

**It's a Perfect Time to be in Family Medicine! (March 2012)**

Dear colleagues,

I am delighted and enthusiastic about taking on the daunting but exciting challenge of working with you in leading the McGill Department of Family Medicine. In accepting the Chair of our McGill Department, I know I can build on very important strengths developed in the course of our Department's history under the leadership of its Chairs, in particular the tenures of Louise Nasmith, Martin Dawes and Miriam Boillat, as well as the previous and present leadership of our family medicine units and programs. I have been very impressed by the competence, enthusiasm, dedication and collegiality of the members of the Department that I met in the past weeks.

Our Department can be very proud of its strengths in undergraduate medical education, resident training and faculty development, as well as in research, global and public health. We have created the first Master's program in Family Medicine research in Canada, and are part of the development of an interdisciplinary McGill PhD program. It is a testimony to your collective efforts that this year we matched 100% in the first round of CaRMS! We live in a complex and rapidly changing environment. Demographic changes are characterized by the aging of the population and important pockets of vulnerable populations. Chronic disease, in the context of the aging population, is recognised as the main driver of mortality and morbidity resulting in increased complexity and multi-morbidity. There is a clearer understanding of the impact of socio-economic and environmental factors and of the importance of health promotion and prevention. Global health is no longer the health issues of others. They are shared issues of the developed and developing world.

Finally, technological developments have created new hopes and expectations in what has become to be known as personalised medicine or personalised healthcare. We also live in a rapidly changing healthcare system where care has moved from institutions to networks of care, often community-based; from a single professional, generally a physician to many health care professionals; with increasing expectations, knowledge and involvement of patients, families and communities. There is a growing preoccupation with costs and performance leading to increased government intervention, control and reforms. Medicine and our health care system have become increasingly complex and interdependent. Through all these rapidly changing demographic and epidemiologic changes, there is one clear consensus: primary care, and in particular Family Medicine, is the foundation for a sustainable health care system capable of meeting the needs of the population.

The Family Medicine Group (FMG - or Groupe de médecine de famille - GMF) model, designated as Medical Home by the College of Family Physicians of Canada, has become the basis for primary medical reform in most provinces and countries around the globe. It is based on these cornerstones: interdisciplinary group practice; assuring accessibility, continuity and quality of care for an identified population; evolving remuneration; and IT infrastructure. Family Medicine and the continued development of the Family Medicine Groups have become a priority of the Quebec Ministry of Health and Social Services (MSSS). Although this has not always



resulted in the addition of sufficient resources, it is clear that the support for primary medical care is very high on their agenda. The government has increased – in both absolute terms and relative to other specialties – the number of slots for trainees in Family Medicine and the number of Family Medicine Units, while increasing responsibilities in undergraduate medical education. The MSSS and the Fonds de recherche du Québec-Santé (FRQS), in collaboration with the Canadian Institutes of Health Research (CIHR), have announced a major initiative and investments in primary care community-based research – identifying mental health and aging, including chronic disease, as priority themes –and designated the four university Departments of Family Medicine in Quebec as leaders in the initiative. This is part of a larger Canadian and Quebec strategy on Patient-oriented Research (SPOR). Dean David Eidelman has clearly indicated to me that, building on the existing strong base in our Department, the development of Family Medicine as a premiere academic discipline at McGill from an education and research perspective is a priority for the Faculty of Medicine. We have his support to expand our strong contribution to the Faculty at all levels and our strong presence in health care reform, education and research in Quebec. The Dean has asked our Department to play a leading role with our colleagues from other Departments in developing the McGill strategy for the SPOR initiative. A very exciting opportunity through this initiative is the creation of The McGill Primary Care Community-based Network for Care, Education and Research based in our Family Medicine Units.

You, of course, know the expression: Be careful what you wish for! That is why a very important short-term priority is the carefully planned integration of the increasing number of residents and sites, as well as the new undergraduate programs, recognising that this comes at a time when all the units have increased clinical and teaching loads without the necessary increased resources. In the coming months, I plan to meet with all of you and work with you in identifying the key strategic issues for the Department over the next 5 years.

I am excited and enthusiastic about working with you; so please never hesitate to contact me directly.

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**Dr. Howard Bergman**

Chair, Department of Family Medicine  
McGill University