



## Message from the Chair of the McGill Department of Family Medicine

### Exciting Times in McGill Family Medicine

It was a little over a year ago when I first became Chair and sent out my first message to you. I must say that I am as excited and as enthusiastic today as I was last April. I have had a chance to meet many of you and to get to know the Department and appreciate even better now the time, dedication, expertise each of you contributes to the excellence of our Department.

A lot has happened in the past year for which we can be very proud. First, we passed perhaps the most important test of all: the accreditation process. This is a process and an evaluation by our peers. Although we have not yet received the final written report, it is quite clear that we have passed this test with flying colours. While the program does not examine all aspects of our Department and concentrates on the residency training program, there is no doubt that all the programs and divisions and units contribute to the excellence of our residency training program and to our very successful accreditation. The equally important test was the recent CaRMS match. With only one unfilled spot in all the 84 spots available, we passed this test with flying colours, demonstrating our increasing attractiveness to medical students.

Our research activities and strengths continue to grow in a very important manner. Our Department has taken a leading role in the creation of the Quebec Knowledge/Research Network in Primary Care. At the same time, we are laying the foundation for our own McGill Research Network in Primary Care which will begin in our three Montreal Units and progressively expand to all our Units and in fact to GMF's outside of our university base. This year we have two new FRQS chercheurs-cliniciens. This is an extremely competitive competition for salary support for clinician and PhD scientists. We now have a total of 8 chercheurs-cliniciens and 7 PhD researchers in our Department. The new FMOQ program, which allows researchers to bill for their time in research, will further enhance our capacity to expand and increase the excellence of our research program. Ultimately through collaborative and participatory research, we want to improve the organization of services as well as our clinical interventions. Finally, our researchers have been very successful in some major team grants in the past year.

In the “be careful what you wish for category,” under the new Undergraduate curriculum reform, all medical students will spend one half-day twice a month for ten months in the office of a family physician. This program, known as the McGill Longitudinal Family Medicine Experience, has been a major undertaking: we need to place 187 medical students! And thanks to the work of the Undergraduate committee and our staff, we are very close to this goal. What is most exciting about this is that most of the physicians that have accepted medical students in this program are in the community, not attached



directly to our Family Medicine Units. We hope this will be the basis for a very exciting network with strong two-way communication, learning from each other how to improve care, teaching, and research. I would also like to add that the Annual Refresher Course for Family Physicians now attracts over 400 community-based physicians.

Our research Master's (MSc) in Family Medicine continues to be one of the unique programs of its kind in Canada. The number of Master's students continues to grow and we hope to be able to attract our residents into the Clinician Scholar Program and then into the MSc. As well, we hope to be able to structure the program to allow for family physicians in practice to enroll in the MSc. We have been designated as an adhoc PhD so our faculty will be able to continue to supervise PhD students. Concerning our MSc, we had an accreditation visit with the view of transforming our MSc program presently under Experimental Medicine into an independent Master's Program.

In the area of Global Health, we continue to have very exciting projects in Africa and Latin America with several large international team projects. At the same time, our research and intervention program in indigenous health continues to grow. We have undertaken discussions with several places in China concerning the training of Chinese family medicine residents.

Finally, we have tried to improve and simplify our administrative structures, as well as our means of communication. We are presently working on revamping the website with the help and support of the Faculty.

There continue to be important challenges. And they fall into the category of “Be careful what you wish for: “Family Medicine is at the heart of the healthcare system; Family Medicine is critical to our healthcare enterprise” (Dean David Eidelman) and there is increasing recognition of the importance of primary care community-based research. These are important expectations that we need to meet.

More precisely, in the next three or four years, we need to increase the number of residents from the present number of 84 to 103. As we look to develop new sites (the Queen E. Family Medicine Group will be taking on 2 residents as of July 2013), we need to also consolidate our existing sites. This is not an easy task. With the Triple C, which we have been implementing at McGill for several years now, residents are spending more and more time in the Units. As well, the Units are helping train other healthcare professionals such as nurse practitioners, as well as taking on medical students either in the Longitudinal Experience or in the Clerkship. In that context, Faculty Development is extremely important and an essential element of our work in education.

All this is coming at a time when resources are not expanding in the healthcare system or at the university. It is important that we maintain the perspective that our Department is no longer a Montreal Anglophone department. We are a department with Units in various regions of Quebec functioning in both English and French.



Members of our Department continue to be very active at the university, involved in Faculty initiatives including the development of the Faculty's strategic research plan: the Postgraduate education program, the Undergraduate curriculum reform, the Faculty Leadership Council, the Centre for Medical Education, etc. Many have won awards at McGill (see annex on p.4), as well as provincially and nationally. At the same time, I would like to express my appreciation for the continued support from the Dean, as well as

from the Associate Deans and the Dean's staff in the academic development of our Department.

As many of you know, we have begun strategic discussions in the Units, Programs and Divisions of our Department. I do hope you are participating in these discussions which are a chance to step back from the usual and very important discussions on the daily operational issues that we have to deal with. This is a chance to look at some of the more strategic objectives that we want our Department to take. If you have not received the documents regarding these discussions, please let me know. I would be happy to send them to you. In the fall, we will be having a departmental retreat. Unfortunately we will not be able to invite all members of the Department but we will need to find some way to involve all of you in the ensuing discussions.

I want to conclude by telling you about two very exciting recent events in which I participated. First, the Family Medicine Student Interest Group (FamSig) dinner. FamSig brings together medical students with a strong interest in Family Medicine who in turn want to promote to other medical students the Family Medicine residency program. There were about 40 students at the dinner who were at various points in their medical student career. All of them were there because they were at least interested in finding out more about Family Medicine and many of them were already committed to a career in Family Medicine. It was for me an extremely invigorating and inspiring experience to see so many bright, dynamic, and committed medical students with very varied future interests in Family Medicine, as clinicians, clinician-educators, or clinician-scientists.

Second, the Isaac Tannenbaum Annual Research Day. This day brought together essentially all of our residents from our six Family Medicine Units. The resident oral and poster presentations were of very high quality. Many were excellent examples of practice-based research pointing to how practice can be improved by research. The residents were interested and enthusiastic. While some may have an interest in a research career, many others will certainly be able to participate in practice-based research which we want to develop with the McGill Primary Care Research Network.

Those students and residents are the future of Family Medicine and it was really great to see how the future is so bright!

June 2013

Howard Bergman



## Annex Awards

<b>Recipient</b>	<b>Year</b>	<b>Organization</b>	<b>Award</b>
Marion Dove	2012	CQMF	Excellence Award - Contribution to Family Medicine Education
Marie-Renée B-Lajoie,	2012	CQMF	Nadine Saint-Pierre Award (excellence & leadership- students, residents)
Eve-Lynne Kyle	2012	CFPC	Medical Student Scholarships
Jennifer Mitton	2012	CFPC	Leadership Awards For Family Medicine Residents
Jessica Lee	2012	CFPC	Family Medicine Resident Awards For Scholarship
Yolaine Yim	2012	CFPC	Leadership Awards For Medical Students
David Lukow	2012	CAME	Research Award for Best Poster Presentation (Runner Up)
Ann Macaulay	2013	Government of Canada	Queen's Jubilee Award
Lennie Lalla	2013	AMFC	CAME - Certificate of Merit Award
Charo Rodriguez	2013	McGill	Richard and Sylvia Cruess Faculty Scholar in Medical Education