

Understanding the Impact of CFPC's Certificates of Added Competence

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Introduction:

In 2018, the CFPC requested proposals to examine the impact of four CACs: Care of the Elderly, Palliative Care, Family Practice Anesthesia, and Sport and Exercise Medicine. The team named above partnered with the CFPC to conduct a pan-Canadian case study of 6 different family practice teams, to elucidate how the CACs of interest shaped family practice in each region. The findings from the case study were further developed through a survey of all CFPC members in Canada.

Objectives:

1. To inform the development of a fundamental way to profile CAC holders.
2. To refine our understanding of the impact and influence of the CAC program on members, and the provision and outcomes of comprehensive community-based care.
3. To develop an understanding of the influence of the CAC program on trainee decisions and learning profiles.
4. To determine the risks and benefits to introducing more CACs.

Methodology:

The team employed a mixed methods approach, beginning with a multiple case study that included 6 practices located across Canada. Practices were chosen to represent diversity in province, distance to tertiary care, concentration of CAC holders, funding model, and patient population (including Francophone and Indigenous populations). After the case study project was completed, findings informed the development of a survey which was circulated to all CAC holders and a proportion of non-CAC holding family physicians by the college.

Main Findings:

- CAC holders act at the edges of the family physician's expertise, and are often the points of exchange between family medicine and specialist care.
- CAC holders are unique, and different than specialists, due to their additional expertise in complex areas of care and their grounding in Family Medicine.
- CAC holders work in idiosyncratic ways with their family physician and specialist colleagues, reflecting the unique requirements of the patient population they serve, the community resources available, remuneration structures, community culture, and local perceptions of certificate validity.
- Some CAC holders have moved entirely to focused practice. When working in a community adaptive way, they can still enhance comprehensive care by keeping patients in the community. This is not always the case and requires strong links with other family physicians and a focus on structuring their practice around community needs. If CAC holders do not maintain their generalist skills and do not operate in a coordinated model with colleagues, they are unlikely to contribute to the provision of comprehensive continuous care to patients.

Main Findings (Continued):

- There are tensions between pursuing CACs for personal motivations (e.g. remuneration, interest, preferred work structures) vs. meeting patient and community needs. There are many incentives which favour focused rather than generalist practice. It is very difficult to pursue CAC training once established in independent practice, which can stymie individual physicians who wish to enhance their skills to respond to recognized community needs.
- Each CAC studied has unique strengths and limitations, opportunities and threats, which we have developed further in several CAC-specific analyses.
- 1525 CFPC members across the country responded to a survey in 2019. CAC holders and comprehensive family physicians were asked to respond to a number of statements related to the results of the qualitative case study (e.g. CAC holders help keep rural and remote patients within their regional communities) and analysis separated responses from different types of physicians.

Additional Information:

Included in this package are several related manuscripts developed by our team from the data described above.

- Grierson L, Allice I, Vanstone M. Understanding the impact of the CFPC Certificates of Added Competence. Project Report prepared for CFPC, March 25, 2020. <https://www.cfpc.ca/CFPC/media/PDF/2020-04-CAC-Impact-Study-Report.pdf>
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- Thornton JS, Grierson L, Vanstone M, Allice I, Mahmud M, Mountjoy M. A Win-Win for Sport and Exercise Medicine and Primary Care: A Qualitative Case Study of the Added Competence Model in Canada. Sports Medicine. 2022 Mar 16:1-7.
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- Howard M, Fikree S, Allice I, Farag A, Siu H, Baker A, Pereira J, Hosseini J, Grierson L, Vanstone M. Canadian Certificates of Added Competence in palliative care: A pan-Canadian qualitative study of roles and impact. Submitted.

Contact:

We would be happy to meet with you to discuss any questions, feedback, or policy issues arising from this work.

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