Appendix I

Accountability Report 2016-17

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

Table of Contents

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

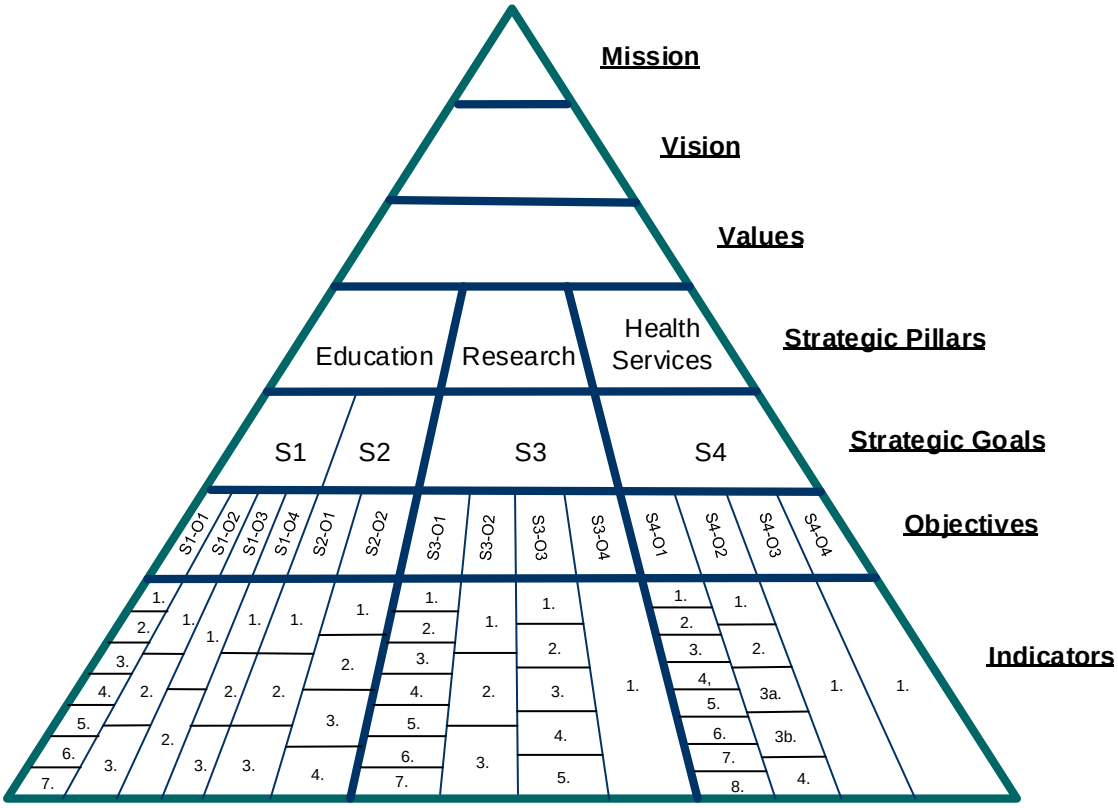
We are a learning organization; we seek constantly to improve how we do what we do for our learners, patients, communities, and other stakeholders, encourage and accept input from them, and use both our data and their feedback to improve.

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*. This **balanced scorecard** strategic management framework is 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. This Accountability Report covers the academic activity in the Department of Family Medicine for the periods July, 2016 to June 30, 2017.



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). Much of the learning occurs in the 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 in 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 through our Faculty Development program.

Much of the educational program focus in 2017 was around Accreditation. This very valuable exercise left the Department of Family Medicine with the tools, knowledge and experience to integrate Quality Improvement and Quality Assurance into our daily operations. Quality improvement has become part of our work, not an addition to our work.

S1- STRATEGIC GOAL – PLACE LEARNERS IN FAMILY MEDICINE CENTERED EXPERIENCES WITH HIGH CALLIBER TEACHERS AND PRODUCE GRADUATES THAT MEET THE NEEDS OF COMMUNITIES THEY SERVE.

Table 1: Resident Continuity

S1-Objective 1: **Provide a Triple C competency based curriculum (competency based, *continuity, comprehensive, centered in family medicine)***		**2014-15**	**2015-16**	**2016-17**
Indicator 1: Percentage of residents achieving target continuity with patient panels				
i.	Total visits by residents during their residency	37,435	33,287	32,761
ii.	Patients with visits to same resident twice during their residency	17%	17.6%	16.9%
iii.	Patients with visits to same resident three times during their residency	6%	5.9%	9.3%
iv.	Patients with visits to same resident four times during their residency	2%	2%	2.5%
v.	Patients with visits to same resident five times during their residency	1%	1%	1%
vi.	Patients with visits to same resident six times during their residency	1%	1%	1%
Indicator 2: Percentage of clinical half days spent with primary preceptor supervision		87%	90%	82.6%

Table 2: Triple C Curriculum

S1-Objective 1: **Provide a Triple C based curriculum (*continuity, comprehensive, centered in family medicine)***		**2014-15**	**2015-16**	**2016-17**
Indicator 3: Percentage of residents achieving FieldNote(1) targets *(2014-15 data erroneous due to a technical difficulty causing duplication of a number of notes)		*	42.5%	44%
Indicator 4: Total number of FieldNotes created over 12 month period *(2014-15 data erroneous due to a technical difficulty causing duplication of a number of notes)		*	7,000	6776
Indicator 5: Percentage of residents achieving a pass in the **CFPC(2)** exam first time		96%	90.8%	90.8%
Indicator 6: Percentage of FieldNotes across all Clinical Domains				
i.	Doctor-patient relationship / Ethics	11.9%	10.8%	7%
ii.	Care of adults	34.7%	37.2%	42%
iii.	Care of children and adolescents	11.8%	11.6%	12%
iv.	Care of the elderly	8.1%	8.9%	9%
v.	Care of the vulnerable and underserviced	4.0%	3.6%	3.8%
vi.	Maternity Care	8.2%	7%	6.7%
vii.	Palliative Care	1.8%	2.3%	2.2%
viii.	Surgical and procedural skills	12.7%	12.1%	9.9%
ix.	Not applicable	7.0%	6%	6.6%
Indicator 7: Number of weeks of rotational experiences that occur in family medicine environments		43%	46%	49%

(1)FieldNotes – the process of documenting a sampling of direct observations and feedback given across all clinical domains and sentinel habits. 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.

(2) College of Family Physicians of Canada

Table 3: Meeting Community Needs and Enhanced Skills

S1-Objective 2: **Provide opportunities for family medicine graduates to meet the needs of Albertans including the development enhanced skills**		**2014-15**	**2015-16**	**2016-17**
Indicator 1: Practice patterns after completion of Residency and Enhanced Skills Program **Information for this indicator one year behind due to availability of data.*		New Metric	New Metric	
i.	Practicing in Canada (2016 completion n=90)		83	Data not available
ii.	Practicing in Alberta (2016 completion n=90)		72	Data not available
iii.	Unknown (2016 completion n=90)		8	Data not available
Indicator 2: Applications to the Advanced Skills program		121	145	140
Indicator 3: Accepted enrollment / Successful completion of Advanced Skills program.		14/14	18/18	15/16

Table 4: Knowledge Translation and Faculty Development

S1-Objective 3: **Foster knowledge translation of best practice and innovation in Family Medicine education** ***(Research indicator; in 2015-16, based on 18 months data to catch up to the academic year reporting)***	**2014-15**	**2015-16**	**2016-17**
Indicator 1: Number of faculty presenting education workshops and presentations	37	35	Data not available
Indicator 2: Number of teaching faculty on national and international education committees	17	20	19
S1-Objective 4: **Provide educators with the opportunity to develop skills to keep up with evolving curriculum**	**2014-15**	**2015-16**	**2016-17**
Indicator 1: Number of faculty development sessions held	3	3	16
Indicator 2: Number of participants in faculty development sessions	185	86	226
i. Number of Department of Family Medicine participants	173	81	131
ii. Number of Community participants	12	5	42
Indicator 3: Number of Faculty involved in producing education support documentation or products.	17	23	19(3)

[3] *See Appendix 1b for listing*

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

Table 5: Undergraduate Family Medicine Exposure

S2-Objective 1: **Use curricula aligned with Can-Meds and Can-Meds FMU to increase the number of University of Alberta medical students choosing family medicine.**	**2014-15**	**2015-16**	**2016-17**
Indicator 1: Number of University of Alberta students matching to University of Alberta Family Medicine after Round 1 ***CaRMS***	39	30	29
Indicator 2: Number of student evaluations of the Longitudinal Clinical experience *(previously called Community-based experience*)rated as good to excellent	96.5%	95.5 %	96%
Indicator 3: Mean overall rating of the ***Family Medicine Clerkship*** program from the graduation survey as compared to the national average /5	4.2	4.1	4.1
S2-Objective 2: Increase exposure of University of Alberta's medical students to modern, progressive Family Medicine	**2014-15**	**2015-16**	**2016-17**
Indicator 1: Number of weeks of ***Family Medicine electives*** year 3 and 4 provided by Department of Family Medicine faculty and preceptors	219	218	231
Indicator 2: Number of hours of undergrad teaching by Department of Family Medicine faculty or preceptors	1,105	8,429	6256
Indicator 3: Number of weeks spent coordinating undergrad courses by Department of Family Medicine faculty or preceptors	345	127.5	53
Indicator 4: Residents as teachers – Number of hours of Resident teaching; OSCE's, TOSCE's	709	364	1165

Research

The Department of Family Medicine at the University of Alberta is a leader in primary care health systems and medical education research. Members cover a broad range of research topics and disseminate research findings through papers, books, manuals, presentations and workshops at local, provincial, national and international conferences. The research focus of this department is in conducting and disseminating research that improves teaching, the practice of family medicine, primary health care and to mentor residents in learning the important role research has in improving primary care. Residents are challenged through their personal Practice Quality Improvement projects to experience research using the quality improvement lens.

S3- STRATEGIC GOAL – CONDUCT INNOVATIVE FAMILY MEDICINE AND MEDICAL EDUCATION RESEARCH

Table 6: Research Activity (Grants & Publications)

S3-Objective 1 **Conduct research to improve primary care and medical education** *(This year 18 months reported to catch up to academic year reporting)*	**2014**	*(18 months)* **2015-16**	**2016-17**
Indicator 1: Number of new research grants awarded **DoFM faculty are PIs or Co-Investigators on the grant and funding administered/held by University of Alberta **or** other organizations*	27	46	32
Indicator 2 : Total value of NEW grant funding *(actual dollars)* received and held by DoFM, University of Alberta *(total amount of new funding in account for year reported - e.g. if total grant = $100,000 but only $50,000 was received during 2014, only $50,000 is reported here). [Information obtained frome-TRAC]*	$559,132.	$2,141,746.	$1,704,157
Indicator 3: Number of grants in progress (*cumulative)* **DoFM faculty are PIs or Co-Investigators on the grant and funding administered/held by University of Alberta **or** other organizations*	54	48	38
Indicator 4 (a): Total value of grant funding NEW and IN PROGRESS (dollars) (*cumulative)* currently held by DoFM, University of Alberta in the year reported. [*Information obtained frome-TRAC. *Excludes U of A internally funded projects (e.g. NAAFP, almost all summer studentships, other funding fromwithin U of A)]*	$5,081,719	$5,614,533	$5,728,925.
Indicator 5: Number of peer reviewed publications	78	159	140
Indicator 6: Number of non-peer reviewed publications	12	19	16
Indicator 7: Number of books and chapters published	8	4	2

Table 7: Research Activity (Research Findings)

S3-Objective 2: **Engage in the translation of research findings to inform on education and on policy in primary care**	**2014**	*(18 months)* **2015-16**	**2016-17**
Indicator 1: Number of presentations to policy makers, health professionals, stakeholders			
i. Oral Presentations *(excludes educational presentations such as faculty development, courses, etc.)(Peer reviewed)*	116	137	166
ii. Poster Presentations (research)	123	101	127
iii. Workshops	10	16	37
Indicator 2: Number of peer reviewed presentations (research: poster& oral)	146	252	330
Indicator 3: Number of knowledge translation products, tools, manuals produced	26	61	83
S3-Objective 3: **Expand research expertise**	**2014**	*(18 months)* **2015-16**	**2016-17**
Indicator 1: Percentage of research projects external collaboration, locally, regionally, nationally and internationally.	138	208	169
I. Local	61.6%	66.3%	62.1%
II. Regional	6.5%	6.2%	9.5%
III. National	25.4%	25.5%	28.4%
IV. International	6.5%	2.4%	0
Indicator 2: Percentage of faculty with advanced degrees	72.5% *(n=29)*	64.3% (n=27)	60.5% (n=26)
Indicator 3: Number of research summer students *(person months)*	27.5months *(n=8)*	19 months *(n=9)*	*49.5 months (n=15)*
Indicator 4: Number of grad students, (*Masters, PhD, fellows, post-doctoral and independent study students)*	17	36	35
Indicator 5: Number of faculty who supervise fellows, graduate students, and independent study students	7	17	17
S3-Objective 4: **Influence the health research agenda in Canada**	**2014**	*(18 months)* **2015-16**	**2016-17**
Indicator 1: Number and descriptions of positions on research funding organization committees, ethics, review and advisory boards (Details of positions and placements page xvi)	19	42	150[4]

[4] *See Appendix 1a for listing*

Health Services

The vision of the department is to ensure residents are part of a health system that ensures 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 organizations where quality improvement is part of the common culture.

Access to primary care services when the patient needs them and continuity with their primary care physician or their 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 basis for patient continuity of care. The following data is from our four academic teaching sites.

In the Family Medicine program, the clinic is the curriculum. Role modeling in an environment that is patient- centered, practices team-based care and promotes the elements of the Patients Medical Home encourages residents to want to practice in a similar environments upon graduation.

S4- STRATEGIC GOAL – PROVIDE SAFE AND EFFECTIVE HEALTHCARE.

Table 8: Academic Teaching Site Delay Indicators

S4-Objective 1: **Improve access to healthcare**	**2014-15**	**2015-16**	**2016-17**
Indicator 1: Average time to 3rd next available appointment (days)			
Royal Alex FMC	4.9	4.6	5.4
Grey Nuns FMC	4.6	5.6	4.4
Misericordia FMC	4.6	3.3	4.7
NECHC FMC	7.1	5.5	5
Indicator 2: **Average cycle time of appointments (minutes from check in to check out)**			
Royal Alex FMC	52	50.7	47
Grey Nuns FMC	60	66	59
Misericordia FMC	56	58	60
NECHC FMC	56	46	47
Indicator 3: Average red zone time *(time spent with provider, in minutes)*			
Royal Alex FMC	27	26	29
Grey Nuns FMC	N/A	N/A	N/A
Misericordia FMC	33	30	33
NECHC FMC	33	19.5	18

Table 9: Academic Teaching Site Clinical Activity

S4-Objective 1: **Improve access to healthcare - continued**	**2014-15**	**2015-16**	**2016-17**
Indicator 4: Continuity rate of provider panel (% of patients seeing own provider)			
Royal Alex FMC	79%	81%	84%
Grey Nuns FMC	81%	83%	87%
Misericordia FMC	86%	86%	84%
NECHC FMC	76%	85 %	87%
Indicator 5: Number of new patients accepted to practice			
Royal Alex FMC	242	260	379
Grey Nuns FMC	307	213	285
Misericordia FMC	154	95	76
NECHC FMC	397	549	352
Indicator 6: Average return visit rate / 12 month period			
Royal Alex FMC	3	3.3	3.3
Grey Nuns FMC	3	3	3
Misericordia FMC	3.1	3.1	3.1
NECHC FMC	2.4	3.3	3.6
Indicator 7: Panel size – patients seen in the past 3 years			
Royal Alex FMC	5,500	5,556	5,690
Grey Nuns FMC	4,403	4,361	3,795
Misericordia FMC	4,642	4,558	4,499
NECHC FMC	5,017	5,147	5,074
Indicator 8: Utilization of Primary Care Network allied health service professionals and programs (number of events)			
Royal Alex FMC	1,617	1,777	2185
Grey Nuns FMC	663	743	695
Misericordia FMC	780	711	978
NECHC FMC	21	557	1115

Table 10: Academic Teaching Site Practice Quality Improvement

The four academic teaching clinics have successfully maintained a culture of continuous quality improvement informed by measures for many years. Role modeling quality and safety in primary care and quality improvement has become an important focus of this department's curriculum.

S4-Objective 2: **Foster best practice and innovations in primary care**	**2014-15**	**2015-16**	**2016-17**
Indicator 1: Number of practice quality improvement projects / initiatives in academic teaching clinics.			
Royal Alex FMC	24	15	7
Grey Nuns FMC	10	5	8
Misericordia FMC	7	5	10
NECHC FMC	21	20	29

Tables 11a and 11b: Academic Teaching Site Health Screening Completion Rates

The four academic teaching clinics as well as one of our affiliated community clinics (the University of Alberta Family Medicine Centre) enrolled in the Towards Optimized Practice, Alberta Screening and Prevention Program (ASaP) as a Primary Care Organization (PCO). As a PCO, aggregate screening data for the PCO as a whole is provided at baseline, 6 month and 12 month intervals. The intent is to measure at baseline, implement new processes for opportunistic and outreach screening programs, then measure at 6 month intervals to see if changes made have resulted in improvement. In addition, screening rates for other PCO's as well as the Alberta average are provided to PCO's for comparison.

The data from the ASaP Program is derived from randomized chart audits of patients who had been into the clinic for a medical appointment in the past 12 months. Those results are seen in Table 11b.

At the four academic teaching sites however we have been measuring screening rates for the past 4 years 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. Those results appear seen on Table 11a.

Screening rates in Table 11a only take age and sex into account as the criteria for eligibility for each maneuver. It does not take into account patient preference or the fact that a maneuver may not have been medically indicated. For this reason, a rate of 100% would be inappropriate.

Table 11a: Electronic Medical Record Screening Data (complete panel)

S4-Objective 2:

Foster best practice and innovations in primary care (continued)

Indicator 2:
Percentage of population health screening completion rates.

	Royal Alex		Grey Nuns		Misericordia		NECHC	
	2016	**2017**	**2016**	**2017**	**2016**	**2017**	**2016**	**2017**
Mammography	70%	69%	80%	76%	53%	56%	86%	84%
Pap Test	64%	65%	67%	74%	46%	51%	39%	64%
Blood Pressure	64%	64%	78%	80%	52%	51%	55%	52%
Plasma Lipid Profile	85%	78%	59%	77%	79%	71%	71%	75%
Colorectal Cancer Screening -Colonoscopy last 10 years or Sigmoidoscopy last 5 years or FIT test last 2 years	58%	61%	54%	67%	45%	44%	43%	54%
Diabetes Screen – One of Hemoglobin A1C or Fasting Glucose	87%	85%	86%	86%	61%	50%	82%	83%
CV Risk Calculation (Framingham)	19%	39%	25%		12%	34%	87%	59%
Height once	87%	87%	95%	96%	77%	77%	88%	75%
Weight 3 year	79%	69%	77%	76%	61%	59%	78%	52%
Smoking 1 Year	34%	39%	32%	38%	30%	27%	49%	67%
Exercise Assessment 1 year	32%	33%	28%	30%	17%	15%	45%	67%

Table 11b: Alberta Screening and Prevention Data (Random Audit)

Indicator 2:
Percentage of population health screening completion rates. (As of December 2016)

Screening Maneuver	PCO(Patient care Organization) Baseline (%)	12 month follow up (%)	Change (%)
Alcohol	13.18	57.27	44.09
Blood Pressure	66.82	75.00	8.18
Colorectal Screening	45.05	72.73	27.67
CV Risk	6.54	50.50	43.95
Diabetes Screening	78.68	68.25	-10.42
Exercise	10.00	54.09	44.09
Influenza	2.73	44.54	41.82
Height and Weight	40.00	60.91	20.91
Lipids	73.83	69.31	-4.52
Mammogram	59.57	76.60	17.02
Pap Smear	66.41	73.11	6.70
Tobacco	37.73	64.55	26.82
DFM Overall Scores all Maneuvers Combined	37.29	61.93	24.64
Alberta Experience for Comparison – Overall Scores, all Maneuvers Combined	49.39	63.73	14.34

Table 12: Academic Teaching Site Patient Medical Home Scores

In the early part of 2016 the four academic centers rolled out the Patients Medical Home Phase 1 Assessment (Primary Care Network Evolution). This tool helps clinics assess their own processes and activities related to Patient's Medical Home implementation concepts, helps them to see where the gaps are and then be able to formulate an action plan to move the clinic forward. Phase 1 focuses on engaged leadership, capacity for improvement and panel and continuity. Phase 2 focuses on team based care, evidence based care, patient-centered interactions, enhanced access and care coordination. In 2017 all 4 clinics completed the second assessment, reviewed the results with their clinic teams, identified gaps and created an action plan that would inform their improvement work over the next year.

Methodology is a self-reflective exercise followed by a facilitated discussion which ultimately brings the team to consensus on a group score for each question. Scores are out of 12 with 12 being the highest level and closest to the PCHM goal. All four clinic were in the Level B range of "Medical Homeness" which speaks to all of the hard work they have put in over the past few years. The exercise did highlight areas for improvement which they will continue to address.

Indicator 3C: PCNe Practice Level Patient's Medical Home Assessment (*Scores /12; where 1 is the lowest score and 12 the highest possible score)*								
PCN-E Assessment Score – Phase 1	**Royal Alex**	2015-16	**Grey Nuns**	2015-16	**Misericordia**	2015-16	**NECHC**	2015-16
Engaged Leadership /12		6.75		6.25		6		7
Quality Improvement /12		7.25		7.25		8.25		7.5
Panel and Continuity /12		7.25		7.5		8.25		7
Overall Consensus Score		7 (Level B)		7.3 (Level B)		7.5 (Level B)		7 (Level B)

PCN-E Assessment Score – Phase 2- *In Progress, will be reported in the 2016-17 report*	**Royal Alex**	2016-17	**Grey Nuns**	2016-17	**Misericordia**	2016-17	**NECHC**	2016-17
Team Based Care /12		6.6		10		8.4		8.2
Organized Evidence Based Care /12		5.4		7.8		6		6
Patient-Centered Interactions /12		7.3		7		5.8		7
Enhanced Access /12		7.7		9.2		8		8.75
Care Coordination /12		8.8		9.4		7.5		8
Overall Consensus Score		7.16 Level B		8.6 Level B		7.14 Level B		7.59 Level B

Table 13: Leadership and advocacy in Primary Healthcare Policy and Education in Quality and Safety.

S4-Objective 3: **Demonstrate leadership and advocacy in healthcare delivery policy.**	**2015-16**	**2016-17**
Indicator 1: Number of provincial, national and international committees or working groups affecting policy attended by faculty or senior staff.		No data
S4-Objective 4: **Educate and support in Quality and Safety in primary Care**	**2015-16**	**2016-17**
Indicator 1: Number of large group sessions or sessions to clinics	4	0
Number sessions for learners	4	4

Appendix 1a

Faculty Members on Research Funding Organizations

1. Allan GM
    a. Editorial Board, Canadian Family Physician
    b. Co-Chair, Towards Optimized Practice Clinical Decision Supports for Primary Care
    c. Member, Towards Optimized Practice Patients Communicated with Teams Committee
    d. Co-Chair, Towards Optimized Practice ASAP Committee

2. Bell N
    a. Member, The eHeatlh Committee, Canadian Task Force for Preventative Health
    b. Member, Screening for Abdominal Aortic Aneurysm Working Group, Canadian Task Force for Preventative Health
    c. Member, Knowledge and Exchange Working Group, Canadian Task Force for Preventative Health
3. Brenneis F
    a. Member, Physician Resource Planning Committee, Government of Alberta
4. Campbell-Scherer D
    a. Reviewer, CFPC Fellowship Reviews
    b. Grant Reviewer, Project Scheme 1, Canadian Insititutes of Health Research
    c. Grant Reviewer, Catalyst Grant SPOR Innovative Clinical Trials, Canadian Insititutes of Health Research
    d. Grant Reviewer, Janus Grant Competition, College of Family Pysicians Canada
    e. Editorial Board, *Evidence-Based Medicine, BMJ Journals*
5. Cave AJ
    a. Chair, KRS Grant Panel, Canadian Institutes of Health Research
    b. Chair, Respiratory Grant Panel, Canadian Institutes of Health Research
    c. Reviewer, PHSI Grants, Canadian Institutes of Health Research
    d. Reviewer, Fellowship Grant, Lung Association
    e. Reviewer, MSI Foundation LOI's and Grants
    f. Advisory Board, Royal College of Physicians Working Group on Respiratory Care (International)
    g. Member, TOP Committee for Deriving New Guidelines for Asthma Management
    h. Chair, Paediatric Asthma Pathway Committee, Alberta Health Services
    i. Member, Board of Directors, MSI Foundation
    j. Member, International Primary Care Respiratory Group
6. Chan K
    a. Member, Supportive Living Capacity Mentoring Team, Alberta Health Services
    b. Member, Alberta Dementia Strategy: Primary Health Care Working Group
    c. Member, Home Living Capacity Mentoring Team, Alberta Health Services
7. Charles L
    a. Member, Health Research Ethics Board (Biomedical Panel), University of Alberta
    b. Member, Health Care of the Elderly National Committee
    c. Member, CFPC Working Group on the Assessment of Competence in Care of the Elderly
    d. Member, Acute Care and Crisis Management Working Group, Alberta Dementia Strategy and Action Plan

8. Chmelicek J
    a. Chair, Continuing Professional Development Committee, CFPC
    b. Member, MAINPRO + Working Group
    c. Accreditation Committee Member, Memorial University
    d. Co-Chair, Taskforce on Transition out of Practice, CFPC
    e. Advisor, Governance Review Committee, CFPC
    f. Chair, Continuing Professional Development, CFPC
    g. Member, NCCPD Sub Committee on CPD Credit, CFPC
    h. Chair, Post Graduate Directors, CFPC
    i. Member, Post Graduate Education Committee, CFPC
    j. Co-Chair, ACFP Opiods Task Force, CFPC
    k. Reviewer, Memorial Univeristy
    l. Co-Chair, Presidential Diad, CFPC
    m. Member, Family Medicine Speciality, CFPC
    n. Grant Reviewer, Janus Continuing Professional Development Grants, CFPC
9. De Freitas T
    a. Reviewer, Glen Sather Sports Medicine Clinic Director Search
10. Dobbs B
    a. Member, Seniors Age-Friendly Strategy (Transportation, City of Calgary)
    b. Member, Alternative Transportation for Seniors Advisory Committee
    c. Member, Age Friendly Edmonton Transportation Working Group
    d. Member, St. Albert Seniors Working Group - Transportation
11. Donoff M
    a. Co-Chair, Health Quality Council of Alberta Care Planning Project
    b. Co-Chair, Towards Optimized Practice Chronic Disease Management Project
    c. Co-Chair, Patients Collaborating with Teams (Provincial)
    d. Adivsory Board, Working Group on Certification of the College of Family Physicians, CFPC
12. Garrison S
    a. Member, Family Medicine Forum Advisory Committee, CFPC
    b. Grant Panel, University Hospital Foundation Medical Research Competition
13. Green LA
    a. Chair, Measurement and Evaluation Working Group, Alberta Health
    b. Member, Primary Health Care Steering Committee, Alberta Health
14. Gruneir A
    a. Grant Panel Member, Health Reason Training, CIHR
    b. Grant Panel Member, PSI Foundation (Ontario)
    c. Grant Panel Member, University Hospital Foundation Medical Research Competition
    d. Member, Health Quality Ontario Long-Term Care Public Reporting Delphi Panel
    e. Member, Quality Indicator Working Group, Alberta Health Continuing Care
    f. Member, Health Services Working Group, Canadian Longitudinal Study of Aging
    g. Member, Health System, Planning, and Evaluation Meetings, Institute for Clinical Evaluative Sciences

15. Humphries P
    a. Faculty Reviewer, Cumming School of Medicine, University of Calgary
    b. Faculty Reviewer, Department of Family Medicine, University of Ottawa
    c. Member, AHS Edmonton Zone Core Resource Team for Medical Assistance in Dying
    d. Member, CBAS Committee: Research, Assessment and National and International Translational Team
    e. Member, CFPC Industry Relationship Subcommittee
    f. Member, Primary Care Network Mental Health Committee
16. Janke F
    a. Chair, Alberta College of Family Physicians Opiod Task Force
    b. Member, Working Group on Rural Competencies, CFPC
    c. Member, Community of Practice Working Group for Enhanced Surgical Skills, CFPC
    d. Member, Nominations and Awards Committee for the Alberta College of Family Physicians
    e. Member, Working Group for Sustainability of Rural Maternity Services
    f. Member, Distributed Medical Education Resource Group, CFPC
    g. Member, Working Group on Enhanced Surgical Skills, CFPC
    eMember, Membership Advisory Committee, CFPC
17. Kolber MR
    a. Director, Alberta Society of Endoscopic Practice
    b. Associate Editor, Alberta College of Family Physicians, Tools for Practice
    c. Chair, Endoscopy Skills Days for Practicing Endoscopists and their Teams
    d. President, Electronic Medical Procedure Reporting System
18. Konkin J
    a. Member, Sub-Committee of the Society of Rural Physicians of Canada's International Committee
    b. Member, Accreditation Committee, CFPC
    c. Member, International Advisory Panel, Patan Academy of Health Sciences
    d. Reviewer, Charles Boelen Award
    e. Member, Consortium of Longitudinal Integrated Clerkship
    f. Member, Advancing Rural Medicine Task Group, CFPC
19. Koppula S
    a. Member, Communications Committee, North American Primary Care Research Group
    b. Grant Reviewer, Power of Arts in Family Medicine, CFPC
    c. Reviewer, Post Partum Depression Policy, Alberta Health Services
    d. Reviewer, Research Awards, CFPC
    e. Reviewer, Janus Grants, CFPC
    f. Member, Primary Care Alliance Editorial Board
    g. Member, Maternity and Newborn Care Program Committee, CFPC
    h. Chair, Continuing Professional Development Advisory Committee, ACFP

20. Korownyk C
    a. Associate Director, Alberta College of Family Physicians, Tools for Practice
    b. Member, Alberta Clinical Pathways Steering Committee
    c. Member, CPD Committee, CFPC
    d. Member, Evidence and CPD Committee, Alberta College of Family Physicians
    e. Member, Opiod Taskforce, Alberta College of Family Physicians
    f. Member, Peer Review Steering Committee for the Simplified Lipid Pathway
    g. Member, Steering Committee for Canadian ASsocation of Gastroenterology Clinical Practice Guidelines on the Management of Irritable Bowel Syndrome
21. Lebrun CM
    a. Member, Olympic and Paralympic Sports Medicine Issues Committee, American College of Sports Medicine (ACSM)
    b. Member, Women's Issues in Sport Medicine Committee, Canadian Academy of Sport Medicine (CASM)
    c. Member, Fellowship Director's Committee, CASM

d. Member, Team Physicians' Committee, CASM
e. Member, Working Group on Assessment of Competency in Sport and Exercise Medicine, CFPC
f. Member, Therapeutic Use Exemption Committee, Canadian Centre for Ethics in Sports
g. Editorial Board Member, *Clinical Journal of Sports Medicine*
h. Editorial Board Member, *The Physician and SportsMedicine*

22. Manca D
    a. Member, EMR Working Group, CFPC
    b. Member, Prevention in Hand Steering Committee, CFPC
    c. Member, Chronic Disease Primary Prevention Research Initiative Think Tank
23. Moores D
    a. Chair, Complaint Review Committee and Hearing Tribunal Committee, College of Physicians and Surgeons of Alberta
    b. Member, Quality Referrals Curriculum Advisory Group, Alberta Health Service
    c. Peer Reviewer, College of Physicians and Surgeons of Alberta
    d. External Reviewer, Niagara Falls Community Health Centre, Accreditation Canada Surveyor
    e. Member, Canadian Patient Safety Institute Enhanced Recovery After Surgery Best Practices Partners Group, CFPC
24. Nichols D
    a. Member, International Advisory Board to the Patan Academy of Health Sciences (Nepal)
25. Parmar J
    a. Member, Alberta Health Services Provincial Seniors and Primary Health Care Initiatives Committee
    b. Member, Alberta Health Services Provincial Clinical Knowledge Working Group, CK-CM on Frailty
    c. Member, Provincial Clinical Knowledge Working Group, Provincial Dementia Strategy (ADSAP), Government of Alberta
    d. Panel Member, Canadian Medical Association National Strategy on Seniors Care
    e. Member, Core Group, Integrated Geriatric Initiative – Central Zone Expert Advisory Working Group, Dementia Strategy, Seniors' Health Strategic Clinical Network
    f. Chair, Alberta Health Services, Provincial Geriatric Assessment Form Working Group
    g. Co-Chair, Care Partner Support Working Group, Provincial ADSAP
    h. Co-Chair, EZMSA QI Grant Advisory Committee
    i. Member, Kule Institute of Advanced Study (KIAS) Grant Planning Team
    j. Member, Alberta Seniors Care Coalition (ASCC)
    k. Member, iSENIORS Research Unit Advisory Committee
26. Ross S
    a. Advisor, Canadian Obesity Network Coalition Meeting
    b. Member, Department of Surgery Chair Search and Selection Committee
    c. Member, Review Committee for Chair of Pharmacology
    d. External Reviewer, Dr. Susan Glover Takahashi, University of Toronto
    e. Member, Preparation for Research Education/Excitement/Enhancement/Engagement on Practice (PRE^{E}P) Action Group, CFPC
    f. Member, Triple C Evaluation Advisory Group, CFPC
    g. Member, Scholars United, CFPC
    h. Advisory Board, Secretary for the Board of Directors and Executive of the Canadian Association for Medical Education (CAME)
27. Salvalaggio G
    a. Member, Health Research Ethics Board (Health Panel), University of Alberta
    b. Member, Participatory Research in Primary Care Working Group, North America Primary Care Research Group
    c. Consultant, Alcohol Screening and Brief Intervention Knowledge Translation Initiative, College of Family Physicians of Canada

28. Schipper S
    a. Member, Accreditation Committee, CFPC
    b. Director, National Board of Executives, CFPC
    c. Member, Finance and Audit, CFPC
    d. Member, Physician Resource Planning Committee, Alberta Health
29. Triscott J
    a. Grant Panel, Bristol-Myers Squibb/Pfizer Canada
    b. Reviewer, Canadian Task Force on Preventative Health Care
    c. Member, Advisory Committee on Senior Care, Alberta College of Family Physicians
    d. Member, Working Group for Care of the Elderly, Alberta College of Family Physicians
    e. Member, Challenging Behaviors, Developing and Alberta Action Plan, Institute of Continuing Care Education and Research

Appendix 1b

Teaching Faculty on National and International Education Committees

1. Banh H
    a. Member, China Pharmacy Training Team

2. Bell N
    a. Member, Screening for Abdominal Aortic Aneurysm Working Group, Canadian Task Force for Preventative Health
    b. Member, Knowledge and Exchange Working Group, Canadian Task Force for Preventative Health
    c. Member, Clinical Prevention Leader Network Training Program, Canadian Task Force for Preventative Health
3. Cave AJ
    a. Member, TOP Committee for Deriving New Guidelines for Asthma Management
    b. Member, China Pharmacy Training Team
    c. Advisory Board, Royal College of Physicians Working Group on Respiratory Care (International)
4. Charles L
    a. Member, CFPC Working Group on the Assessment of Competence in Care of the Elderly
    b. Member, Health Care of the Elderly National Committee
5. Chmelicek J
    a. Chair, Continuing Professional Development Committee, CFPC
    b. Member, MAINPRO + Working Group
    c. Chair, Continuing Professional Development, CFPC
    d. Member, NCCPD Sub Committee on CPD Credit, CFPC
    e. Member, Post Graduate Education Committee, CFPC
6. De Freitas
    a. Director, Joint Injection Workshop
    b. Coordinator, CASEM Exam
7. Gruneir A
    a. Member, Health Quality Ontario Long-Term Care Public Reporting Delphi Panel
    b. Member, Health System, Planning, and Evaluation Meetings, Institute for Clinical Evaluative Sciences
8. Humphries P
    a. Member, CBAS Committee: Research, Assessment and National and International Translational Team
9. Janke F
    a. Member, Working Group on Rural Competencies, CFPC
    b. Member, Community of Practice Working Group for Enhanced Surgical Skills, CFPC
    c. Member, Distributed Medical Education Resource Group, CFPC
    d. Member, Working Group on Enhanced Surgical Skills, CFPC
10. Keenan L
    a. Advisory Board, 5Ast-MD – Improving Obesity Management Training in Family Medicine
11. Konkin J
    a. Member, Distributed Medical Education Group, The Association of Faculties of Medicine of Canada (AFMC)
12. Koppula S
    a. Member, National Working Group on Faculty Development, CFPC
13. Korownyk C
    a. Member, CPD Committee, CFPC
    b. Member, Steering Committee for Canadian Association of Gastroenterology Clinical Practice Guidelines on the Management of Irritable Bowel Syndrome
14. Lebrun C
    a. Member, Education Committee, American College of Sports Medicine (ACSM)

    b. Member, Working Group on Assessment of Competency in Sport and Exercise Medicine, CFPC
15. Moores D
    a. Member, Canadian Patient Safety Institute Enhanced Recovery After Surgery Best Practices Partners Group, CFPC
16. Ross S
    a. Reviewer, Review Committee for Education Innovation Symposium Submissions, CCME
    b. Member, Preparation for Research Education/Excitement/Enhancement/Engagement on Practice (PRE^{E}P) Action Group, CFPC
    c. Member, Triple C Evaluation Advisory Group, CFPC
    d. Member, Scholars United, CFPC
17. Salvalaggio G
    a. Consultant, Alcohol Screening and Brief Intervention Knowledge Translation Initiative, College of Family Physicians of Canada
18. Schipper S
    a. Member, Accreditation Committee, CFPC
19. Triscott J
    a. Reviewer, Canadian Task Force on Preventative Health Care