

Chair's Message

Primary care in Quebec at the crossroads Time for open, respectful public policy discussion

There is no doubt that primary care is at a crossroads in Quebec. In 15 years there has been a major paradigm shift in clinical care, that recognizes family medicine as the foundation of our healthcare system. Yet accessibility, continuity, coordination, accountability and patient and population experience are clearly a focus for a great deal of dissatisfaction.

This year has been challenging and unsettling in many ways for those involved in primary care in Quebec with Law 10, Law 20 and the last minute compromise with the FMOQ, as well as 2 new management frameworks that are not widely known to the public. We have yet to understand the full impact of these policy changes on the practice and the teaching of family physicians and most importantly on the quality of patient care.

This is why the McGill University Department of Family Medicine hosted a major policy symposium on Friday May 6, 2016: “Towards a common vision for primary care in Quebec”. Our key partner is the McGill Institute for Health and Social Policy (IHSP) and its Director Daniel Weinstock. Other partners include the St. Mary's Research Centre of

the CIUSSS DE L'OUEST-DE-L'ÎLE-DE-MONTRÉAL, the McGill faculties of Medicine and Dentistry, the McGill School of Nursing and RUIS McGill. The goal of the symposium was to contribute to the development of a comprehensive vision and roadmap for primary care in Quebec through engagement with the public, including patients, health care professionals, health system managers, students and residents, as well as key decision makers in a discussion on key ideas and strategies that should underpin the future of primary care in Quebec.

The symposium generated a great deal of interest. In fact, 300 people filled to capacity the venue with over 20 additional participants joining by webcast. We are particularly excited that a third of the participants were medical students, family medicine and other specialty residents, as well as MSc and PhD students. Our future practitioners, professionals and academics recognize that they have a real stake in designing their futures. Many of you also joined the conversation by following us on Twitter @McGillFammed, or #McGillFamSymp.

Speakers from Quebec, Ontario and England as well as vigorous participant discussion emphasized that successful policy and its implementation require developing and promoting a shared vision in the population and among those working in the front lines. Successful implementation also requires iterative improvement through accountability and population input. A certain number of key problems were identified including lack of public respectful discussion, a top down approach based on union negotiation and excessive centralization and even micro management. This has led to cynicism and

discouragement not only among front line workers but also in the population. Yet the room was filled with a great deal of energy calling for solutions based on a certain number of key elements including patient, population and community engagement; population responsibility through local governance of primary care based on transparency and accountability; change based upon user-centered design process; innovation and entrepreneurship promoting diversity and pluralism rather than one size fits all; quality is fundamental with quality improvement based upon peer-led process; a collaborative clinical model based on the partnership between the primary care team (physician, nurse and other healthcare professionals) and the patient.

The results of the conference will be synthesized. The summary as well as the link to the webcast will be made available through our website. The Department of Family Medicine and IHSP plan to publish newspaper as well as academic papers. Most importantly, this symposium must be seen as a first step in widening the conversation and in proposing solutions for wider public policy discussion.

It is fitting that this year, the Department of Family Medicine at McGill celebrates its 40th anniversary. On May 5 on the eve of the symposium, 150 people attended the Gala Homecoming Dinner at the Musée de Beaux-Arts de Montréal with the launch of the *Friends of McGill Family Medicine*. The keynote guest was David St Jacques, a graduate of our family medicine residency program and a Canadian astronaut! Over the past four decades, the Department of Family Medicine has grown from one of the smallest academic departments in the Faculty of Medicine at McGill, to the largest. Our

Department, functioning in both English and French, spans 6 Family Medicine Units (now known as Groupes de Médecine de Famille universitaire (GMF-U)), in Montreal, Chateauguay, Gatineau and Val D'Or as well as a satellite site in a "GMF hors-établissement." 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 4 years, we have consistently filled essentially all of our spots. In this last CARMS match, we filled 100% of our slots. In the past several years, we continued to attract a record number of graduating medical students from McGill as well as a significant number of students from the 3 Quebec sister universities as well as other Canadian universities. This past year, forty-one McGill medical students matched to our McGill Family Medicine residency program and another 25 to other Canadian Family Medicine programs (many in Quebec): 38% of the class. Compare this to 2008 when only 13 McGill students matched to family medicine and we had 20 slots remained unfilled.

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.

Our research and graduate study programs with over 20 PhD and clinician scientists as well as over 50 MSc, PhD and post doc students in our MSc and PhD programs (unique in the world) also reflect this commitment to improving the health of the population and our healthcare system through a community and patient-centered approach.

We are excited to celebrate this milestone with an exercise that exemplifies the heart of family medicine: reflecting on actions that take us from evidence-informed practice to policy, and back again, to collectively co-design our future.

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