

Discipline of Family Medicine Strategic Planning 2019-2024

What should the DFM's priorities be in the coming years?

Key priorities coming out of the priorities activity from the DFM strategic planning day.

| Area | Priorities |
|------------------------------|--|
| Education | Undergraduate: <ul style="list-style-type: none"> - Promote Family Medicine more as a career option to medical students - Have more content teaching done by DFM faculty - UG learners in all sites with PG learners |
| | Postgraduate: <ul style="list-style-type: none"> - Continue to refine and promote Triple C - Better use of streams model - more distributed teaching, layered learning - Ensuring clinical excellence and teaching is uniform by ensuring all have access to the same teaching resources / organizing clinical resources so that they can be shared between streams |
| | Faculty and staff: <ul style="list-style-type: none"> - Need more professional development for staff and better access to it |
| | Community: <ul style="list-style-type: none"> - educating our communities; empowering the population in health promotion; primary prevention |
| | Other: <ul style="list-style-type: none"> - Engage more primary care physicians - Develop NB sites |
| Research | <ul style="list-style-type: none"> - Research support is required (grant writing, team, mentorship, research skills development) - Bring together the resources we already have...communicate roles and work collaboratively...PHRU, eHealth, MESC, RGS, etc. - Create opportunities for research |
| Social Accountability | <ul style="list-style-type: none"> - Community engagement - develop partnerships within communities to understand needs - Champion Choosing Wisely - Attention to developing competencies for underserved populations |
| Other: Leadership | <ul style="list-style-type: none"> - Be leaders in engaging a collaborative approach to the delivery of healthcare, education, advocacy and wellness - Advocacy for own discipline - Engage in primary care renewal - Determining the future of FM practice |
| Other: Visibility of the DFM | <ul style="list-style-type: none"> - Enhance visibility within the medical school (UG + PG), Communities, RHAs, government levels - Inventory of DFM activities – should be promoted across all constituencies - Advocacy / promotion of roles |

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| | <ul style="list-style-type: none"> - Increase donations (private organizations, patients); canvas alumni for donations/funding specific to DFM - Innovative funding alternatives (alumni, patients) |
| Other: Clinical / Inter professional | <ul style="list-style-type: none"> - Defining what our clinical practice should be - Robust clinical practices with active patients - Primary care renewal – tie in with wellness, hierarchical model - Addressing patient needs, approach to societal determinants of health, avoiding burn out, better accessibility of care, crisis prevention, even out the hierarchy |
| Other: Communication, Culture, Organization, and Wellness | <ul style="list-style-type: none"> - Create a seamless linkage for all learners, faculty and distributed sites to ensure clear, timely communication - Examine and enhance our culture – communication – timely, transparent, do more with less with better understanding of roles, alignment of skills, succession planning - Encourage discussion of wellness, workplace flexibility - Ensuring workload is appropriate for faculty, support staff, non-GFTs - Organizational chart – responsibilities / roles, defining expectations of all the roles: clinical, leadership, research, etc. - Succession planning – staff, faculty |