The Centre of Excellence and Innovations in Mentoring and Coaching: The OCFP’s Collaborative Care CME/CPD Networks

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Executive Summary

The Ontario College of Family Physicians (OCFP) has become a provincial, national, and international leader in the creation of innovative, comprehensive continuing professional development programs for family physicians and their practice team members. We have been able to develop these programs because of our ability to establish partnerships, create compelling proposals and effectively execute the proposed plan of action. We could not have achieved as much as we have without the strong support of the Ministry of Health and Long-Term Care and other funders. Their respect for family doctors is shown in the high level of funding that we have received in the past few years. However, it has been the thousands of hours that family physicians and our specialist colleagues in Ontario have devoted to developing and participating in these “gold star” programs that is the foundation of our success.

Thanks to the support that we have received, we have been able to develop a wide range of Mainpro-C accredited programs that facilitate family physicians in Ontario in their efforts to maintain their certification in family medicine and to attain fellowship status in the College of Family Physicians of Canada. More importantly, these programs are raising the bar of quality care in our province and are providing family doctors and their practice teams with the knowledge, skills and confidence to provide high quality care for their patients. The family physicians who oversee our educational programs recognize that merely attending a didactic session on a particular medical condition does not usually result in the change of practice that leads to the adoption of practices that combine the best of evidence-based medicine with the “patient-centred clinical method”. In the 1990s, family physician leaders decided that the day of the “talking head” (i.e. the specialist who lectures from the podium) was over. Since that time, our CME/CPD Committee has overseen the development of programs anchored in “peer-to-peer” education and small group facilitated learning opportunities with pre- and post-evaluations supporting physicians with their uptake of evidence-based medicine to their practices. Many family physicians in Ontario have become excellence educators who are heavily involved in the education of our medical students, family medicine residents and their peers, the family doctors of this province. The Centre’s faculty draws heavily from this group and from consulting specialists who have developed additional skills in program development and/or mentoring.

Our educational programs go well beyond the usual Mainpro-C format and are quite unique. Once the topic area has been chosen, a proposal has been written and funding received, we begin the process by bringing together family physicians with a special interest in the topic area, Royal College specialists and specialists in educational methodologies, including those with expertise in toolkit development and interactive e-learning programming. Using a guideline approved by the Guideline Advisory Committee or another well-regarded organization such as Cancer Care Ontario or the Society of Obstetricians and Gynaecologist of Canada, etc., the Steering Committee develops the curriculum and undertakes the required planning for the roll-out of the program. Most of our programs are anchored in the OCFP’s Collaborative Care CME/CPD Network model. The mentors and mentees of each Network develop trusting relationships that allow the individual physician’s educational needs to be addressed in a manner that changes practice. The innovative educational programs, practice toolkits and implementation strategies that develop through the mentoring process are changing the relationship between family doctors and consulting specialists from a “referral model” to a cost-sparing “coaching and mentoring” relationship. Mentors and Mentees are trained to deliver
workshops developed by the Network members. These workshops are available through the OCFP’s “CME-on-the-Road” program that provides approximately 120 workshops in communities, large and small, throughout the province each year. The OCFP has developed the expertise to manage the Centre for Excellence and Innovations thanks to the dedication, brilliance and hard work of our Members and our extensive array of collaborating partners. Developing stable funding for the Centre in Excellence and Innovation in CME/CPD is the next step in its evolution.

### The Centre’s Steering Committee Membership

Dr. Michael Cord: (Co-Chair)  
(Chair of the MMAP Program and Lead for the Mentoring Education Program)

Dr. Janice Harvey: (Co-Chair)  
(Chair of the CME/CPD Committee)

Dr. Pat Rockman:  
(Co-Chair of the CMHCN)

Dr. Tyrone Turner:  
(Co-Chair of the CMHCN)

Dr. Anthony Levinson:  
(MacHealth and Expert in e-Learning)

Dr. Jim Ducharme:  
(Chair of the Emergency Medicine Primer for Family Physicians Ctte.)

Dr. Pat Mousmanis:  
(Chair of the Healthy Child Development Ctte.)

Dr. Deborah Smith:  
(Chair of the Annual Scientific Assembly Ctte.)

Dr. Mary Manno:  
(Board of Directors of the OCFP)

Ms. M. Janet Kasperski:  
(CEO of the Ontario College of Family Physicians)

Ms. Eilyn Rodriguez:  
(AED of the Ontario College of Family Physicians)

Dr. Anne DuVall:  
(Ex-official Member – President of the OCFP)
1.0 The Collaborative Care CME/CPD Network Model: the Business Case is Strong

Ontario has been described as a province that invests in pilot projects but, at the end of day, makes little effort to transform pilots into sustainable enhancements to the healthcare system. Functioning on a pilot by pilot basis has been problematic for the OCFP. In spite of proving that our programs are making a difference and being asked to develop many other programs and Network, the model has relied on proposals being accepted for funding on a time limited basis. In many instances, just as the program is proving its value to family physicians and their practices and, just as importantly, to the healthcare system, the project funding terminates and the program stalls. From the MOHLTC’s perspective, the business case for the model of CME/CPD is sound. Having family physicians that have the knowledge, skills and confidence to manage patients effectively in their own practices is cost-effective. The model of providing time limited funds on a project by project basis and not reaping the benefits of moving from pilot to sustainable health system change is not. Sustainable funding is required at this time to oversee the many programs of the OCFP and to reduce duplication of effort by the MOHLTC in funding on a project by project basis.

*The business case for this model is sound and can be demonstrated by reviewing only three of our many programs, namely, the Collaborative Mental Healthcare Network, the Five Day Education Program To Establish Memory Clinics in Family Practices and the Primer in Emergency Medicine for Family Physicians.*

The Collaborative Mental Healthcare Network has demonstrated that for every dollar spent on the program, ten (10) dollars are being saved through reduced access to the rest of the system. Family physicians that are part of the Network (or are in communities where Network members are active in supporting other family physicians and their patients) tend to provide care for complex patients with severe persistent mental disorders and other mental and emotional problems in their own practices. Their patients tend to use the ED much less frequently, inpatient admissions/re-admissions are less frequent and referrals to specialists are reduced. More importantly, the stigma of mental illnesses is reduced and almost eliminated by the model that provides care in family practices. Care is provided early in the developmental stages of a problem when it is most amendable to treatment and care is timely. The patient does not wait in line for care; it is provided as soon as the problem is identified. While the business case for investing in the CMHCN was sound, it was the benefits that accrue in the area of early detection and appropriate care that was the major reason why the CMHCN was established as a permanently funded program by the MOHLTC. Family doctors, *given adequate back-up from experts in the field*, are able and willing to deliver excellent care for the most complex conditions in their own practices on a daily basis. The alternative is to send patients to the ED or to wait in line for access to a specialist. This program demonstrates the effectiveness of investing in the supports family doctors need to address the needs of their patients with an array of social and emotional disorders and severe persistent mental disorders.

The “Memory Clinic” model provides compelling evidence of how efficiently and effectively family physicians can be in undertaking complex assessments that are usually conducted by our specialist colleagues using a much more expensive model of investigations. The Memory Clinic at the Kitchener Waterloo Centre for Family Medicine used the expertise of a family doctor, NP and a social worker one day per month to assess
patients with mild cognitive impairments. A recent evaluation of 350 patients was undertaken by specialists in geriatric medicines. They found that the assessments had resulted in 100% diagnostic accuracy and treatment regimes. Only 12 of the patients were so complex that they had been referred to a Geriatric Clinic. The reduction in the number of referrals had a profound impact on wait-times at the Regional Geriatric Clinic. In addition, the Memory Clinic reduced the use of high tech/high cost diagnostic equipment such as CT-scans and MRIs. The Memory Clinic model had the added advantage of having organized local community services for the patient and family. With an increasing demand for Geriatric Services, the Clinic is an effective way to use our specialist colleagues effectively. When given proper guidance and support, patients can receive the expert care they need when family doctors receive the coaching and mentoring support they need. The Memory Clinic Five Day Education Program is providing the education and supports that other practices need to set up their own Clinics. The referral rates to geriatric medicine in the 8 established clinics are on the order of 7 to 9%. The referral rate to the Regional Geriatric Clinic in Toronto is over 80%. The KW Memory Clinic is estimated to have saved over $200,000 with their first 350 patients based on this level of referral. While the mentoring model is cost-sparing, it is the “Excellent Care for All” component of the program that is the most important aspect of our educational model.

“The Primer in Emergency Medicine for Family Physicians” is one of the OCFP’s most successful programs and has been identified as the “gold standard” in CME/CPD. Other OCFP programs are judged based on their ability to provide the same level of education that the Primer has been delivering since the summer of 2006 when more than 30 Emergency Departments were in danger of ongoing closures due to lack of medical manpower. The primer has successfully supported more than 650 family physicians to return to providing care in their own local emergency departments. This program has reduced the need for locum supports to keep local departments open and fully functioning. While HealthForceOntario provides great service to hospital emergency departments throughout Ontario by supporting locums to travel to communities in risk, the cost greatly exceeds the investments in providing the supports that local family doctors need to contribute a few shifts per month in their local ED in addition to their family practice. Moreover, many of the locums were supported by the Primer to prepare for their roles in EDs throughout the province. The Primer has given these family physicians the knowledge and skills they needed to regain their confidence in their abilities to deliver excellent emergency care.

To ensure that the Primer remains the gold standard in CME/CPD, the program evaluations are used to benchmark the program and to revise it on an annual basis to ensure that it continues to address the major problems faced by family doctors in communities throughout the province. With several different well-developed topic areas available, the participants in the program in each community can choose the topics that are most relevant to them and the program is tailored to the conditions that are seen most frequently in the specific areas of the province. This ensures that the unique differences in rural, suburban and urban ED populations are addressed. Since the Primer is delivered in communities throughout the province, the Primer saves family physicians from having to leave their communities to access the program. This reduces travel costs and, more importantly, locum costs by reducing the time away from practice. The program is effective and cost-efficient.
2.0) The Collaborative Mental Healthcare Network (CMHCN) – An Example of Excellence and Innovations in CME/CPD

The OCFP’s Collaborative Care CME/CPD Network model builds upon the pioneering work of the Collaborative Mental Healthcare Network (CMHCN). The CMHCN pairs FP-Psychotherapists and Psychiatrists in a mentoring relationship with family doctors to raise the bar of mental healthcare in the province. The program provides family doctors with the knowledge, skills, and confidence to deal with a wide range of social, emotional and mental health disorders. The Network consists of small groups of 12 [an FP Psychotherapist and a Psychiatrist (the mentors) and 10 family doctors (the mentees)]. There are approximately 60 groups throughout the province with individual group members often widely dispersed geographically to specifically meet the needs of rural physicians, using a variety of telecommunication systems. As well, there are groups within suburban and urban settings that meet face-to-face. The small groups meet monthly or every two months to discuss various case scenarios. The FP Psychotherapist and the Psychiatrist, as well as other specialists in the Network such as Child Psychiatrists, Psychologists, Social Workers, Specialists in Addiction, etc., are available for “Just-in-Time” guidance whenever the mentees (or a mentor) requires expert advice about a complex patient scenario. The mentors are required to respond to their mentees within a 24 hour timeframe. With email communications becoming the norm, the response is often in real time.

The most common case scenarios discussed amongst the small groups are then developed into workshops delivered at the CMHCN’s Annual 1½ day conference. These workshops are further developed into Mainpro-C programs and delivered throughout the province to non-network family physicians. Practice toolkits to assist with the uptake of evidence-based medicine into practice are an important facet of the discussion/presentation in these workshops. Interactive e-learning programs develop out of these Mainpro-C workshops to make the materials more accessible to all family doctors in Ontario and across Canada. All of the workshops are facilitated by family physicians. Psychiatrists may assist with the facilitation of the workshops; however, since the workshops are heavily anchored in the realities of family practice, they are best delivered by family doctors. The faculty for these workshops is frequently drawn from the ranks of our Mentees. These family doctors become well-known in their communities for their expertise in mental health and often end up as mentors to other family physicians. The reach of the program goes well beyond the 600 or so members of the CMHCN through our Mainpro-C program and our mentees.

The OCFP recognized that this model required funding for an infrastructure to support the program. The OCFP undertook an extensive external review of the program. We demonstrated that family physicians that are part of the Network provide care for some of the most complex patient problems. Frequently, our family physicians are providing care for patients that are more complex than those cared for by psychiatrists. With supports from their mentors, their patients are not seen in emergency departments or by specialists nearly as often as non-CMHCN physicians. The savings to the system was deemed to be significant and resulted in a tenfold savings each year (i.e. for each dollar spent on the program, 10 were saved in the system). The role of the mentees in their own communities was also seen as financially beneficial in that there was a general decrease in ED use, inpatient admissions and specialist referrals in the practice environment of our mentees. We are justifiably proud of the work of our CMHCN Steering Committee.
3.0) The Mentor Education Program: Skill Development in Mentoring and Coaching

The OCFP has gained an in-depth knowledge of the mentoring process and has been requested by several other organizations to use our expertise to train mentors for various projects in Ontario, in other provinces and in other countries. The expertise that we have gained through the training of our own mentors resulted in the development of a curriculum on mentoring and coaching and a document on mentoring that can be accessed on the CMHCN web page. The curriculum has been developed to train participants in the art of providing a safe environment for learning through this powerful model of relationship building. While many physicians have developing expertise as teachers, few have developed the skills to provide effective mentoring and coaching. The training program that has been developed by the OCFP helps participants to fully understand the difference between “teaching” and “mentoring”. The need to develop a personal, trusting relationship and to reach out to the mentees on a regular basis is emphasized in this practical program that supports excellence in mentoring and coaching. The program provides participants with an understanding of the importance of “case-based learning” and “just-in-time” access to experts in the field to assist them to develop the knowledge and skills they need at the exact moment when it is needed. For many family doctors and other healthcare professionals, the knowledge of what they do not know remains unknown until confronted with a patient that requires them to address their problem. It is at this point that the need to know becomes a reality. Having established a trusting relationship with a well-respected mentor allows the family doctor or other healthcare providers to ask the questions that lead to an understanding of how best to address the needs of their patient. This knowledge is then applied to the presenting patient problem and the knowledge is then shared with other care providers. By teaching others the principles of mentoring and coaching, the OCFP has assisted several other organizations across the province, the country and internationally to develop mentors who are well prepared to deliver this cost-sparing and effective method of supporting excellent patient care. The Mentor Education Program educators offer ongoing “mentoring” support to the new mentors and organizations that support them to ensure that the model is effectively implemented. (www.ocfp.on.ca/English/OCFP/CME/CMHCN)

4.0) An Overview of The OCFP’s Collaborative Care CME/CPD Networks and Other Mainpro-C Programs

The OCFP has used the CMHCN framework to develop several other Collaborative Care Networks. In addition, the peer presenter model is used to ensure that all of our programs are facilitated by family doctors who can best reflect the reality of practice in the various parts of our large and complex province. The model is respectful of our Royal College specialists but recognizes that their model of practice differs greatly from that of family doctors and indeed, the practice of a family doctor in an academic health service centre may differ from that of a physician in a remote, rural community. Our programs are anchored in the realities of family practices in a variety of settings.
The Mainpro-C programs that we offer are as follows:

**Alzheimer Physician Education Training Strategy**
This program is a comprehensive medical education program on Alzheimer Disease and Related Dementias. Specialists in geriatric medicine and geriatric psychiatry are paired with Care of the Elderly family physicians to support family doctors in caring for our seniors with dementias.
(www.ocfp.on.ca/English/OCFP/CME/ALZStrategy)

**The Asthma Preceptor and Mentoring Program/The Breathe-Easy Program**
This program includes a preceptor program to introduce the skills required to provide spirometry in family practices and a mentorship program amongst family doctors, respirologists and asthma educators. The pilot program is rolling out in 8 practices with province-wide rollout expected in the near future.

**Benign Uterine Conditions Initiative**
The Benign Uterine Conditions Initiative is a collaborative effort to bring healthcare providers and trainees practical and evidence-based education and information on such key topics as: endometriosis, fibroids, abnormal uterine bleeding, chronic pelvic pain and pelvic organ prolapse, as well as information regarding investigations, medications, and other management options for these conditions. The skills required to provide care to women with these conditions are taught in workshops run throughout the province and it is constantly in demand.
(www.ocfp.on.ca/English/OCFP/CME/Benign%20Uterine%20Conditions)

**Breaking News about Breaking Bones**
A Peer Presenter CME program has been developed in the area of Osteoporosis and Falls Prevention. Peer Presenters are available to facilitate educational sessions. The program also includes education circles (i.e. meetings of small groups for facilitated learning over the course of 1 year). Specific programs have been developed to assist with the medical management of the frail elderly living at home or in long-term care facilities. A focus on childhood “bone health” has been developed to support physicians to encourage healthy behaviours amongst children and their parents (i.e. healthy eating and physical activities) as key to lifelong bone health.
(www.ocfp.on.ca/English/OCFP/CME/osteoporosis)

**Camline**
Camline is a website developed by the OCFP and the Faculty of Pharmacy at the University of Toronto to provide access to evidence-based information on Complementary and Alternative medicine. It is an excellent resource for family doctors and other healthcare professionals. It includes information on adverse drug reactions of various complementary medicines and other pharmaceuticals as well as information on a wide variety of therapies.
(www.camline.ca)

**Collaborative Mental Health Care Network**
This program links family physicians from across the province with a GP Psychotherapist and Psychiatrist mentor in a collaborative relationship to support easy access to case-by-case support and ongoing continuing professional development regarding mental health care. The CBT-on-the-Fly is one of the most popular workshops in this series and there is a
constant demand for this well regarded program that is just one of the modules developed by members of the CMHCN.
(www.ocfp.on.ca/English/OCFP/CME/CMHCN)

Colorectal Screening Program
These workshops were developed to assist family doctors to actively participate in the ColonCancerCheck Program. The workshops have been helpful to CCO in learning how to reach family physicians and provide the supports they need to engage in cancer prevention, screening and early detection programs.
(www.coloncancercheck.ca)

Environment and Health
The OCFP’s Environmental Health Committee is well-regarded provincially, nationally and internationally for the quality of research (knowledge synthesis and translation) that they undertake which provides the underpinnings for our papers, educational programs and toolkits on the environment and health, especially as it impacts on children’s health. Several well-developed workshops on a variety of topics have been developed to assist family doctors to prevent, assess and treat conditions that arise from exposure to environmental toxins and pollutants. University programs at several universities have resulted from the commitment of members of the Environment and Health Committee and the curriculum developed by the EHC.
(www.ocfp.on.ca/english/ocfp/members/committees/ehe)

Healthy Child Development/18 Month Well-baby Visit
Stemming from the Healthy Child Development Peer Presenter Program, this program provides an educational forum for family physicians, nurse practitioners, midwives, public health nurses and other health care professionals to develop strategies and support healthcare professionals in their communities to better meet the needs of pregnant women, infants and young children. An extensive array of modules has been developed and these modules are available through our CME-on-the-Road program. The “Improving the Odds” and “Facing the Challenges” manuals are excellent resources that have been developed to support the educational modules and are available on our website. The concentration of effort in recent years on the enhanced 18-Month Well-Baby Visit has provided an opportunity for the resources developed by the HCD working group to be incorporated into the provincial strategy.
(www.ocfp.on.ca/English/OCFP/CME/HCDMainproC)
(www.ocfp.on.ca/English/OCFP/CME/18%20Month%20Well%20Baby%20Visit)

HIV/AIDS Mentorship Program
This program provides family physicians who wish to incorporate HIV/AIDS patients into their family practice with a five-day mentorship. This program includes didactic presentations and hands on experience in HIV clinics in the community and a mentorship program.
(www.ocfp.on.ca/English/OCFP/CME/HIVAIDSMentorship)

Insulin Starts in Type II Diabetes
Endocrinologists, diabetes educators and family doctors are working together to provide onsite education in family practices, to demonstrate to the practice team how to start insulin in Type II Diabetes for patients whose diet, exercise and oral medications have failed to lower their glucose levels to acceptable limits. Mentorship following the onsite education program ensures that the family physicians and the practice team continue to
Medical Mentoring for Pain and Addictions
This program utilizes the skills of specialists in pain management, addiction management and methadone prescribers to mentor and educate family doctors in pain management and addictions. A specific module has been developed to assist family doctors to incorporate the newly released Narcotics Guidelines into practice. This program has been used as the basis for a mentoring program on Pain Management in Nova Scotia with an inter-provincial Mentoring program. The OCFP’s Mentoring Education Program was used to train the Nova Scotia mentors.

The Mentoring Education Program
The OCFP’s has developed such a high level of expertise in mentoring/coaching as an educational model that we are frequently called upon to provide workshops on mentoring and coaching. Over the course of time, a curriculum has been developed to train mentors in the art of providing a safe environment for learning through this powerful model of relationship building. While many clinicians and educators have developed teaching skills, mentoring and coaching requires specific expertise that the OCFP has been developing during the past ten years. Our knowledge and skills in this arena has been developed into a vital educational program and is available to groups and individuals.

Musculoskeletal Joint Assessment Program
This hands-on workshop provides the family doctor an efficient approach to the assessment of the major joints in the musculoskeletal system. The participants will be given an overview of the history-taking and examination skills needed to assess common musculoskeletal conditions seen in the office setting. Opportunities for discussion around the diagnosis and management of these conditions are also provided. This program was developed as a result of the investments made in the education of family physicians in osteoporosis and falls prevention and provides an extension of the knowledge and skills of family doctors in the area of bone health.

Pandemic Planning: What Every Practice Needs to Know
This is an online educational program for family practices and other community agencies to learn what they need to prepare for in anticipation of a pandemic, the supports that will be available during a pandemic and assessment and treatment modalities. Over time, this program will be expanded to include local Networks that link Medical Officers of Health with family physicians and their practice teams.

Partnering for Collaborative Practice
Under the joint leadership of the Ontario Pharmacist Association and the OCFP, pharmacists and family doctors who have a long history of successfully collaborating are mentoring other pharmacists and family doctors who are trying to establish a successful collaborative practice to address medication management in practices. This model builds upon the success of our Nurse Practitioner/Family Physician Mentoring program – a collaborative effort with the RNAO.
Obesity in Children/Childhood Nutrition
Lifelong health is dependent upon the interplay of genetics and experience. This two-part program is delivered by family physicians and dietitians. The first module is based on the research evidence of the importance of maternal dietary patterns and those in the early years on obesity and the development of chronic diseases in later life. It helps family physicians to provide solid advice to parents on nutrition from preconception to 6 years of age (breastfeeding/lactation, toddler food, pre-school food, food security and activity levels). The second module on childhood obesity focuses on the help families need to develop the healthy behaviours that will address childhood obesity without targeting the child. Healthy eating and physical activities amongst the members of the family address childhood obesity in a manner that successfully avoids distress amongst the target child or children and creates a climate of health amongst the whole family.
(www.ocfp.on.ca/English/OCFP/CME/HCDMainproC)

The Continuity of Care Program/The 5 Weekend Certification Program in Geriatrics
This program, in collaboration with the Ontario Association of Community Care Access Centres, was developed to better support front-line healthcare professionals (family doctors, CCAC case managers and other healthcare professionals) to deliver expert care for the frail elderly and palliative care patients. The program resulted in the development a program to assist family doctors to address the needs of the frail elderly. It is delivered over the course of 5 weekends one month apart with assignments between the segments of the program to ensure that the imparted knowledge and skills are incorporated into practice. The certification program was developed in collaboration with the University of Toronto’s Department of Community and Family Medicine.

The Five-Day Education Program to Establish Memory Clinics in Family Practices
This program grew out of the Alzheimer Physician Education Program in collaboration with the Kitchener Waterloo Centre for Family Medicine. FHT family physicians, nurse practitioners, social workers and administrative staff are being trained over the course of five days to set up and manage a Memory Clinic to assess patients with mild cognitive impairments, establish the diagnosis, develop a medical treatment plan and establish connections with the services that the patient and family will need to access over the course of time. Advance care planning assists the patient to decide on the course of care they wish at a stage when they are still competent to do so. Driving assessment and licence removal is undertaken in an environment that does not interfere with the therapeutic patient-physician relationship. Community resources are organized to provide the patient and family with the supports they need to remain at home in the community, as long as possible. Once the clinics are established, a mentoring relationship is provided to ensure its ongoing success. Clinical expertise is organized for each practice with local specialists in geriatric medicine. The cost-savings in this program are a definite benefit of this educational program.

The Primer in Emergency Medicine for Family Physicians: A Recruitment/Retention Strategy
This 2-day program covering a wide range of conditions seen in Emergency Medicine, to support family doctors who have withdrawn from emergency medicine and wish to return to the ED, has set the gold standard in Ontario for excellence in CPD/CME. Over 650 family physicians have been supported to return to practicing in their local EDs as a result of the program. In addition to the Primer, the OCFP has developed a 1-day refresher program to ensure that family doctors working in emergency medicine stay current and
remain confident in their emergency medicine skills. Over time, this program will be expanded to include a Critical Care/Procedural Simulation Program and a Mentoring program, such that family physicians providing care in smaller and rural emergency departments will have access to 24/7/365 guidance advice and linkages through telemedicine to the academic health science/trauma centres.

(www.ocfp.on.ca/English/OCFP/EMPrimer07)

The Research Education Program
This program was developed in recognition of the need to support the education of community-based family physicians to acquire the basics of research methodology. The five weekend education program provides family physicians with the supports they need to progress from the stage of an interesting clinical or health system question to full proposal development ready for funding opportunities and implementation. The program has been used for faculty development as well. In addition, it has been modified to support the acquisition of research skill development amongst residents. A train-the-trainer format has been developed and used to assist family physicians in several other countries to use the model to build research capacity in their country. This program was developed in collaboration with Queens University’s Department of Family Medicine.

(www.ocfp.on.ca/English/OCFP/CME/ResearchEducation)

The Early Return to Work Program
This program includes occupational health physicians mentoring family doctors to support them in assisting patients with occupational illnesses or injuries to return to work as quickly as possible. The program includes the development of a new clinical role – the RTW Coordinator. The coordinator is supported to work with the patient’s family doctor, the patient/family and the employer to establish working conditions that allow the patient to successfully return to work as early as possible.

The Smoking Cessation Program – The Ten Minute Intervention
A Smoking Cessation program that teaches family doctors how to implement a smoking cessation program for their patients during 10-minute office visits. In partnership with the OMA and the CAMH, this program is being expanded into a full-day workshop to meet the learning needs of family physicians.

The Quality in Family Practice Program and the Quality Book of Tools
The Quality in Family Practice program was developed in collaboration with Department of Family Medicine at McMaster University. Thanks to the work of Dr. Cheryl Levitt and Lind Hilts, “The Quality in family practice Book of Tools” provides the program and individual practices with a complete set of indicators and criteria to assist in the evaluation of quality in family practices and to support our model of continuing quality improvement in the primary care sector. The program is not a fail/pass accreditation program but rather an opportunity for practice teams to start on a journey of quality improvement that last year after year. Interactive web-based modules have been developed to assist practices to utilize the Quality Book of Tools and undertake quality improvement activities in their practices.

(www.qualityinfamilypractice.com)

The “Saving the Brain” Collaborative Stroke Care/Neurology Network
The “Saving the Brain” Collaborative Stroke Care Network is a collaborative effort to bring together a network of family physicians and neurologists with the tools and support they need to enhance their ability to deliver primary and secondary stroke prevention
programs and quality care for post-acute stroke patients. The network links neurologist mentors with family physician mentees and provides guidance and advice for family physicians. This is not a referral service, but an opportunity for family physicians to learn from specialists in stroke care. The program builds upon the original work of the OCFP in collaboration with the Heart and Stroke Foundation. The “Saving the Brain” program delivers solid information regarding the stroke journey and incorporates primary and secondary prevention as well as the acute management of strokes and effective rehabilitation therapies. The “Blood Pressure Action Plan” is a personalized, risk assessment tool to assist patients to make realistic healthy lifestyle changes. Practice tool kits for physicians are available at [www.heartandstroke.ca/hypertension](http://www.heartandstroke.ca/hypertension) and were developed by the OCFP and Heart and Stroke Foundation to promote the Blood Pressure Action Plan. The OCFP has been working with a number of organizations and this program is being expanded to deal with a number of neurological problems, including Mild Traumatic Brain Trauma (concussions), Parkinson’s Disease, Epilepsy, ALS, etc. ([www.ocfp.on.ca/English/OCFP/CME/STB](http://www.ocfp.on.ca/English/OCFP/CME/STB))

**Violence Against Women Program**
A Mainpro-C program has been developed in the area of domestic and spousal abuse. This comprehensive, multi-faceted program will assist healthcare professionals through information sharing and will overcome barriers by supporting the use of effective practice tools and patient education material. Peer Presenters are available to facilitate educational sessions in your community. ([www.ocfp.on.ca/English/OCFP/CME/ViolenceAgnstWomen](http://www.ocfp.on.ca/English/OCFP/CME/ViolenceAgnstWomen))

**WOMMEN: Women’s Ontario Medical Mentoring Educational Network**
This Collaborative CME/CPD Network provides educational supports to family doctors dealing with a wide range of issues related to women’s reproductive and other healthcare needs through effective mentoring and formal educational programs. The first modules that have been developed for the program relate to mood disorders in women that arise at specific stages of life and include issues such as pregnancy/infertility, post-partum depression, menopause, etc.

5.0) The OCFP’s Programs at the Pilot/Developmental Stage

**Information Technology/Electronic Medical Records 101**
This program is being developed with OntarioMD to assist family physicians who would like to acquire an EMR to understand the basic features that they should look for in an EMR and how to “talk-the-talk” with computer salespeople. A second module will assist family physicians to acquire the knowledge they need to access and utilize the advanced functionality of the IT systems that they have implemented.

**Palliative Care Mentoring Program**
This program will support experts in palliative care medicine and nursing to mentor family doctors, homecare nurses and Community Care Access Centre case managers to manage palliative care/end-of-life patients in the home. The program will be established in the pilot sites for the CCAC’s Integrated Client Service program and will provide front-line staff with 24/7/365 access to guidance and advice.
Emergency Medical Mentoring Program/ED Procedural Skills/ED Critical Skills Simulation Program
Building on the success of our Primer in Emergency Medicine for Family Physicians, this program will link the physicians in Academic Health Science Centres to provide 24/7 access to mentoring for family physicians on duty in smaller emergency departments. A workshop is being developed to provide an intensive review of the procedural skills used most frequently in the ED, such as proper use of a slit-lamp. A program will be develop based on the use of simulation to assist family doctors and ED nurses to further develop the necessary skills to handle the care of patients with critical conditions, such as cardiac arrest, trauma and shock.

MATER: The Maternity Education and Research Network
This program will support family physicians providing anaesthesia and obstetrical care in smaller hospitals with 24 hour “just-in-time” guidance and support from physicians at Academic Health Science Centres. Formal teaching and research in primary care anaesthetic/obstetrics will be an important part of this program.

Paediatric Outreach Developmental Screening Program (PODS)/PAEDER- The Paediatric Education and Research Network
This program will develop the skills of community-based paediatricians and family doctors to provide intermediate assessments of children with potential developmental delays and relieve pressures on Developmental Paediatricians. This program will see the Developmental Paediatricians mentoring the PODS physicians who in turn will mentor family doctors in the area of healthy child development. The developmental paediatricians will be supported to conduct research, to gather and synthesize the evidence and support community-based paediatricians in the PODS, as well as family doctors to provide longitudinal developmental surveillance, intermediate assessments and specialized service provision.

6.0) Summary
The OCFP is justifiably proud of the development of each one of our CME/CPD programs. They would not have been possible without the commitment of the Ontario government and other funders; however, it is the dedication, hard work and brilliance of our Members and many other collaborating partners that has been the key to the success of each of the programs. The programs have garnered provincial, national and international acclaim because of the impact that they have had on the ability of family doctors and their practice teams to deliver high quality care in a cost-effective manner. The model recognizes the expertise of family doctors as mentors and peer presenters who excel when supported by other specialists. The model is changing the relationship between family doctors and other specialist and bodes well for the establishment of intra-professional relationships that are effective and cost-sparing. As we address the sustainability of the healthcare system and “The Excellent Care for All” Act, this is the model for the future of our healthcare system. It is cost-effective and makes more sense to invest in the Centre than in pilot projects that terminate prior to accruing the system-wide impact that these programs have been demonstrated to have the potential to provide.
The OCFP’s Collaborative Care CME/CPD Model of Providing Excellence in Life-Long Learning