



McGill Family Medicine: 40 years of innovation in care, teaching and research (September 2015)

This year, 2015-2016, our Department is celebrating its 40th year anniversary, 40 years of innovation in care, teaching and research. We have a lot to be proud of. Forty years ago, we began as a small teaching program with units based in several McGill Montreal hospitals. From those early pioneering days, our Department has progressed to become one of the biggest, if not the biggest, department in the Faculty of Medicine. And, we are now a fully recognized and appreciated academic partner in the Faculty. Our Department spans 6 Family Medicine Units (now known as Groupes de Médecine de Famille universitaire (GMF-U)), in Montreal, Montérégie, Outaouais and Abitibi; and including a satellite site in a “GMF hors-établissement.” We are now a department that functions in both English and French. Our Family Medicine Units care for very diverse communities and patient populations with over 100,000 registered patients offering interdisciplinary comprehensive family medicine, as well as innovative services in chronic disease management, infant and maternal health, adolescent health, care of older persons, care for refugee and immigrant populations.

Beyond the borders of our Family Medicine Units, our teachers and preceptors are present in almost every region in Quebec (including the far north), looking after very diverse populations including indigenous populations. From a training point of view, our residency program with over 200 residents is the biggest residency program at McGill. At the government’s request, it is expected that the number of residency slots will increase to 250 in the coming years. Most significantly, in the past 3-4 years, we have consistently filled essentially all of our spots. In this last CARMS match, we filled 100% of our slots. We attracted a record number of graduating medical students from McGill as well as a significant number of students from the 3 Quebec sister universities. Forty-five McGill medical students matched to our McGill Family Medicine Medicine residency program and another 25 to other Canadian Family Medicine programs (many in Quebec) in the first iteration: 39% of the class - a record! We are heavily involved in undergraduate teaching. I am particularly proud of the McGill Longitudinal Family Medicine Experience. In this pioneering program, all first year medical students spend one half day twice per month in the office of a family physician. It means that we recruit about 190 family physicians each year, most of whom are practicing community based family physicians outside of our Family Medicine Units.

Our Department has a unique and flourishing graduate studies program with an accredited MSc and a soon to be accredited PhD program. This fall we have close to 50 MSc, PhD and



postgrad students in our department. Our twenty PhD and clinician-scientist professors in our department are leaders in research in family medicine and global health and hold approximately \$40 million in peer review grants. Our international health program extends to Latin America, Africa and Asia and continues to grow. Our newest pioneering development is the development of our distance and blended learning programs, which will make our masters and PhD programs available for a wider range of students, including practicing family physicians. It will also enable us to work and support the development of primary care internationally. It will be important for faculty development and for training our own residents who are scattered through the whole province. So we really do have a lot to be proud of. Yet this year has been unsettling in many ways with Law 10, Law 20 with a last minute compromise with the FMOQ and the two «Cadres de Gestion». We have yet to understand their impact on the practice and the teaching of family physicians. There is a cliché that says: “threats create opportunities”. As we struggle through this difficult context, it will hopefully stimulate our own organization and practices. Even before Bill 20, our units have been implementing ways of improving accessibility for our patients: extended hours on week-days and weekends, walk-in clinics and more recently advanced access. One of our units was a pioneer in implementing advanced access, which is now being implemented progressively in all of our units. Five of our 6 units are already GMFs and the 6th is looking to increase its patient registration to become a GMF. Several of our units have EMRs (Electronic Medical Records) and the others have accelerated their implementation. Our residents already have their own patient population of between 150 and 200 patients preparing them for a GMF type practice. Our Department has consistently and constantly insisted on the importance of quality: quality of clinical care, quality of proactive chronic disease management, and quality of meeting the needs of the patient population in the community we serve. There is no doubt that primary care is at a crossroads in Quebec. In fact, we can see the same debates and issues in other Canadian provinces and other jurisdictions in North America and Europe. Our Department can and must play a leading role in elevating the present debate beyond negotiations, finger pointing and questions of «productivity».

That is why our Department will be hosting, in celebration of our 40th anniversary on Friday May 6 2016 a major policy full-day symposium in partnership with the Institute for Health and Social Policy, St. Mary's Research Centre, and RUIS McGill entitled “Towards a common vision for primary care in Quebec”. The objective of the symposium is to contribute to the



development of a comprehensive vision and roadmap for primary care in Quebec engaging the public including patients, health care professionals, health system managers and key decision makers in a discussion on key ideas and strategies that should underpin the future of primary care in Quebec.

The symposium will emphasize audience engagement with invited guests from Quebec, Canada, and internationally drawing upon the best available knowledge and critical thinking on the improvement of primary care in Quebec. The results of the conference will be used for the preparation of a white paper on the vision and roadmap for primary care to be presented for wider public discussion. The second important initiative in the celebration of our 40th anniversary will be the creation of a network of our McGill family medicine residency program graduates as well as our present and former teachers. Our graduates are present in all the spheres of health care in Quebec, Canada and internationally. Some of our graduates are involved in academic programs, but most are community based practicing family physicians. We would like to draw upon their collective wisdom and their energy as our Department moves forward.

The kick-off for the creation of this network tentatively called “Friends of McGill Family Medicine” will be a homecoming gala dinner celebrating our 40 years and to be held on May 5, 2016, on the eve of the policy conference. I am looking forward to your input on the preparation of the policy meeting and the creation of this network of McGill Family Medicine graduates. I would also like to call upon you for volunteers who can take the lead in developing the network.

In the coming months, you will be hearing a lot more about these 2 major 40th anniversary events. I invite you to consult our website <http://www.mcgill.ca/familymed/>.

I wish you all an exciting and fruitful 2015-2016 year.

Dr. Howard Bergman

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