Introduction

The College of Family Physicians of Canada is a voluntary organization of Family Physicians, which makes CME/CPD mandatory. Over ninety percent of its members have obtained Certification, which is an indicator of special competence in the discipline of Family Medicine. In 1997, the CFPC introduced Mainpro-C activities, which aim to have more of an impact on practice than traditional CME, by encouraging physicians to reflect on the impact of the learning on their practice. It is well recognized that the determinants of good practice go far beyond disease management and the role of clinical expert. We utilized eight identified physician roles:

- medical expert,
- communicator,
- collaborator,
- health advocate,
- learner,
- manager (gatekeeper),
- scholar,
- and "physician as person",

as a model consistent with good practice and meeting societal needs. Currently, Medical Regulatory authorities in Canada are reviewing the integration of a physician's CPD/CME portfolio as a component of revalidation of licensure. In this study, we will review the past Mainpro-C activities of our members based on the identified physician roles.

From CME to CPD in a Regulatory Context of Physician Practice Improvement

The College of Family Physicians of Canada is responsible for the accreditation of postgraduate residency programmes in family medicine in each of Canada's 17 faculties of medicine. It is responsible for the creation and administration of examinations leading to Certification in Family Medicine and a Certificate of Special Competence in Emergency Medicine. It is also responsible for setting the criteria for Maintenance of Certification, and for supporting all family physicians in their commitment to lifelong learning. Since 2007, most medical regulatory authorities are mandating that physicians demonstrate such commitment through participation in an accredited programme of continuing Professional Development (CPD) by either the CFPC or the Royal College of Physicians and Surgeons of Canada (RCPSC) for
specialties other than family medicine.

**Context**

Several factors have stimulated reflection and evolution regarding CFPC’s maintenance of certification programme: 1. Team based care; 2. Greater importance of work-based learning; 3. The need for reflection about impact of learning on practice, given the evidence to support the importance of this step to support practice improvement; 4. Regulatory context in which increasingly physicians will need to demonstrate maintenance of competence and a commitment to practice improvement.

**Action**

The CFPC will be introducing an enhanced programme of maintenance of Certification, Mainpro+, in July 2015. It aims to support family physicians better in assessing their learning needs, to help them to capture the many ways in which they further their learning in all spheres of practice, and to reflect on the impact of each learning activity on their practice. Mainpro+ has three categories of CPD activities: Group Learning, Self Learning, and Assessment, with sub-categories (Certified and Non-Certified) within each group. There will continue to be a yearly minimum requirement of credits for each five year Mainpro cycle. CPD activities that stimulate learning in all the roles expected of physicians (Collaborator, Communicator, Manager/Leader, Professional, Scholar, Health Advocate, Medical Expert-Definitions based upon CanMeds-FM) will be encouraged and incentivised, and recognition of the learning needed to excel at teaching, research, and administration as well as clinical work. All participants will be encouraged to develop a learning plan at the beginning of their cycle. For those family physicians who have acquired enhanced credentials in a focused area of practice, there will be a minimum number of credits required to address that practice domain.

The CFPC, along with several other medical professional organizations, will build upon the Future of Medical Education in Canada (FMEC) project, to be part of a consortium working towards a CPD system that can consistently address evolving needs and priorities. The 3-year planning phase will be co-chaired by CFPC and the Royal College of Physicians and Surgeons of Canada. Describing and bringing these future directions to life will be accomplished through commissioning a series of collaborative projects to address important questions that will have a bearing on the future of CPD and the role(s) of a future Consortium (e.g. How will CPD activities be funded? What will be the role of patients and the public in setting priorities? How will team-based care be reflected in the setting of learning? etc.). The FMEC-CPD project will leverage the high degree of collaboration and conjunction of interest that already exists across the many organizations involved in CPD to construct a future pan-Canadian system with an appropriate governance structure that can respond more completely to the diversity of physician, provider, and societal health care needs.

We have good evidence that clinicians who commit to lifelong learning perform better in practice. Mainpro+ aims to facilitate such engagement. The FMEC-CPD project will include a robust evaluation agenda to confirm collaborative priority-setting to support this learning.

**Take home messages**

- The context of practice is evolving: team based care, workplace based learning, and increased accountability expected of our profession. Our CPD system needs to evolve to support physicians in their engagement in lifelong learning
- CFPC’s new Mainpro+ programme will better support physicians in assessing their learning needs, developing a plan, and measuring the impact of learning on all aspects of their practice. The CFPC is part of a consortium to build upon the Future of Medical Education in Canada (FMEC) project, to build a Pan-Canadian Planning Consortium for CPD. The initial phase of this work will unfold in 2015-2017

**Original abstract**

http://www.woncaeuurope.org/content/4488-transition-cme-cpd-fostering-good-practice-through-education

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