



New Program/Major or Minor/Concentration Proposal Form

(2013)

<p>1.0 Degree Title Please specify the two degrees for concurrent degree programs</p> <p>Doctor of Philosophy (Ph.D.)</p> <p>1.1 Major (Legacy= Subject)(30-char. max.)</p> <p>Family Medicine and Primary Care</p> <p>1.2 Concentration (Legacy = Concentration/Option) If applicable to Majors only (30 char. max.)</p> <p></p> <p>1.3 Minor (with Concentration, if Applicable) (30 char. max.)</p> <p></p>	<p>2.0 Administering Faculty/Unit</p> <p>Graduate and Postdoctoral Studies</p> <p>Offering Faculty/Department</p> <p>Medicine/Family Medicine</p> <p>3.0 Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term</p> <p>201709</p>
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4.0 Rationale and Admission Requirements for New Proposal

There is an increasing demand and interest in our ad hoc PhD in Family Medicine. There is no indication that this interest will wane and we are realizing that our applicants are interested in using the training methods not only for family medicine but also for the broader field of primary care. In order to improve the evidence base in family medicine and primary care, there is a need for research training that is appropriate to the primary care context. Please see the attached document for further justification for the PhD proposal that details the expansion to include primary care. The admissions requirements will be the same as the M.Sc. in Family Medicine: overall 3.4 CGPA (or 3.6 in the last years) and a score of 86 on the TOEFL exam (or 6.5 on the IELTS exam). Once the new PhD program has been approved, the ad hoc PhD program will be retired.

5.0 Program Information

Please check appropriate box(es)

5.1 Program Type

- Bachelor's Program
- Master's
- M.Sc. (Applied) Program
- Dual Degree/Concurrent Program
- Certificate
- Diploma
- Graduate Certificate
- Graduate Diploma
- Ph.D. Program
- Doctorate Program
(Other than Ph.D.)
- Private Program
- Off-Campus Program
- Distance Education Program
(By Correspondence)
- Other (Please specify)

5.2 Category

- Faculty Program (FP)
- Major
- Joint Major
- Major Concentration (CON)
- Minor
- Minor Concentration (CON)
- Honours (HON)
- Joint Honours Component (HC)
- Internship/Co-op
- Thesis (T)
- Non-Thesis (N)
- Other
- Please specify

5.3 Level

- Undergraduate
- Dentistry/Law/Medicine
- Continuing Studies (Non-Credit)
- Collegial
- Masters & Grad Dips & Certs
- Doctorate
- Post-Graduate Medicine/Dentistry
- Graduate Qualifying
- Postdoctoral Fellows
- 5.4 FQRSC (Research) Indicator
(for GPS) Yes No

6.0 Total Credits

12 credits

7.0 Consultation with Related Units

Yes No

Financial Consult

Yes No

Attach list of consultations.



8.0 Program Description (Maximum 150 words)

This new PhD program will build upon our recently developed MSc in Family Medicine.

Research topics in the field of family medicine and primary health care cross conventional discipline boundaries and research traditions. Our training program focuses on patient-oriented, community-based research using innovative methodologies and participatory approaches. The program advances academic excellence in family medicine and primary health care.

9.0 List of proposed program for the New Program/Major or Minor/Concentration.

If new concentration (option) of existing Major/Minor (program), please attach a program layout (list of all courses) of existing Major/Minor.

Proposed program (list courses as follows: Subj Code/Crse Num, Title, Credit weight under the headings of: Required Courses, Complementary Courses, Elective Courses)

Proposed PhD in Family Medicine and Primary Care (12 cr.)**Required courses (9 cr.)**

FMED601 Advanced Topics in Family Medicine: Knowledge Translation (3 cr.)

FMED604 Advanced Participatory Research in Health (3 cr.)

FMED699 Advanced Doctoral Primary Care Research Seminars (1 cr.) *Please note: this slot course must be taken three times (3 cr.)*

FMED 701 PhD Comprehensive Exam (0 cr.)

Thesis Research project

Elective course (3 cr.)

3 credits in advanced research methods, at the 600 level or higher, may be chosen from outside the Department, in consultation with the student's academic advisor or supervisor-

McGill University

Justification for Proposal for the Creation of a New Program

PhD in Family Medicine and Primary Care

**Department of Family Medicine
Faculty of Medicine**

April 2015

First Revision October 2015

Second Revision November 2015

The Developing Field of Primary Care Research in Canada: The Need for a PhD in Family Medicine and Primary Care

Primary care is the component of front line of care and services of the healthcare system (“*soins et services de santé de première ligne*”). The widely cited Alma Ata definition of primary health care is community-based care provided by a variety of health workers and traditional practitioners that also includes elements of community participation, inter-sectorial coordination and attention to social determinants of health. Primary care in the Canadian and Quebec context is provided predominantly by family physicians who may work with other health and social service professionals to provide healthcare services that are not differentiated by age, gender, disease or organ system, and who develop long-term therapeutic relationships with patients. We are proposing a PhD program in Family Medicine and Primary Care based on the demands in our current ad hoc PhD in Family Medicine that began in September 2014 and to provide a program with a more structured identity. While we have a very successful MSc in Family Medicine research, at the more advanced stage of PhD training, there is a need for to expand the scope of the training in order to make it appropriate not only for the more clinical setting of family medicine but also for the primary care context that implicates family medicine but also other health care providers and community members.

Some of the key developments for primary care research in Canada can be traced back to the late 1960’s in the first decades after the creation of the academic discipline of family medicine¹. At this time, clinicians predominantly carried out family medicine and primary care research usually without advanced training in research methods, and for whom research was the natural response to unanswered professional questions. Research productivity and complexity of methods increased dramatically with the addition of PhD scientists from a variety of disciplines to family medicine departments in the early 2000’s. A program of primary care research was built that was responsible for: (1) introducing one of the most highly cited frameworks for patient centered medicine,²⁻³ (2) providing evidence for the importance of moving from a single disease focus to multimorbidity⁴⁻⁵; (3) establishing methods of participatory research that has promoted collaborative approaches to creating action-oriented knowledge particularly in Aboriginal health⁶; and building a research program and methods to improve shared-decision making and knowledge

¹ McWhinney I. (1978). Family Medicine as a science. *Journal of Family Practice*. Vol 7 (1): 53-58.

² Stewart, M. (2003). *Patient-centered medicine: transforming the clinical method*. Radcliffe Publishing.

³ Haggerty, J. L., Reid, R. J., Freeman, G. K., Starfield, B. H., Adair, C. E., & McKendry, R. (2003). Continuity of care: a multidisciplinary review. *BMJ: British Medical Journal*, 327(7425), 1219.

⁴ Fortin, M., Stewart, M., Poitras, M. E., Almirall, J., & Maddocks, H. (2012). A systematic review of prevalence studies on multimorbidity: toward a more uniform methodology. *The Annals of Family Medicine*, 10(2), 142-151.

⁵ Fortin, M. (2005). Prevalence of Multimorbidity Among Adults Seen in Family Practice. *The Annals of Family Medicine*, 3(3), 223–228. doi:10.1370/afm.272

⁶ Macaulay, A. C., Commanda, L. E., & Freeman, W. L. (1998). Responsible research with communities: participatory research in primary care. ... *Primary Care Research*

translation in primary care⁷. In order to further improve the evidence base in primary care, there is a need for systematic, rigorous research training that is appropriate to the primary care context but that is also accessible to primary care practitioners and researchers both in Canada and globally, specifically including those specializing in family medicine research.⁸⁻⁹

There will be an even larger demand for appropriate training as primary care research capacity has been catapulted forward due to the massive investments in primary health care renewal between 2001 and 2006. This renewal engaged the community of primary care researchers in evaluation efforts and led an unprecedented investment by the Canadian Institutes for Health Research in primary care research and in the career support of mid-career researchers and clinician-researchers. In addition, a major investment was made to create the Canadian Primary Care Sentinel Surveillance Network that receives electronic medical record data from primary care clinics across the country providing an invaluable research and quality assurance resource. These investments have drawn increased interest and sustainability for primary care research. These positive gains are offset by the fact that we actually have the equivalent of many different health care systems as each province and the territories implement the Canada Health Care Act in different ways. With these systems spread over a very large geographical area for a relatively small population working with two official languages, we have even greater need for adequately trained researchers. The greatest challenge at the moment is developing and sustaining meaningful research agendas in an overburdened, extremely complex universal health care system with too few primary care clinician scientists. As a result, Canada has lagged behind other comparable countries in our primary care research outputs.¹⁰

Despite our relatively poor performance in primary care research outputs, there will be numerous opportunities for primary care researchers in Canada in the future. The Primary Care Health Transition Fund in 2001-2005 invested \$800 million in renewal projects across Canada. One of the projects supported was the National Evaluation Strategy for Primary Care Evaluation that led to massive engagement of the research community to provide evaluation frameworks and methods.¹¹ CHSRF started a Primary Care Network in 2005 to discuss how to capitalize on all the energy that was created, and especially the close relationships developed between the primary care research community and decision makers and clinicians. The Network commissioned a report on the future of primary care

⁷ Légaré, F., Ratté, S., Stacey, D., Kryworuchko, J., Gravel, K., Graham, I. D., & Turcotte, S. (2010). Interventions for improving the adoption of shared decision making by healthcare professionals. *The Cochrane Library*.

⁸ Mant, D., Del Mar, C., Glasziou, P., Knottnerus, A., Wallace, P., & Van Weel, C. (2004). The state of primary-care research. *The Lancet*, 364(9438), 1004-1006.

⁹ Bartlett, Gillian, Charo Rodriguez, and Miriam Boillat. "Encompassing research plurality: a family medicine graduate programme." *Medical education* 46.11 (2012): 1115-1116.

¹⁰ Glanville, J., Kendrick, T., McNally, R., Campbell, J., & Hobbs, F. R. (2011). Research output on primary care in Australia, Canada, Germany, the Netherlands, the United Kingdom, and the United States: bibliometric analysis. *BMJ*, 342(mar08 2), d1028–d1028. doi:10.1136/bmj.d1028.

¹¹ Pan-Canadian Primary Health Care Indicator Update Report. Canadian Institutes for Health Information (www.cihi.ca).

research. The report was a strong factor in the successful advocacy for our national funding agency (CIHR) to invest in primary care research capacity. Two influential groups were established: the Canadian Working Group on Primary Health Care Improvement and the Canadian Primary Care Research & Innovation Network (<http://www.cphcrin-rcrissp.ca/>). This network is poised to be the coordinating center for the Canadian Network on Primary and Integrated Health Care Innovations. In addition, each province is establishing Support for People and Patient-Oriented Research and Trials (SUPPORT) units that are expected to be specialized resource centers. In the Quebec, the decision was made to dedicate this unit to primary care research. All of these opportunities and support have really only occurred in the last ten years. Our challenge will be to optimize the use of the resources provided and demonstrate benefit to the Canadian population and the primary health care system.

Some progress has been made in providing appropriate primary care research training. The Understanding and Training of Research-Primary Health Care (TUTOR-PHC), a Canadian interdisciplinary inter-university fellowship and training program that attracts promising primary care research trainees, and the new MSc program in Family Medicine at McGill and Western University train primary care researchers with methods that build on different research traditions to address the complexities of primary care while advancing academic excellence. McGill Family Medicine runs one of the few Family Medicine specific research training programs in the world, advancing academic excellence through innovative, mixed-method and participatory approaches across conventional discipline boundaries and research traditions. To further strengthen our successful graduate programs, we are converting all of our core courses to a distance learning option. This will allow us to target family physicians, primary health care workers and others interested in building their skills or reorienting careers towards research and education. The courses offered through an online mechanism targets groups left out of conventional higher training, including indigenous and other planners and managers of primary health care.

Based on the MSc and our current ad-hoc PhD enrolment (20 students from 2014), we expect to have a great deal of interest in an official structured PhD program. The idea is to increase the density of training, supporting cultures of evidence-based management of family medicine and primary health care that affect the lives of ordinary people. If this impacts the public health, it has major resource implications for Canadian and international healthcare. In 2-3 years, we expect to provide training to managers in many of the First Nations health services. Over five years, we expect to strengthen evidence-based management of several thousand family practices across Canada. We believe we are uniquely positioned to become a leader in the provision of PhD-level training for family medicine and primary care research. This training will be provided to both clinical and non-clinical candidates from an expansive disciplinary draw that will encompass family medicine but also reach farther into the broader field of primary care. Successful candidates will have a toolbox of appropriate research methods available to them to address the various content areas and contexts that are typical of family medicine and primary care.

PhD in Family Medicine and Primary Care: Proposal for Program

The general objective of the PhD in Family Medicine and Primary Care is to advance academic excellence through training in innovative, mixed-method and participatory approaches that cross conventional discipline boundaries and research traditions that are appropriate not only for the more clinical setting of family medicine but also for the larger context of primary care. This supports the vision of the Canadian Institutes for Health Research (CIHR) to “excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health-care system.” The program is designed to provide research training to a) primary care providers and/or family physicians with extensive research experience; b) clinician scientists with Master’s level research training; and c) master’s graduates with a strong interest in family medicine and primary health care.

As our program targets clinicians with the motivation of increasing the number of highly qualified, competitive clinician-scientists with the qualification of an MD-PhD, we need to ensure the maximum amount of flexibility for our candidates. The proposed doctoral program in Family Medicine and Primary Care is envisioned as a research-oriented PhD program of that has 12 required credits taken over four years (12 semester terms). To complete the program, candidates must pass a comprehensive exam and complete a thesis that meets McGill’s Graduate Studies’ specifications.

Based on an informal needs assessment, several family medicine researchers with an MSc degree and extensive research experience are extremely interested in the PhD program. Many of these candidates would need to only take minimal additional courses to be able to successfully complete the comprehensive exam and the thesis project. At the same time, we are also fulfilling a need for PhD researchers that have a MSc degree and have no medical training. The cornerstone of our unique identity as a PhD training program is advanced training in knowledge translation and participatory research approaches – both key elements for person-centered research and health care. As a result we will require candidates to take a minimum of 3 credits (45 in-class hours) in advanced research methods training, 3 credits in knowledge translation training, 3 credits in participatory research training and a series of advanced doctoral research seminars (12 credits).

In order to maintain the highest standards and the most rigorous training, we have implemented a strong comprehensive examination process (FMED701) for the PhD program. In the comprehensive exam, candidates are expected to defend a protocol describing their proposed PhD work and demonstrate proficiency in basic statistics, foundations of epidemiology, qualitative and mixed methods, literature synthesis, knowledge translation and participatory research approaches. The required program is outlined below as well as the course selection available to all candidates.

PhD Program Requirements

Courses:	Credits
Advanced Research Methods chosen from 600-level courses	3
FMED601 Advanced Topics in Family Medicine: Knowledge Translation	3*
FMED604 Advanced Participatory Research in Health	3*
FMED699 Advanced Doctoral Primary Care Research Seminars	3**
FMED701 Comprehensive Examination	0
Total credits	12

* these courses may be exempted if they have been completed in the MSc program

** slot course that will be taken over 3 semesters

Available Elective Courses

1-credit courses

- FMED503 Survey Research Methods in Primary Care
- FMED504 Family Medicine Research Seminars*
- FMED600 Mixed Studies Reviews*
- FMED603 Participatory Research: Patient & Public Engagement*
- FMED605 Canadian Healthcare Policy and Decision-making
- FMED607 Intro to Discourse Analysis and Interpretative Health Research
- FMED608 Advanced Mixed Methods Seminar in Health Research
- FMED611 Health Care Systems and Primary Care Reform
- FMED612 Program Evaluation & Implementation Science
- FMED616 Applied Literature Reviews (1 credit)*
- FMED618 Topics in Pharmacoeconomics, Drug Safety and Policy

2-credit course

- FMED610 Foundations of Family Medicine

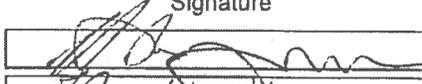
3-credit courses

- FMED505 Basic Analysis for Health Data*
- FMED509 Foundations of Epidemiology in Family Medicine*
- FMED525 Foundations of Translational Science
- FMED619 Program Management in Global Health and Primary Health Care
- FMED625 Qualitative Research in Health Care **
- FMED672 Applied Mixed Methods in Health Research **
- FMED690 Advanced Ethnography: Context, Complexity, and Coordination

*currently available online

**being transitioned to an online format

10.0 Approvals

Routing Sequence	Name	Signature	Date
Department	Chair. Dr. Howard Beroman		April 13/15
Curric/Acad Committee	Dr Gillian Bartlett Program Director		April 13/15
Faculty 1 BCC	DAVID TRAGSDALE		01/25/15
Faculty 2	ELAINE DAVIS		01/25/15
Faculty 3			
CGPS			
SCTP			
APC			
Senate			

Submitted by

Name:

Phone:

Email:

Submission Date:

To be completed by ARR:

CIP Code