Balanced Scorecard and Accountability Framework

Department of Family Medicine
Faculty of Medicine & Dentistry
University of Alberta

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The Department of Family Medicine

VISION

Alberta has a well-integrated, primary-care-based health care system in which all have access to a family physician who provides timely, proactive, individualized, comprehensive and continuity care through an interdisciplinary team of healthcare professionals led by that family physician. That team practices evidence-based, patient-centered care, and uses its own data, dialog with its stakeholders, and published research to continuously improve its service, quality, and safety.

MISSION

The Department of Family Medicine at the University of Alberta exists to teach the discipline of family medicine for the future of practice, and to produce scholarly work that improves the practice of family medicine and primary health care. We will achieve this outcome by developing and demonstrating excellence in:

1. Training residents for team-based, systems-based, socially accountable patient care and leadership;
2. Providing medical students with high-quality education, and serving as role models of academically excellent, quality-and-safety-driven, socially accountable generalists;
3. Conducting and disseminating clinical, educational, epidemiological, and health services research that improves the teaching and practice of family medicine and primary health care.

CORE VALUES

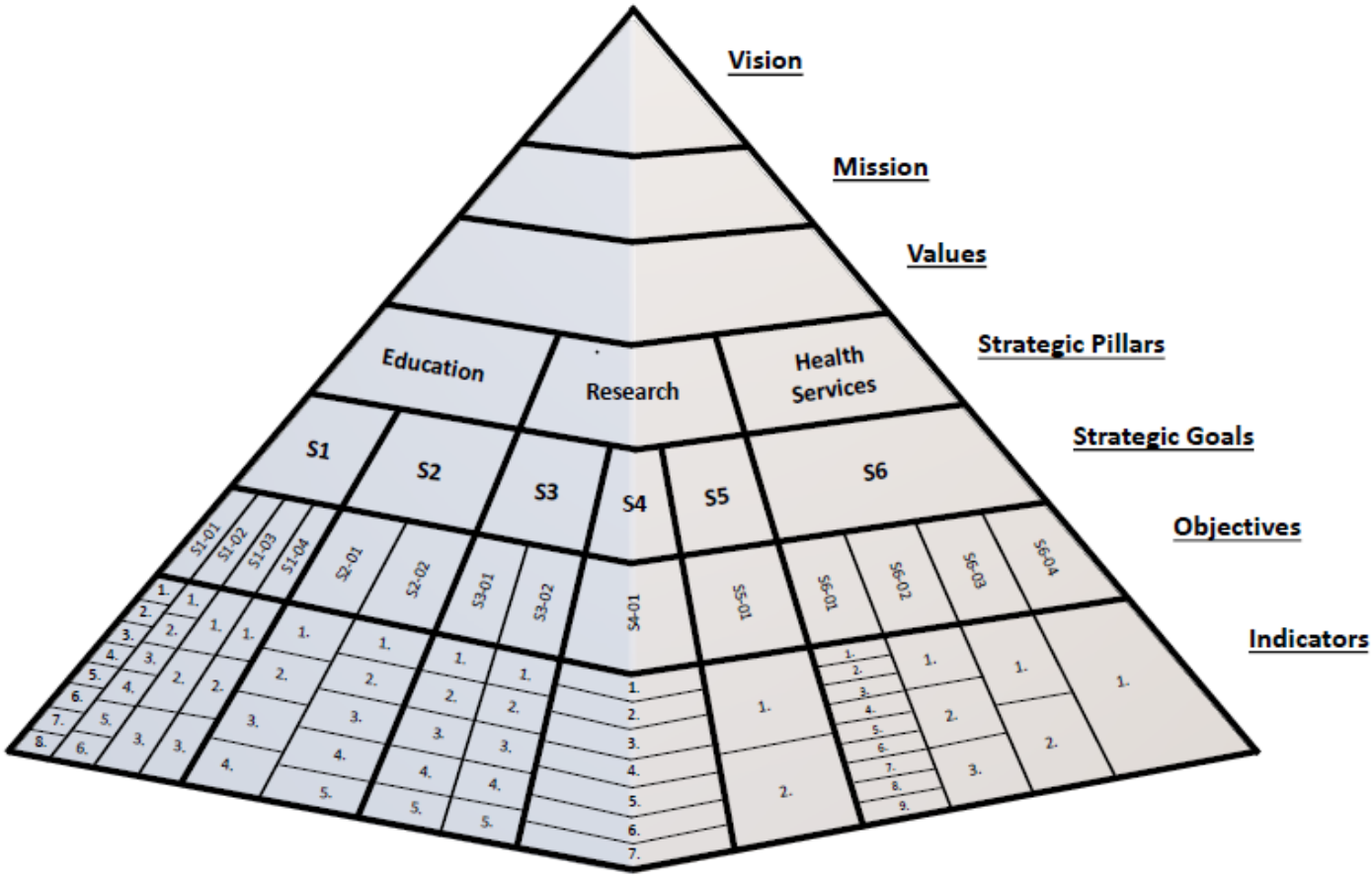
We are a learning organization; we seek constantly to improve how we do what we do for our learners, patients, communities, and other stakeholders, encourage and accept input from them, and use both our data and their feedback to improve.

We support a culture of accountability; Our Mission and how we pursue it will be responsive to our stakeholders; we are responsible with resources allocated to us and transparent in how we use them.

We are committed to mission-focused innovation; we are creative thinkers, producing high-quality academic work that we share freely with others, as well as welcoming what others have to share with us.

ACCOUNTABILITY FRAMEWORK

The department's strategic plan has been crafted to facilitate achievement of the Vision and Mission of the Department of Family Medicine. The core of the strategic plan consists of the *Accountability Framework* supported by a **balanced scorecard**. The balanced scorecard is a strategic management framework designed to support the objectives of this department, balanced across the areas of Education, Research and Health Services. Key indicators for each objective are tracked to ensure progress towards achieving the stated objectives. The Accountability Framework and Balanced Scorecard covers the yearly academic and clinical activity in the Department of Family Medicine.



Education

Family Medicine Education is aligned with the Triple C Competency-based Curriculum (competency-based, continuity of education and patient care, comprehensive and centered in family medicine) developed by the College of Family Physicians of Canada (CFPC). Much of the learning occurs in family medicine environments and assessment of learners is done with a focus on competencies across a group of essential skills called *Sentinel Habits*, *Clinical Domains* and *Priority Topics* as observed by the experts; their teachers.

The department's strategic direction begins in undergraduate medical education where they provide high quality education for medical students while role modeling the discipline of family medicine. It also goes beyond the continuum of residency to offer opportunities for licensed graduates to obtain advanced skills over and above the basic family medicine objectives through the Enhanced Skills Program. Commitment to the continuous education of faculty and staff in the areas of teaching, research, clinical care and administration remain a priority for this department.

S1 – STRATEGIC GOAL – PLACE LEARNERS IN FAMILY MEDICINE RELEVANT EXPERIENCES WITH SKILLED EDUCATORS TO PRODUCE GRADUATES PREPARED TO MEET THE NEEDS OF THE COMMUNITIES THAT THEY SERVE

Table 1: Resident Continuity

S1-Objective 1: **Provide a Triple C competency-based curriculum.**			**2019-20**	**2020-21**
Indicator 1: Residents achieving continuity with patient panels				
i.	Total visits by R2 residents during their residency *(Metrics are a representative sampling. Data only from 4 academic teaching sites, n=31)*		22,850	20,294
ii.	Percentage of patients with visits to the same resident twice during their residency		23%	18%
iii.	Percentage of patients with visits to the same resident three or more times during their residency		New Criterion	13%
Indicator 2: Percentage of residents who reported that they experienced continuity with a panel of patients			NEW	82%
Indicator 3: Percentage of clinical half days spent with primary preceptor supervision			89.5%	93.1%

Table 2: Resident Field Notes and Rotations

S1-Objective 1: **Provide a Triple C competency-based curriculum (continued).**			**2019-20**	**2020-21**
Indicator 4: Percentage of residents achieving FieldNote(1) targets			New Criterion	80%

Indicator 5: Total number of FieldNotes[1] created over 12-month period			6112	7104
Indicator 6: Distribution of FieldNotes[1] across all Clinical Domains				
i.	Doctor-patient relationship/ethics		8%	5%
ii.	Care of adults		36%	38%
iii.	Care of children and adolescents		10%	12%
iv.	Care of the elderly		10%	8%
v.	Care of the vulnerable and underserved		3%	4%
vi.	Maternity care		12%	9%
vii.	Palliative care		2%	2%
viii.	Surgical and procedural skills		9%	9%
ix.	Not applicable		8%	11%
Indicator 7: Percentage of weeks of rotational experiences that occur in family medicine environments			54%	41%
Indicator 8: Percentage of residents achieving a pass (first-time) on the CFPC[2] certification exam in Family Medicine			93.5%	93.5%

(1) FieldNotes – the process of documenting a sampling of direct observations and feedback given across all clinical domains, sentinel habits and priority topics. Notes are stored in an electronic format for ease of sorting, reflection and assessment. The intent is for the resident to have enough of a sampling of notes across all clinical domains and sentinel habits to show overall competency (e.g., generally minimum 40 FieldNotes over twelve months).
(2) College of Family Physicians of Canada.

Table 3: Community Needs and Enhanced Skills

S1-Objective 2: **Provide educational opportunities to support Family Medicine graduates to be prepared to meet the needs of Albertans.**			**2020**	**2021**
Indicator 1: Percentage of current graduates who intend to practice in Alberta[3]		New	87%	89%
Indicator 2: Percentage of current graduates who intend to practice in rural, regional and/or remote areas in Alberta upon graduation[3]		New	30%	43%
Indicator 3: Percentage of current graduates who intend to provide longitudinal, comprehensive care to a defined panel of patients[3]		New	56%	51%
Indicator 4: Percentage of current graduates who intend to practice in an inter-professional, team-based practice [3]		New	87%	89%
Indicator 5: Practice location of physicians who graduated from our program five to eight years ago **(*Most current data shows graduates between 2013-2016)**			N=337	N=337
i.	Percentage of graduates who are currently practicing in Alberta[3]	New		*59%
ii.	Percentage of graduates who are currently practicing in rural, regional and/or remote areas in Alberta[3]	New		*32%

Indicator 6: Enhanced Skills Program *(capped at 18 opportunities)*				
i.	Total number of applications to the Enhanced Skills Program		159	163
ii.	Percentage of applications to the Enhanced Skills Program from physicians currently practicing (*return to program)*		NEW	6%

(3)Data for indicators 1 through 4 above from the Triple C Evaluation survey given at the beginning of residency. Data for indicator 5 from the CPSA.

Table 4: Knowledge Translation and Best Practices

Faculty and staff development has been recognized as a DoFM priority. The Faculty and Staff Development Team (FSDT) has conducted a needs assessment in 2021 to identify continuing education interests of staff. Our staff are instrumental in supporting the education mission of this department.

S1-Objective 3: **Promote knowledge translation of best practices and innovation in Family Medicine education.**		**2019-20**	**2020-21**
Indicator 1: Number of positions held by faculty on local, provincial, national and international education committees (including leadership positions)			112
Indicator 2: Number of faculty involved in producing educational support resources, including policy papers related to medical education			8
Indicator 3: Number of teaching awards or recognitions given to faculty			9
S1-Objective 4: **Provide educators with opportunities to align skills with evolving curricula and best practices in teaching and assessment.**		**2019-20**	**2020-21**
Indicator 1: Number of faculty development opportunities		15	5
Indicator 2: Number of educators participating in faculty development opportunities[(4)]		New Criterion	48
Indicator 3: Number of individual and small group education coaching opportunities		New	2

(4) Number of educators are likely underreported, as non-faculty staff do not complete an ARO.

S2 – STRATEGIC GOAL – MAKE FAMILY MEDICINE AN APPEALING CAREER CHOICE FOR MEDICAL STUDENTS

Table 5: Undergraduate Medical Education

S2-Objective 1: **Design and deliver curricula to increase the proportion of University of Alberta medical students choosing Family Medicine.**		**2019-20**	**2020-21**
Indicator 1: Percentage of University of Alberta medical students matching to University of Alberta Family Medicine after Round 1 of CaRMS		32%	17.83%

Indicator 2: Percentage of University of Alberta medical students who ranked Family Medicine as a first choice in Round 1 of CaRMS		New	27.3%
Indicator 3: Percentage of student evaluations of the Longitudinal Clinical experience rated in the range of good to excellent		96.65%	94%
Indicator 4: Mean overall rating of the Family Medicine Clerkship program from the Graduation Survey		4.5	4.35
S2-Objective 2: **Ensure a consistent presence of Family Medicine in the University of Alberta's medical school.**		**2019-20**	**2020-21**
Indicator 1: Number of weeks of Family Medicine electives year 3 and 4 provided by Department of Family Medicine faculty and preceptors		180	177
Indicator 2: Number of half days of clinical undergraduate teaching by Department of Family Medicine faculty and preceptors		New	11,826
Indicator 3: Number of half days of classroom undergraduate teaching by Department of Family Medicine faculty and preceptors		New	1,977
Indicator 4: Residents as Teachers (RAT) program number of hours of formal, scheduled resident teaching		1093	1043
Indicator 5: Number of faculty with roles in undergraduate medical education		New	6

Research

The Department of Family Medicine's Research Program is recognized as a leader of research and scholarship in primary care health systems and medical education research. The vision of the Research Program emphasizes engagement, discovery and continuous change through the development, promotion and dissemination of research that improves teaching, the practice of family medicine, and the important role research has in improving primary care.

Research in family medicine contributes to building research capacity within the community through the many diverse and varied research collaborations and practice-based research networks. Family medicine research makes a significant impact on health and education outcomes often disproportionate to the dollar value of grants. Members cover a broad range of research topics and disseminate research findings through papers, books, manuals, presentations and workshops at the local, provincial, national and international levels.

Research faculty and staff advance research excellence by facilitating opportunities to develop and enhance the research knowledge and skills of faculty, staff and learners. Residents are challenged through their Practice Quality Improvement (PQI) projects to experience research through a quality improvement lens.

S3 – STRATEGIC GOAL – BUILD RESEARCH CAPACITY

Table 6: Research Knowledge and Skills

S3-Objective 1 **Develop and enhance research knowledge and skills of faculty, staff and learners.**			**2019-20**	**2020-21**
Indicator 1: DoFM faculty and staff with advanced degrees (e.g., Masters, PhD)				
i.	Proportion of faculty with advanced degrees		63.4% (26/45)	60% (27/45)
ii.	Proportion of research staff with advanced degrees		New	53% (19/32)
Indicator 2: Number of graduate students, fellows and postdocs supervised by faculty on research projects			27	17
Indicator 3: Number of other students supervised by faculty on research projects (e.g., summer students, undergraduate students)			New	17
Indicator 4: Proportion of faculty who supervise trainees on research projects (e.g., graduate students, fellows, postdocs, summer students, undergraduate students)			New	40% 18/45
Indicator 5: FTE (Full-Time Equivalent) research allocation of DoFM faculty members				
i.	Non-Physician PHD Faculty Members		New	3.85 Total FTE

				(n=8)
ii.	Physician Faculty Members		New	7.07 Total FTE (n=37)

Table 7: Research Grants and Collaborations

S3-Objective 2 **Build and expand research collaborations and practice-based research networks.**			**2019-20**	**2020-21**
Indicator 1: Number of NEW research grants[5]				
i.	Number of NEW grants[5] awarded and held by University of Alberta, DoFM (Excludes NAAFP/Seed Grants)		19	6
ii.	Number of NEW seed grants[6] awarded and held by University of Alberta, DoFM		New	20
iii.	Number of NEW grants[5] awarded and held by other organizations or departments		New	17
Indicator 2: Total value of NEW research grants[54]				
i.	Value of NEW grants[5] awarded and held by University of Alberta, DoFM (Excludes NAAFP/Seed Grants)		$317,196.	$552,861.
ii.	Value of NEW seed grants[6] awarded and held by University of Alberta, DoFM		New	$101,555.
Indicator 3: Number of ONGOING research grants[5]				
i.	Number of ONGOING grants[5] held by University of Alberta, DoFM (Excludes NAAFP/Seed Grants)		49	34
ii.	Number of ONGOING seed grants[6] held by University of Alberta, DoFM		New	42
iii.	Number of ONGOING grants[5] held by other organizations or departments		New	30
Indicator 4: Total value of NEW and ONGOING research grants[5]				
i.	Value of NEW and ONGOING grants[5] awarded and held by the DoFM, University of Alberta (Excludes NAAFP/Seed Grants[6])		$7,989,011.	$23,405,551.
ii.	Value of NEW and ONGOING seed grants[6] awarded and held by the DoFM, University of Alberta		New	$279,164.
Indicator 5: Total value of research project expenditures per year			New	$4,218,335.

(5) Grants indicates the amount released during the Academic Year, not the total value of the grant (e.g., if total grant = $100,000 but only $50,000 was received during 2014, only $50,000 is reported here).

(6) "Seed Grants" refers to NAAFP and grants $10,000 or less.

S4-STRATEGIC GOAL – DEMONSTRATE IMPACT

Table 8: Research Dissemination and Knowledge Translation

S4-Objective 1 **Influence research, education, practice and policy to transform health outcomes.**		**2019-20**	**2020-21**
Indicator 1: Number of peer reviewed research presentations (e.g., posters & oral, including plenaries, keynotes, etc.)		Posters-52 Oral-140 Workshop-26	posters 52 orals- 77 keynote - 1 workshop – 4 panel - 3
Indicator 2: Number of presentations to knowledge users (e.g., patients, clinicians, policy makers, learners, community groups)		New	65
Indicator 3: Number of peer reviewed publications		87	84
Indicator 4: Number of non-peer reviewed publications		19	46
Indicator 5: Number of books and chapters published		3	1
Indicator 6: Number of knowledge translation products, tools, manuals produced		28	13
Indicator 7: Number of awards of recognition		New	27

S5-STRATEGIC GOAL – BUILD MEANINGFUL ENGAGEMENT

Table 9: Research Engagement

S5-Objective 1 **Engage patients, communities, learners, health care providers and policy makers in research and scholarship.**		**2019-20**	**2020-21**
Indicator 1: Number of NEW research projects engaging patients, community members, learners, health care providers, and/or policy makers		New	45
Indicator 2: Number of ONGOING research projects engaging patients, community members, learners, health care providers, and/or policy makers		New	43

Health Services

The vision of the department is to ensure residents are part of a health system where all patients will have access to a family physician and a team of interdisciplinary healthcare professionals that provide proactive, timely, individualized, comprehensive and continuous care. We role model by evaluating our own data to continuously improve the evidence-based, patient-centered care we provide. Measurement and evaluation are critical components to building an organization where quality improvement is part of the common culture.

Access to primary care services when and where the patient needs them, and continuity with a primary care physician or team, improves patient care, patient and provider satisfaction and ultimately lowers health care costs. We monitor panel sizes on a regular basis to ensure quality patient care, while meeting the educational needs of our family medicine residents. Patient panels form the foundation for patient continuity of care.

In the Family Medicine program, the clinic is the curriculum. Role modeling in a Patient's Medical Home environment that is patient-centered and team-based, encourages residents to want to practice in similar environments upon graduation. Quality and safety in primary care has become an important focus of this department's curriculum in advancing the Patient's Medical Home and the Quadruple Aim.

The Department of Family Medicine is very proud of the educational experiences offered at the four academic teaching sites, distributed community sites, and the rural and regional programs. The sites all work toward the common goal of teaching the discipline of family medicine in environments that model team-based, system-based and socially accountable practices focusing on patient-centered care. Due to limited operational resources, the Health Services' data is primarily collected from the four academic teaching sites located at: McEwan University Health Centre, Grey Nuns Family Medicine Centre, Misericordia Family Medicine Centre and the Northeast Community Health Centre (NECHC) Family Health Clinic.

S6 – STRATEGIC GOAL – PROVIDE SAFE AND EFFECTIVE HEALTHCARE.

Table 10: Teaching Site Access Indicators

S6-Objective 1: **Provide patient-centered, timely, proactive, comprehensive continuity of care.**		**2019-20**	**2020-21**
Indicator 1: **Average time to 3rd next available appointment (days) wait time for patients seeing own provider.** *Days are counted from the patient's perspective, i.e. weekends are counted. The stated average wait times are to the patient's OWN provider. All 4 clinics have same day availability to ANY provider generally available.*			

			2019-20		2020-21	
MacEwan University Health Centre				4.5		2.87
Grey Nuns Family Medicine Centre				3.9		5.46
Misericordia Family Medicine Centre				2.9		6.9
NECHC Family Health Clinic				3.9		4.3

			2019-20		2020-21	
Indicator 2: **Average time spent with provider (Red Zone) and average time from check in to end of clinical encounter (Cycle Time)**	(average minutes Red Zone)	(average minutes Cycle Time)	(average minutes Red Zone)	(average minutes Cycle Time)	(average minutes Red Zone)	(average minutes Cycle Time)
MacEwan University Health Centre			29 min	44 min	28 min	55 min
Grey Nuns Family Medicine Centre			28 min	54 min	25 min	54 min
Misericordia Family Medicine Centre			32 min	54 min	26 min	50 min
NECHC Family Health Clinic			28 min	42 min	25 min	33 min

Table 11: Academic Teaching Site Clinical Activity

Covid-19 has had a substantial effect on advancing technology in patient care worldwide. It provided the incentive to move quickly to find alternative ways to provide care when face-to-face was not always possible or recommended. As part of ensuring improved access for our patients and further advancing the Patient's Medical Home, the Patient Portal (secure messaging) was piloted by the MacEwan University Health Centre. It was then subsequently rolled out to the Misericordia and NECHC Family Medicine Centre's with a plan to roll out at the Grey Nuns Family Medicine Centre in 2022. Additionally, all four of the sites began using secure virtual video visit technology in addition to the use of telephone visits.

S6-Objective 1: **Provide patient-centered, timely, proactive, comprehensive continuity of care (continued).**				2019-20			2020-21		
Indicator 3: **Percentage of telephone or video encounters relative to in-person visits**	Virtual / Telephone	In-person	% Virtual	Virtual / Telephone	In-person	% Virtual	Virtual / Telephone	In-person	% Virtual
MacEwan University Health Centre						New	15,016	7,531	66%
Grey Nuns Family Medicine Centre						New	4,689	3,863	54%
Misericordia Family Medicine Centre						New	7,573	3,623	67%
NECHC Family Health Clinic						New	6,160	2,734	69%

Indicator 4: **Utilization of patient portal communication**	Total # patients registered to the patient portal	Total number of conversations	Total # patients registered to the patient portal	Total number of conversations	Total # patients registered to the patient portal	Total number of conversations
MacEwan University Health Centre				New	2179	9017
Grey Nuns Family Medicine Centre				New	0	0
Misericordia Family Medicine Centre				New	772	1691
NECHC Family Health Clinic				New	194	116
			2019-20		**2020-21**	
Indicator 5: **Percentage of patients seeing most responsible provider versus any other clinic provider (Continuity Rate)**						
MacEwan University Health Centre[7]			79%[7]		88.5%[7]	
Grey Nuns Family Medicine Centre			89%		91.8%	
Misericordia Family Medicine Centre			88%		84.7%	
NECHC Family Health Clinic			89%		**88.5%**	
Indicator 6: **Number of new patients to practice over a 12-month period**						
MacEwan University Health Centre			942		760	
Grey Nuns Family Medicine Centre			146		78	
Misericordia Family Medicine Centre			83		40	
NECHC Family Health Clinic			163		83	
Indicator 7: **Average return visit rate over a 12-month period**						
MacEwan University Health Centre			3.2		3.2	
Grey Nuns Family Medicine Centre			3.1		2.9	
Misericordia Family Medicine Centre			3.5		3.5	
NECHC Family Health Clinic			2.7		3.7	
Indicator 8a: **Panel size – number of active[8] patients (patient's served) adjusted for age, sex and 1.0 Full-Time Equivalent (FTE)**						
MacEwan University Health Centre			9125		9236	
Grey Nuns Family Medicine Centre			3286		3826	
Misericordia Family Medicine Centre			4122		5292	
NECHC Family Health Clinic			3624		4290	
Indicator 8b: **Average panel size per 1.0 FTE**						
Indicator 9: **Utilization of allied health service professionals and programs (including Primary Care Network number of service events)** **Number of patient in-person or virtual visits to allied health.**						
MacEwan University Health Centre			4406		6712	
Grey Nuns Family Medicine Centre			1952		3763	
Misericordia Family Medicine Centre			850		3756	

NECHC Family Health Clinic		850	2874

(7) Extended hours artificially lower continuity rates. Evening and weekend shift physicians see all provider patients, not just their own.
(8) Active is defined as seen over the past 3 years.

Table 12: Teaching Site Practice Quality Improvement

S6-Objective 2: Promote evidence-informed clinical practice and quality improvement in Primary Care.		**2019-20**	**2020-21**
Indicator 1: **Number of practice quality improvement (PQI) projects in teaching clinics resulting in improvements and/or practice change**	Number of PQIs resulting in Practice or Process Changes		
MacEwan University Health Centre		New	4
Grey Nuns Family Medicine Centre		New	9
Misericordia Family Medicine Centre		New	14
NECHC Family Health Clinic		New	12
Indicator 2: **Quality Improvement Projects Rating**	Distribution graph from a scoring sheet New metric will be available next year		

Table 13: Academic Teaching Site Health Screening Completion Rates

Screening and Prevention is a core service within primary care. At the four academic teaching sites, screening rates are measured on the entire panel of active (active = seen in the past 36 months) patients through the use of reporting tools which are part of the Electronic Medical Record (EMR). Those results appear on Table 13 below.

Data and measures are a guide that should facilitate quality improvement over time. Screening rates in Table 13 primarily only take age and sex into account as the criteria for eligibility for each maneuver. They do not consider patient consent, preference, the fact that a maneuver may not have been medically indicated or frequency of visits (e.g., the clinic would not ask the patient to come in for some of the maneuvers requiring yearly review such as smoking, exercise, height or weight if there was no other medical indication for the visit. For this reason, a rate of 100% on any maneuver would be inappropriate. Please note that due to Covid-19, screening rates dropped substantially as patients did not come in person and complete physicals were postponed in many cases.

S6-Objective 2:
Promote evidence-informed clinical practice and innovations in Primary Care (continued).

Indicator 3: **Percentage of population health screening completion rates** *(Percentages based on actual completion rates not only on offers to screen)*	**YEARLY MEASURES**							
	MacEwan		**Grey Nuns**		**Misericordia**		**NECHC**	
	2020	**2021**	**2020**	**2021**	**2020**	**2021**	**2021**	**2020**
Mammography *Females age 50-74, every 2 years*	69%	68%	71%	69%	51%	54%	68%	45%
Pap Test *Females age 25-69, every 3 years*	63%	60%	68%	60%	39%	46%	42%	39%
Blood Pressure *All patients age 18 and up, yearly*	62%	55%	73%	65%	44%	46%	50%	25%
Plasma Lipid Profile *All patients 40-74, every 5 years*	75%	58%	75%	47%	70%	49%	69%	41%
Colorectal Cancer Screening *All patients age 50-74* *Colonoscopy last 10 years or Sigmoidoscopy last 5 years or* *FIT test last 2 years*	52%	60%	60%	64%	36%	42%	53%	46%
Diabetes Screen – One of Hemoglobin A1C or Fasting Glucose *All patients 40 and up, every 5 years*	81%	85%	86%	84%	64%	79%	65%	76%
CV Risk Calculation *All patients 40-74, every 5 years*	47%	46%	10%	14%	12%	12%	76%	37%
Height *All patients 18 and up, once*	89%	91%	98%	98%	81%	85%	93%	92%
Weight *All patients 18 and up, every 3 years*	80%	76%	80%	81%	56%	52%	71%	51%
Smoking *All patients 14 and up, review every year* *Excludes "Never Smokers"*	41%	20%	21%	39%	16%	46%	31%	.03%

Exercise Assessment Annually *All patients 18 and up, review yearly*	40%	27%	15%	16%	7%	1%	29%	.003%

Table 14: Engagement in Quality and Safety

Due to Covid-19 and the many other competing priorities last year, patient experience surveys were not run in time for this report.

A significant event is an event thought by anyone on the team, including patients and/or their families, to be significant in the care of patients or the conduct of the practice. Significant events are reported and systematically analyzed and many time form the basis of future quality improvement projects.

S6-Objective 3: **Engage the public, community practices and stakeholders in quality patient care and safety.**			**2019-20**	**2020-21**
Indicator 1: Patient Experience Measurements				N/A
Indicator 2: Significant Event Identification and Analysis				
i.	Number of Reported Significant Events (e.g., scanning errors, lack of reports coming in, etc.)		New	33
ii.	Number of analysis and/or actions (e.g., Quality Improvement Initiative)		New	18

Table 15: Leadership and Advocacy.

Through leadership in the delivery of family practice services and primary care, the Department of Family Medicine seeks to improve the health and well-being of the people of Alberta and Canada. Family physicians work in partnership with patients, families and communities to contribute to the continuing development of public health policy, often going beyond their practices to reduce health inequities.

S6-Objective 4: **Demonstrate leadership and advocacy in health services delivery.**		**2019-20**	**2020-21**

Indicator 1: Number of positions held by DoFM faculty sitting on committees and/or chairing committees, advisory boards, grant committees, ethics boards, PCNs, etc.				
i.	Locally		New	21
ii.	Provincially		New	13
iii.	Nationally		New	8