

Appendix J – Input from participants

Worksheet 1: What are your top 3 priorities?

As a group, please list below your **top three (3)** priorities for the Discipline of Family Medicine for the next five years from the list presented earlier in the day:

First Priority:

- Internal culture and communication.
- Social Accountability – Underserved populations

Education research and clinical care are the understood priorities at the university, but unless you

Explicitly mention underserved populations it is easy to forget about them.

- Internal culture and communication:
We need to grow this first to have the foundation and move forward with the rest. We need to make sure we are in a healthy place before trying to save others.
- Internal culture/ communication.
Structure which is flexible for each region.
Adaptable to local needs and resources.
- Education providing internal culture was healthy, viable and strong.
- Public relations (visibility) and community engagement.
-Roles of family doctors need to be better explained to community/public.
-Lots of confusion to public as to what our role is.
-Family doctors tend to be more complacent than specialists.
-Grooming certain faculty members to be PR friendly and address media concerns.

Second Priority:

- Education- strengthen streams in academia / administrative capacity.
- Internal Culture/organization
Distributed DFM presents challenges
Engagement lagging recently.

- Education
- Public relations and community engagement
- Internal Culture
- Internal culture (organization) and communication
 - Strengthening the streams
 - Clearly outlining titles and roles
 - Document roles/priorities.

Third Priority:

- Social Accountability- adapt to community needs.
- Public relations
Some of our recent challenges are a result of a poor image
- Public relations (visibility) and community engagement:
 - Need to be a voice for DFM and by default family medicine and address the curriculum
 - We need this to help leverage more resources both in terms of people and things to help address the other priorities.
- Education:
 - Increase FM in medical expert role.
 - Support layered learning.
- Social Accountability
- Research:
 - Improve collaboration between faculty and PHRU.
 - Imp because research is needed as a part of P&T.

Why did you pick these priorities as your top three?

- These are the priorities for our current work areas.
- Education and research felt to be required / obvious and other areas will not be addressed if not listed explicitly.

- All Important: If we concentrate on these 3, (Internal culture and communication, education and public relations), the others will hopefully flow more organically from there. Struggled a bit about not having its social accountability on the list. Advocating for our vulnerable populations, patient voice and creating a comprehensive DFM framework.
- The school's main objective is to provide valuable education to our learners while ensuring we have resources, both human and financial. This is to ensure we are socially accountable to improving patient care and outcome.