, informed by your clinical priorities.
- *Mental Health and Addictions Advisory Table*: the OCFP is a participant in a provincial Advisory Table focused on expanding access to mental health and addictions services. Through the OCFP's participation, there was added recognition of resources to help family physicians manage the mental health needs of their patients in primary care. More recently, the MOHLTC brought stakeholders together to discuss structured psychotherapy supports and Dr. Jay Mercer, from the Bruyere Academic Family Health Team, sits at this table. We look forward to ongoing engagement in this work and seeing how it evolves over the next year. As part of this effort, and with the MOHLTC funding announcement of structured psychotherapy, the OCFP, Canadian Mental Health Association (Ontario) and other stakeholders are working together to communicate to members about these newly-funded programs, how to access them, and which patients are appropriate.

- *Health Quality Ontario (HQO) Partnered Efforts Meetings – Opioid Prescribing*: the OCFP and other partners are part of a joint table led by HQO to ensure supports and resources are available to family physicians caring for patients with chronic pain, and are providing input into HQO’s pending release of opioid-specific Primary Care Practice Reports. Please see the most recent [communication from HQO](#), entitled *Partnered Supports for Helping Patients Manage Pain*. Key among the supports for family physicians is the OCFP’s mentoring network, Medical Mentoring for Addictions and Pain.
- In partnership with Pallium Canada, we offered our first licensed program of the year – the LEAP (*Learning Essential Approaches to Palliative Care*) course – and will bring the B.C.-based CARE (*Comprehensive Approaches to Rural Emergencies*) course to rural Ontario this year with funding from the Ministry of Health and Long-Term Care. Discussions are also underway with Cancer Care Ontario (to support the transition to FIT screening for colorectal cancer) and the Ontario Palliative Care Network (enabling Advance Care Planning), among others.
- *OHA/OCFP Idea Book*: the OCFP in partnership with the Ontario Hospital Association developed a new resource – [Stronger Together: Family Physicians and Hospitals Inspiring New Ways of Caring](#) – that documents the many creative and successful ways family physicians are working with hospitals to improve patient care. These efforts to address the challenges patients face when they transition from one health-care setting to another can lead to better outcomes for patients, an enhanced patient experience, and higher quality care.

The OCFP remains committed to actively listening to members and understanding your needs as well as representing your views at various policy and planning tables. We will continue to bring the perspectives and experiences of our members to our primary care engagement efforts, advancing initiatives that will enhance your practice and lead to a more integrated and sustainable health system.

Advancing the Patient’s Medical Home and PMH Neighbourhood through Family Physician Leadership

Building on the input members provided at the Patient’s Medical Home Symposium in May 2016, which confirmed the relevance of the model and need to support the core elements, a Patient’s Medical Home Advisory Committee was struck. Chaired by Dr. Elizabeth Muggah, the committee has identified several key initiatives, including a practical toolkit that can help provide a roadmap for PMH implementation.

With the many changes in primary care, including the creation of sub-regions in LHINs for population based planning, patient medical homes across a community can be linked across a Patient Medical Neighbourhood to support better vertical and horizontal integration. Several LHINs and family physician leaders are to be commended for embracing the Patient Medical Home’s 10 pillars as a tool to inform local planning and coalesce around this vision. Importantly, the active advocacy by the OCFP, Board of Directors, partners and members is resonating with the MOHLTC and the PMH is now part of many policy and planning table discussions.

Member Engagement

Earlier this year, the OCFP conducted focus groups and an online survey to gather member input on a range of topics, including needed supports and resources, educational content and CPD format preferences, and policy priorities. Not only does your input guide the development of OCFP offerings that best meet your needs and those of your patients, it is shaping the development of our new strategic plan which is slated for completion in April 2018.

We extend our sincere thanks to all of you who took the time to share your views. An initial summary of results was shared with members via eNews, and can also be found [here](#).

Our *Residents Committee* advanced several key projects this past year, including a pilot mentorship program focused on making the most of residency and facilitating the transition to practice. We also launched our new *Early Years in Practice Committee* (0 to 10 years in practice), where new resources are being planned to support EYP physicians in work-life balance and leadership training, as well as keeping abreast of the primary care landscape. We extend our sincere appreciation to these Committee members and Chairs Dr. Stefani Vescio (Residents) and Dr. Britta Laslo (EYP) for their time and commitment to ensuring resident and EYP perspectives are incorporated in the OCFP's collaborative work.

Once again, the OCFP is awarding a number of your peers for exemplifying the values of compassionate and high-quality care that are integral to the profession. I encourage everyone who can to join us at the Awards Ceremony and Reception, beginning at 6:30 pm on November 23rd at the Royal York Hotel in Toronto. Of note for next year's program, based on a survey of awards committee members, several proposed improvements have been identified to further streamline the nomination and adjudication process for 2018. Our sincere thanks to the Awards Committee members, Chaired by Dr. Amy Catania, for their time and dedication to this process.

With Gratitude

As I complete my first few months in my new role as CEO, I would like to thank the previous CEO, Jessica Hill and the OCFP staff for supporting my smooth transition into the role. I am also grateful to the OCFP Board of Directors for the opportunity to serve members through the work we do at the OCFP. Every day I am constantly reminded of the great privilege of working with such a passionate and committed group of family physician leaders who give their time and talents to the OCFP, and more broadly to improving family medicine, primary care and the health system. I extend a special thanks to them, and to all of you – our valued members – who continually work hard to deliver compassionate and high-quality care to your patients. All of us as Ontarians are the better for it.

I am excited by the opportunities that lie ahead. I have stepped into a role in an organization with a strong history of achievements and poised to continue along a trajectory of success. I look forward to connecting with as many OCFP members as possible in the coming year, and working together with you to promote excellence in family medicine.

Best regards,



Leanne Clarke
Chief Executive Officer