Mission

The College of Family Physicians of Canada is a national voluntary organization of family physicians that makes continuing medical education of its members mandatory.

The College strives to improve the health of Canadians by promoting high standards of medical education and care in family practice, by contributing to public understanding of healthful living, by supporting ready access to family physician services, and by encouraging research into and disseminating knowledge about family medicine.

Goals

As the voice of family medicine in Canada, the College of Family Physicians of Canada (CFPC) has established three goals:

Goal I: Champion quality health care for all people in Canada;

Goal II: Support members through formative and lifelong education, research, and the promotion of best practices; and

Goal III: Ensure that the role of the family physician is well understood and highly valued.
Message from the President

October 15, 2010

We can be proud of the fact that the College, working with and on behalf of its 24,000 members, continues to work with vision. I can attest to the literally hundreds of family physicians who donate their time and energy to creating the future of family medicine in Canada. I have witnessed the wonderful leadership provided by family doctors, residents, and medical students, from one end of the country to the other, contributing to Chapters, your national Board, and CFPC councils, sections, committees, task forces, and working groups. This vision will help to create and lead the future direction of family medicine training programs, and support current and future family practice in Canada. There is energy, dedication, and enthusiasm at the College in both the members and the staff. It is a place for reinvigoration and rediscovering joy in what we do, where we are going, and how we are going to get there.

I had the pleasure this year of meeting with many medical students across the country. One event was especially telling. I asked medical student leaders interested in family medicine about our future and was heartened and excited by their knowledge, vision, and enthusiasm. They do get it and I remain optimistic that our future is bright as a result. Service to the College comes in many forms and all contribute to its success. I want to thank members and staff for an amazing year. It was an honour for me this past year to serve as well. One of my favourite quotes is from Ralph Charell: “Nobody succeeds beyond his or her wildest expectations unless he or she begins with some wild expectations.” I think much of our success is because of the high expectations that we set for ourselves as a “college”, for our learners, and in the service to our patients. I am confident that our expectations will continue to encourage us to stretch, grow, and improve.

Although there was work to be done, there was also opportunity to play. Truly a moment of great national pride came when I had the honour to join other members of the CFPC as an Olympic torch runner. I can’t describe my delight in carrying the torch with the CFPC team, but surely it had something to do with being that close to the Olympics and all it represents. We got to be family doctors promoting physical activity and celebrating the Olympic ideals of dedication, community, hard work, fitness, and mentoring – much in common with our own discipline!

I will end my year as President the way I started it – celebrating the family of family medicine. We are a diverse and inclusive group. I am happy this is reflected in the work of the College. We are the specialty of “yes” – accepting all comers and covering the gamut of generalism. Our family includes our staff, all those we work with on primary care teams, our research colleagues, our sister organizations and beyond. It also includes the wonderful family at the CFPC. Thanks to all and especially to Dr. Gutkin for his tireless work on our behalf. It has been a year with many challenges and successes, and we are well poised to continue the work ahead. We have the vision, the leadership, and the commitment. I am excited for the future – supporting comprehensive family practice, education throughout the continuum, and family medicine research. I am grateful to be one of the family!

Cathy MacLean, MD, CCFP, FCFP
President 2009-2010
I am pleased to present you with the 2009-2010 Annual Report, which includes some of the highlights of the past year.

I. Family physicians with special interests or focused practices
In June 2008, the CFPC Board approved the establishment of the Section of Family Physicians with Special Interests or Focused Practices. The prime objectives of this initiative include the following:

i) to better support family physicians who commit portions of their time to specific areas of interest and care;

ii) to encourage and support the training, CME/CPD, and practices of these physicians in collaboration with broad-scope family physicians; and

iii) to strengthen personal, comprehensive, continuing care for patients delivered in family practices across Canada.

To date, programs have been approved by the Board in the 8 following areas: palliative care, mental health, emergency medicine, maternity and newborn care, health care of the elderly, general and family practice anesthesia, sport and exercise medicine, and respiratory medicine. The programs will be led by committees focused on networking and communications among colleagues; continuing professional development; and advocacy. Some programs may also be approved to introduce nationally accredited enhanced skills residency training programs, with or without examinations, leading to added qualifications and special designations (for which those who have achieved their certification in family medicine (CCFP) would be eligible).

II. Undergraduate and postgraduate programs

(a) Medical student career choice: The feedback from students is that growing numbers are participating in Family Medicine Interest Groups (FMIGs) and that there is measureable increased interest in family medicine as a residency program and career choice. This is supported by the 2010 CaRMs match results.

(b) Task force on the future of medical education in Canada: The CFPC is a core partner in this important initiative along with the Association of Faculties of Medicine of Canada (AFMC) and the Royal College of Physicians and Surgeons of Canada (RCPSC). The Undergraduate Curriculum Review recommendations are being implemented. Work has begun on the second phase of the project focused on postgraduate training, co-led by AFMC, the CFPC and the RCPSC. The project is funded by Health Canada.

(c) Curriculum: The CFPC Board approved CanMEDS Roles for Family Medicine, a document created by the Section of Teachers Working Group on Curriculum. It will form the basis, along with the work of the Working Group on the Certification Process, for a major reform in family medicine postgraduate education. A new implementation working group has been established to facilitate the change to the Triple C competency-based curriculum – comprehensive, continuous, and centred in family medicine. Over the next 2 years, the College and its committees will work with the residency programs to define the overall structure of the new curriculum and training standards.

In addition, the CFPC’s Committee on Undergraduate Education has developed a document entitled CanMEDS-Family Medicine Undergraduate — Undergraduate Competencies from a Family Medicine Perspective, which will be of benefit to all departments of family medicine and guide their involvement in the undergraduate training of new physicians.
III. Examinations and certification

(a) Harmonization of the Medical Council of Canada’s (MCC) Part II Exam and the CFPC’s Certification Examination in Family Medicine: The CFPC and MCC continue to work together toward harmonizing their exams for those candidates eligible for certification in family medicine in Canada. The hope is to introduce the first harmonized exam by 2013.

(b) Examination centres and computer-based written CCFP examination: By the fall of 2011, the CFPC will expand its number of examination centres from 12 to 20 and begin to deliver the written examination electronically using Internet technology developed by the MCC. More centres means less travel for candidates. A computer-based exam means enhanced security, translation, and scoring.

(c) International accreditation and certification: In response to the challenge placed before our College to consider facilitating the pathway to our certification (CCFP) for qualified family physicians trained and certified elsewhere in the world, our Board approved granting certification in family medicine for international medical graduates (IMGs) who have successfully (i) completed accredited training, and (ii) achieved certification in family medicine in other countries, through programs overseen by our sister Colleges whose standards for accreditation, certification, and CPD have been accepted by our Board of Examiners and Accreditation Committee as comparable to our own. Certified family physicians from countries whose programs have been approved by our Board will be eligible to receive our certification (CCFP) without further examination (if they are moving to Canada, have been otherwise approved for licensure by one of our provincial/territorial licensing bodies, and can provide evidence that their certification is currently in good standing with the body that granted it).

To date our College has recognized the standards for training and certification programs in the United States (American Board of Family Medicine), Australia (the Royal Australian College of General Practice), and Ireland (the Irish College of General Practitioners) as comparable to our own. Evaluation of residency training programs and certification in other international jurisdictions is under way.

(d) Alternative Route to Certification (ARC) for experienced Canadian family physicians: The ARC, a non-examination route to certification, continues to be offered to experienced non-certified family physicians who are currently in active practice in Canada and have held full and unrestricted licences to practice family medicine independently in a province or territory of Canada for the 5 years immediately preceding the date of application. ARC will be available until December 31, 2012.

IV. Continuing professional development/revalidation of medical licensure

The CFPC and the Royal College Boards have approved programs that will enable both members and non-members to access their online CME/CPD credit systems in order to help them meet the CPD requirements of their provincial or territorial medical regulatory authorities (MRAs).

Some licensing bodies have decided that all physicians in their provinces must participate in the CFPC or RCPSC CPD programs, with no other options. Others have indicated that while the CFPC or RCPSC CPD programs would automatically be recognized as meeting the MRA requirements, other approved pathways would also be considered acceptable. Details are available at www.cfpc.ca.

V. Health policy

(a) H1N1: The CFPC participated actively with the Public Health Agency of Canada (PHAC) throughout the planning and delivery stages of activities related to H1N1. An ongoing communications network involving the national CFPC office and all 10 chapters across Canada was maintained. The CFPC, CMA, and National Specialty Society of Community Medicine developed “Lessons from the frontlines: A report on H1N1”, and shared this report with Dr. David Butler-Jones, Canada’s Chief Public Health Officer. It was released to the public August 12th, 2010.

(b) Access to care: We continue to work on the follow-up to our discussion paper “Patient-Centred Primary Care in Canada: Bring it on Home”, released at a national media conference Oct 29th, 2009. Over 60 organizations and 100 individuals provided feedback, which was also the focus of a CFPC Leaders’ Forum held in April, 2010, led by provincial representatives from the CFPC’s Advisory Committee on Family Practice (AdComFP). The “medical home” concept builds on the strengths of current family practices (whether solo, group, rural, or urban) and...
primary care renewal initiatives across Canada to ensure the best possible health outcomes; timely access; achievement of comprehensive, continuous, coordinated care; chronic disease management; provision of preventive care and health promotion; links between primary care and public health; appropriate roles for teams, etc.

One of the core principles and CFPC policies included in the position paper, based on the internationally recognized research of Starfield and others, and the 2007 position approved by the CFPC Board, is that all Canadians should have the opportunity to access primary care settings where they will have their own personal family physicians and access to nurses and/or nurse practitioners and other health professionals as needed.

(c) The Wait Starts Here: The CFPC-CMA primary care wait times position paper was released in December, 2009.

(d) Interprofessional teams/Changing scopes of practice: The CFPC supports increased roles and changing scopes of practice for other health professionals as part of teams working with family physicians. However, we have concerns regarding some of the regulations and legislation being introduced across the country, particularly related to the absence of explicitly defined training requirements, competencies that must be demonstrated, and limits that must be established with respect to medical diagnosis and the prescribing of medications. The CFPC Board has approved a Position Statement on the Prescribing Rights for Health Professionals to address the latter issue.

The CFPC is supporting The Canadian Association of Physician Assistants (PAs) in areas including the evaluation of PA practical skills, PA certification, and the registering of PA continuing professional education credits. We are continuing to study the possible roles of PAs in family physician office settings.

(e) Intra-professional teams: The CFPC-RCPSC Collaborative Action Committee on Intra-professionalism (CACI) has developed recommendations for intra-professional core competencies (ICCs) to be included in accreditation standards for all undergraduate and postgraduate programs. The committee is also focused on promoting the role modeling of intra-professionalism in CME/CPD. CFPC and RCPSC released “A Guide to Enhancing Referrals and Consultations Between Physicians” on May 5th, 2010. The CMA has always been a valued member of this committee and will now join our 2 Colleges in co-leading it.

VI. National Physician Survey (NPS)
Completion of the 2010 version of the NPS is currently being requested of all physicians across Canada (through electronic and paper modes). Medical students and residents will receive their questionnaires electronically in the fall of 2010. The NPS is collaboratively led by the CFPC, CMA, and RCPSC, and serves as an important resource both nationally and at provincial and local levels.

VII. The Canadian Primary Care Sentinel Surveillance Network (CPCSSN)
After a successful 2-year pilot project, the CFPC has just signed a 5-year agreement with the PHAC to continue surveillance on 5 chronic diseases (COPD, depression, diabetes, hypertension, and osteoarthritis) using various EMRs. Family physician offices working within 9 local practice-based, primary care research networks (PBRNs/PCRNs) across Canada form the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). Data extracted from participating sentinel practices is de-identified, standardized, and transferred to a national central repository at Queen’s University, where analysis is conducted in collaboration with the Canadian Institute for Health Information (CIHI).

VIII. Family Medicine Forum (FMF)
FMF 2010, co-hosted by the CFPC, the BC College of Family Physicians and the Sections of Teachers and Researchers will take place at the Vancouver Convention Centre in Vancouver, British Columbia from October 14 to 16, 2010 – preceded by the Annual Family Medicine Education Forum and Research Day being held Wednesday, October 13th. The FMF ASA program (October 14-16) will include a broad cross-section of clinical, teaching, research, and health system challenges faced by family doctors. It includes learning tracks for those with special interests. The 2010 CFPC-Scotiabank Family Medicine Lectureship (Keynote address) on Thursday, October 14th, will be delivered by Dr. Robert Thirsk, family physician and astronaut, sharing his recent 6 month experience on the International Space Station.

Other important dates during the week of FMF/Family Doctor Week include Tuesday October 12th – the CFPC’s Annual Board of Directors’ Meeting; Friday October 15th – the installation of CFPC’s President for 2010-2011, Dr. Robert Boulay from Miramichi, New Brunswick, and the Family Physician of the Year Ceremony; and Saturday October 16th – Convocation and Awards Ceremony.
IX. Canadian Family Physician (CFP)
CFP’s “impact factor” has risen to 1.185, its highest ranking to date. (Impact factor is a calculation based on how many times articles in a journal are cited by authors of other articles.)

CFP has launched “CFP Mainpro” – an opportunity for College members to earn Mainpro M1 credits for performing brief reflective exercises after reading eligible articles in the journal. CFP has also launched a digital version (eCFP) as another option for members.

X. Research and Education Foundation (REF)
The REF Board of Directors has been restructured to strengthen the links with and opportunities for fundraising for CFPC Chapters. Each Chapter Board has now appointed an REF Director who will also report to each Chapter Board meeting.

The REF year has been filled with activities focused on developing funding to support our members so that they will be able to provide the best possible care for their patients as well as carrying out their responsibilities as teachers and researchers.

I wish to thank our nearly 24,000 CFPC members across the country who have collectively dedicated thousands of hours toward patient care, and the hundreds who have participated in College, Chapter, and Section meetings and activities. I also express my gratitude to the CFPC and Chapter executive directors, administrators, and senior and support staff with whom it is a joy to work, and without whom we would never be able to accomplish what we do. It has been an honour and privilege to carry out my responsibilities with and for you.

Respectfully submitted,

Calvin Gutkin, MD, CCFP (EM), FCFP
Executive Director and Chief Executive Officer
As the voice of family medicine in Canada, the College of Family Physicians of Canada (CFPC) will work to achieve the following 3 goals.

**Goal I:**
**Champion quality health care for all people in Canada**

**Priorities**

1. Ensure that College programs, policies and communications emphasize that access to comprehensive continuing care in a family practice setting is the cornerstone of high quality health care for the people of Canada.

2. Advocate with governments and health system planners for adequate health human resources, including enough family physicians to ensure that every Canadian has the opportunity to have a personal family physician.

3. Encourage collaborative models of practice and the training, lifelong learning, research, and policy programs needed to prepare and support family physicians working together with other health professionals.

4. Advocate with governments, public health officials, and medical schools for the recognition of and support for the critical role family physicians should play in Canada’s public health strategies and programs, including health promotion, illness and injury prevention, chronic disease management, and emergency preparedness.

5. Advocate with governments for appropriate remuneration and other resources, including information technology, needed to ensure that family physicians can deliver the best possible care for their patients.

6. Promote and support the integration of areas of special interest for family physicians into both the academic discipline of family medicine and the provision of comprehensive care in family practices across Canada.
Goal II:  
Support members through formative and lifelong education, research, and the promotion of best practices

1. Ensure that the CFPC’s accreditation standards for family medicine residency programs address the need for family medicine residents to be well prepared to practice in rural or urban communities, and to meet the constantly changing needs of the populations and communities they serve.

2. Advocate with undergraduate and postgraduate medical school deans, as well as other academic medical leaders, to ensure an active role for the discipline of family medicine and family physicians as teachers and role models for medical students at all stages of the undergraduate curriculum and family medicine residency throughout the training process.

3. Support the university departments of family medicine and all family medicine teachers and researchers in academic teaching centres and distributed learning sites across Canada.

4. Support medical students and family medicine residents in their roles within the CFPC and in addressing their needs as they carry out their studies.

5. Ensure the best possible standards and programs leading to the awarding and maintenance of certification (CCFP) and fellowship (FCFP) in the College of Family Physicians of Canada.

6. Ensure that the CFPC’s CME/CPD accreditation standards and programs reflect and meet the needs of all family physicians and their patients.

7. Encourage and support the development and growth of primary care/family medicine research within the discipline, including establishing partnerships and collaborative research initiatives with other stakeholders in health care research.

8. Create and offer programs that help family physicians develop and sustain their role as leaders in their work as clinicians, teachers, researchers, administrators, and health policy advocates.

Goal III:  
Ensure that the role of the family physician is well understood and highly valued

1. Promote the value and importance of family physicians and family medicine to all publics in Canada.

2. Meet regularly with governments to advocate for the role of the family physician as an essential part of Canada’s health care system.

3. Ensure that the CFPC, through its messages and programs, is a relevant and meaningful organization for all family physicians in Canada.

4. Enhance the value and meaning of certification and fellowship in the College of Family Physicians of Canada (CCFP and FCFP) to family physicians and all publics in Canada, including acknowledging family medicine as a specialty of equal importance and value to all other specialties.

5. Strengthen the communications and collaborative initiatives between the national College and the chapters to ensure consistency and the best possible impact and effectiveness of our messages and programs to members and all publics in all parts of Canada.

6. Lead and participate in collaborative activities between the CFPC and other medical and health care organizations in Canada and around the world.

7. Develop programs and messages that promote family medicine as a highly desirable career choice for medical students.

8. Support the CFPC’s human resources and infrastructure to develop and sustain a skilled and professionally satisfied staff and ensure capacity to help us achieve the College’s mission, goals, and strategic priorities.

*Latest amendments approved by the CFPC Board of Directors in September, 2010.
Board of Directors

(as of August 2010)

Executive Committee Members and Voting Directors

Dr. Cathy MacLean, President
Dr. Sarah Kredentser, Past-President,
Dr. Rob Boulay, President-Elect and Chair of the Board
Dr. Sandy Buchman, Honorary Secretary-Treasurer
Dr. Harold Dion, Member-at-Large (1 year term)
Dr. Nirvair Levitt, Member-at-Large (3 year term)
Dr. Calvin Gutkin, Executive Director and Chief Executive Officer (non-voting)

Chapter Elected Voting Directors

Dr. Andrew Swan, BC
Dr. Lisa Gaede, BC
Dr. Paul Humphries, AB
Dr. Morris Markentin, SK
Dr. Nico Kriel, SK
Dr. Tamara Buchel, MB
Dr. Carey Isaac, MB
Dr. Stephen Wetmore, ON
Dr. Robert Algie, ON
Dr. Anne DuVall, ON
Dr. Guillaume Charbonneau, QC
Dr. Sophie Galarneau, QC
Dr. Antoine Groulx, QC
Dr. Roxanne MacKnight, NB
Dr. Anick Pelletier, NB
Dr. Susan Atkinson, NS
Dr. Leslie Griffin, NS
Dr. Andre Celliers, PE
Dr. Andrew Wohlgemut, PE
Dr. Heather Flynn, NL
Dr. Norah Duggan, NL

Section, Chair of Chairs, Public Member Voting Directors

Dr. Diane Clavet, Chair, Section of Teachers
Dr. Bill Hogg, Chair, Section of Researchers
Dr. Tom Bailey, Co-Chair, Section of FPs with Special Interests or Focused Practices
Dr. Victor Ng, Chair, Section of Residents
Dr. Archna Gupta, Vice-Chair, Section of Residents
Ms. Shahana Nathwani, Co-Chair, Section of Medical Students
Ms. Alison Cowell, Co-Chair, Section of Medical Students
Dr. Lynn Wilson, Chair, National Association of Canadian Chairs of Family Medicine
Ms. Judy Erola, Public Member
Mr. Roy Romanow, Public Member
**External Meetings Attended by President and/or Executive Director/CEO**

November 1, 2009 to October 15, 2010

### November 2009

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<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>4</td>
<td>ED Medical Council of Canada – Mississauga</td>
<td>Mississauga</td>
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<td>11</td>
<td>Quebec College Board Meeting – Laval</td>
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<td>12-13</td>
<td>Quebec College of Family Physicians ASA – Laval</td>
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<tr>
<td>14-18</td>
<td>NAPCRG – Montreal</td>
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<td>24</td>
<td>CEOs, RCPSC + CMA – Ottawa</td>
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<td>24</td>
<td>Canadian Nurses Association Board Meeting – Ottawa</td>
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<td>Ontario College of Family Physicians Board Meeting – Toronto</td>
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<td>26-28</td>
<td>Ontario College of Family Physicians ASA – Toronto</td>
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<td>28</td>
<td>University of Calgary – Calgary</td>
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<tr>
<td>30</td>
<td>Alberta College of Family Physicians – Calgary</td>
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### December 2009

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<tr>
<td>2</td>
<td>Canadian Medical Forum – Ottawa</td>
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<td>3</td>
<td>Medical Council of Canada – Ottawa</td>
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<td>4</td>
<td>CEO Roundtable – Ottawa</td>
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<td>5</td>
<td>Nova Scotia College of Family Physicians AGM – Halifax</td>
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<td>8</td>
<td>CEO, Associated Medical Services, Inc. – Toronto</td>
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<td>12</td>
<td>Cdn Physiotherapy Association – Mississauga</td>
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<td>Cdn Association of Physicians Assistants – Mississauga</td>
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<td>14</td>
<td>Cdn Health Research Services Foundation National Symposium on Primary Care – Toronto</td>
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<tr>
<td>21</td>
<td>Olympic Torch Relay – Welland (executive members)</td>
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### January 2010

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<tr>
<td>7</td>
<td>Meeting of CFPC, CMA, RCPSC CEOs – Ottawa</td>
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<tr>
<td>12</td>
<td>CEO of Canadian Physiotherapy Association – Mississauga</td>
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<tr>
<td>18-19</td>
<td>CIHR Primary Care Summit – Toronto</td>
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<td>28</td>
<td>Launch of Future of Medical Education in Canada project report – Ottawa</td>
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### February 2010

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<td>President &amp; CEO, Associated Medical Services Inc. – Toronto</td>
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<td>22-3</td>
<td>Health Council of Canada – Ottawa</td>
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<td>25-27</td>
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### March 2010

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<tr>
<td>25</td>
<td>New Brunswick College of Family Physicians Retreat – Bathurst, NB</td>
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<td>26-27</td>
<td>New Brunswick College of Family Physicians ASA – Bathurst, NB</td>
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## External Meetings Attended by President and/or Executive Director/CEO continued…

### April 2010
- **20** Canadian Pharmacists’ Assn – Ottawa
- **21** Canadian Medical Association – Ottawa
- **21** Canadian Healthcare Association – Ottawa
- **22-24** Manitoba College of Family Physicians ASA
- **22-24** Society of Rural Physicians of Canada – Toronto
- **26-28** Society of Teachers of Family Medicine – Vancouver
- **27** CEOs of CFPC, CMA, RCPSC, AFMC – Ottawa

### May 2010
- **1-5** Canadian Conference on Medical Education (CCME) – St. John’s, NL
- **15** Wonca Regional Council Meeting – Cancun, Mexico
- **16-19** Wonca World Council Meetings – Cancun, Mexico
- **19-23** Wonca World Conference – Cancun, Mexico
- **26** Canadian Medical Forum (CMF) – Ottawa
- **28** Prince Edward Island College of Family Physicians AGM – PEI

### June 2010
- **4-8** Federation of Medical Regulatory Authorities of Canada (FMRAC) – Vancouver
- **6** Canadian Family Practice Nurses Association (CFPNA) Board meeting – Halifax
- **10** Museum of Health Care – Kingston
- **13-16** Canadian Public Health Association Conference – Toronto,
- **28** CPSO Physician Resources Task Force – Toronto

### July 2010
- **19** American Academy of Family Physicians (AAFP) and CFPC President, Past-President, President-elect, CEO – California
- **20-21** American Academy of Family Physicians (AAFP) Board Meeting – California

### August 2010
- **13** Canadian Institute for Health Information
- Pan Canadian Primary Care Performance Measurement – Mississauga
- **22-25** Canadian Medical Association General Council – Ontario
- **25** Canadian Medical Protective Association AGM – Ontario

### September 2010
- **23-25** Saskatchewan College of Family Physicians ASA – Saskatoon
- **27 - Oct. 2** American Academy of Family Physicians (AAFP)
  Congress of Delegates and Scientific Assembly – Colorado
- **30 to Oct. 1** Quebec College of Family Physicians Board meeting, AGM, ASA – Quebec City
Summarized Financial Statements

Summarized Financial Statements of

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

Year ended December 31, 2009

Auditors’ Report On Summarized Financial Statements

To the Members of the College of Family Physicians of Canada

The accompanying summarized statement of financial position and statement of revenue and expenses are derived from the complete financial statements of the College of Family Physicians of Canada as at December 31, 2009 and for the year then ended on which we expressed an opinion without reservation in our report dated March 26, 2010. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above. These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the Company’s financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

KPMG LLP
Chartered Accountants, Licensed Public Accountants

Toronto, Canada
March 26, 2010

*Audited 2009 financial statements are available upon request from Verena Herten-Greaven, Director of Finance & HR vhg@cfpc.ca.
THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
Statement of Financial Position

December 31, 2009, with comparative figures for 2008

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<td>9,696,614</td>
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<tr>
<td>Restricted long-term investments</td>
<td>66,130</td>
<td>63,362</td>
</tr>
<tr>
<td>Capital assets</td>
<td>225,354</td>
<td>239,444</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$18,005,203</td>
<td>$14,929,436</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities and Members’ Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td>8,018,301</td>
<td>7,380,852</td>
</tr>
<tr>
<td>Accrued post-retirement benefits</td>
<td>217,600</td>
<td>465,000</td>
</tr>
<tr>
<td>Members’ equity</td>
<td>9,769,302</td>
<td>7,083,584</td>
</tr>
<tr>
<td><strong>Total Liabilities and Members’ Equity</strong></td>
<td>$18,005,203</td>
<td>$14,929,436</td>
</tr>
</tbody>
</table>
THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
Statement of Revenue and Expenses
Year ended December 31, 2009, with comparative figures for 2008

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td>$19,878,403</td>
<td>$19,442,555</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication and marketing</td>
<td>538,978</td>
<td>581,833</td>
</tr>
<tr>
<td>Continuing medical education</td>
<td>1,903,814</td>
<td>2,233,884</td>
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<tr>
<td>Examinations</td>
<td>2,323,417</td>
<td>2,327,124</td>
</tr>
<tr>
<td>Health care policy</td>
<td>666,506</td>
<td>736,273</td>
</tr>
<tr>
<td>Alternative route to certification</td>
<td>324,626</td>
<td>315,317</td>
</tr>
<tr>
<td>Certificate and evaluation</td>
<td>342,593</td>
<td>322,081</td>
</tr>
<tr>
<td>Patient care</td>
<td>327,625</td>
<td>184,470</td>
</tr>
<tr>
<td>Research</td>
<td>728,264</td>
<td>790,918</td>
</tr>
<tr>
<td>Undergrad and postgraduate education</td>
<td>848,561</td>
<td>696,758</td>
</tr>
<tr>
<td>Publications</td>
<td>2,142,976</td>
<td>2,563,912</td>
</tr>
<tr>
<td>Research and Education Foundation</td>
<td>295,194</td>
<td>385,402</td>
</tr>
<tr>
<td>Executive</td>
<td>2,025,675</td>
<td>1,543,445</td>
</tr>
<tr>
<td>ASA</td>
<td>1,915,098</td>
<td>2,026,250</td>
</tr>
<tr>
<td>Finance and human resources</td>
<td>894,632</td>
<td>930,565</td>
</tr>
<tr>
<td>Information technology and website communications</td>
<td>882,887</td>
<td>801,606</td>
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<tr>
<td>Meeting department</td>
<td>79,230</td>
<td>124,566</td>
</tr>
<tr>
<td>Membership</td>
<td>1,791,766</td>
<td>1,576,748</td>
</tr>
<tr>
<td></td>
<td><strong>18,031,842</strong></td>
<td><strong>18,141,152</strong></td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses before the undenoted</strong></td>
<td><strong>1,846,561</strong></td>
<td><strong>1,301,403</strong></td>
</tr>
<tr>
<td><strong>Change in unrealized gains (losses) on investments</strong></td>
<td><strong>839,157</strong></td>
<td><strong>(732,348)</strong></td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses</strong></td>
<td><strong>$2,685,718</strong></td>
<td><strong>$569,055</strong></td>
</tr>
</tbody>
</table>
Summarized Expenditures

2009 Expenditures

2008 Expenditures