

CFPC Board Director Election Platform

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Dear colleagues,

I'm seeking your support for the CFPC Board because I want to help make the CFPC more relevant for us members.

According to the CFPC's most recent Member Survey (2017), the majority of respondents only found **two** sources of value in a CFPC membership¹:

- Mainpro+ credits
- The CCFP certification

As an organization that serves over 38,000 physicians, the CFPC can surely do better! My goal as a CFPC Board Director is to **add value to your CFPC membership** by two main ways:

- 1) Expanding CFPC advocacy to include issues that matter most to us
- 2) Better managing CFPC finances, to optimize use of our membership fees and help the CFPC achieve financial independence

My original "platform summary", which was distributed by the CFPC, was limited to only 1000 words. In order to clarify and back up my claims in that document, I have created this more complete platform – which includes more specific examples and more detailed financial calculations for those who wish to see them.

The ideas in this platform reflect the consultations I have had with physicians around the country since Spring 2019. During this time, I've spoken with:

- Former preceptors and family physician mentors
- Family medicine residents
- My First Five Years colleagues
- Local champions of important issues like Dr Michelle Cohen²
- Drs. Paul and Jane Healy, the founders of the facebook group "Physician Financial Independence"³.

I have met with the Directors of Finance at the CFPC, to learn more about how the CFPC manages our membership fees. I have also studied the latest CFPC Annual Report and Financial Statements, as well as CFPC's op-ed articles published in the CFP over the last year.

My hope is that, by running for the CFPC Board, I can help us make the most of this unique opportunity: the first time that the CFPC has opened a Board position to a national election – and bring about the systemic changes that we, the hardworking family doctors of Canada, truly need.

¹ CFPC (2018) *Annual Report: June 1, 2017 – May 31, 2018*. Mississauga, ON: CFPC

² <https://www.cbc.ca/news/opinion/naturopath-credentials-1.4890971>

³ <https://www.facebook.com/groups/303157906773998/>

1. Expanding CFPC advocacy efforts

The CFPC should be the “voice of family medicine in Canada”⁴, yet from its most recent member survey, only about 35% of members agreed that “The CFPC’s national advocacy program has been effective at delivering our message to elected officials”⁵. Although the College has [recognized this deficit in effective advocacy](#), creating “member interest groups (MIGs)”⁶ (that effectively duplicate what Facebook does for free) isn’t the answer. There are so many more pressing issues that the CFPC could be more effectively advocating for:

- a) National medical licensing
- b) Improving public and government perceptions of family medicine
- c) Standing up to non-medical health practitioners who falsely claim to be family doctors
- d) Improving pay discrepancies

1a) National Medical licensing:

In a straw poll of First Five Years family physicians I conducted on Facebook, the number one topic that members wanted the CFPC to focus on was national medical licensing. Many of us work in multiple jurisdictions. We can benefit from having one license that allows us to practice nationwide, without the hassle and time-waste of registering in multiple provinces. Several provinces and territories, such as the NWT where I work, face a constant shortage of physicians and can benefit greatly from improved geographic flexibility of the physician workforce. Currently, the CFPC has only been in talks with Provincial colleges, who are not obligated to do what the CFPC wants. These provincial bodies, however, do respond to the needs of the public via the federal and provincial governments.

As a CFPC Board Director, I hope to re-shift the focus of CFPC advocacy for national medical licensing towards the federal and provincial governments themselves. I’ve met directly with both provincial and federal politicians since medical school. I’ve augmented my healthcare policy skills via a Masters in Public Policy from Oxford University. Directly engaging with government regarding healthcare issues does produce results – for instance, my medical school colleagues and I successfully highlighted the issue of there not being enough rural/underprivileged students entering medical school, which stimulated government to put more resources into recruiting, assisting, and developing rural and underprivileged students⁷. I’m keen to leverage my experiences in health advocacy and the CFPC’s resources to help us finally achieve Canada-wide licensing.

⁴ CFPC (2018) *Annual Report: June 1, 2017 – May 31, 2018*. Mississauga, ON: CFPC

⁵ CFPC (2017) *Membership Survey Comparison Charts: Comparative Analysis 2015/2017*. Retrieved from the internet: https://www.cfpc.ca/uploadedFiles/Global_Assets/Images/eNews/CFPC_MbrSurvey_ENG.pdf

⁶ <https://www.cfp.ca/content/65/3/232?rss=1>

⁷ CFMS (2012) *Future Physicians call upon Government of Canada to remove barriers to rural practice*. Retrieved from the internet: <https://www.cfms.org/files/press-releases/archived/Press%20Release%20-%20Lobby%20Day%20EN.pdf>

1b) Improving public and government perceptions of family medicine:

According to the CFPC's most recent Member Survey, the 88% of respondents want to raise the profile of family physicians in Canada, and 72% said they public needs to know about the importance of the CCFP designation.⁸ 48% of CFPC members felt the government "does not value the work of family physicians".⁹

I believe there is insufficient promotion to make what we can do better known to the Canadian public. Having learned about marketing during my MBA, there is so much more that goes into an effective marketing campaign than simply celebrating "Family Doctor Day" once a year. One idea is to conduct a full-scope marketing campaign including billboards and internet ads promoting family doctors, as is currently done by Australia's CFPC-equivalent¹⁰.

Similarly, there is insufficient research in Canada demonstrating the cost-effectiveness of family medicine to the overall healthcare system.

The UK's National Health Service found that primary care services there account for >90% of all patient interactions but use only [9% of their healthcare budget](#)¹¹. Evidence from the United States demonstrates primary care [raises patient care quality while decreasing healthcare costs](#)¹². The dearth of Canadian research on this area limits the CFPC's ability to support the value of family medicine to our elected officials.

As a Board Director, I will direct more CFPC resources towards improving marketing of family physicians to the public, and supporting research into the quality and cost-effectiveness of family medicine.

⁸ CFPC (2017) *Membership Survey Comparison Charts: Comparative Analysis 2015/2017*. Retrieved from the internet: https://www.cfpc.ca/uploadedFiles/Global_Assets/Images/eNews/CFPC_MbrSurvey_ENG.pdf

⁹ CFPC (2017) *Membership Survey Comparison Charts: Comparative Analysis 2015/2017*. Retrieved from the internet: https://www.cfpc.ca/uploadedFiles/Global_Assets/Images/eNews/CFPC_MbrSurvey_ENG.pdf

¹⁰ RACGP (2019) *RACGP community awareness campaign*. Retrieved from the internet: <https://www.racgp.org.au/racgp-community-awareness-campaign>

¹¹ <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2013/11/Call-Action-ACCESSIBLE.pdf>

¹² <https://www.ncbi.nlm.nih.gov/pubmed/20439859>

1c) Standing up to non-medical health practitioners who claim to be “family doctors”:

Alongside promoting the unique benefits that family doctors bring to communities across Canada, the CFPC must stand up to the false advertising from non-medically-trained health practitioners. For instance, over 2400 naturopaths currently practice in Canada, under the misleading (but already trademarked) slogan “Medically trained, naturally focused”¹³. There are even naturopaths around Canada who even claim to provide “family medicine” services. Half of the naturopaths in New Brunswick had marketed themselves as such, and were recently found by the provincial Court to be misleading the public, and forced to change their advertising¹⁴.

I see this misrepresentation as not only an insult to real medical professionals (us!) who subscribe to evidence-based scientific principles, but as a threat to patient safety and well-being. Although we don’t have exact numbers, it would be naïve to believe that naturopaths around Canada aren’t marketing themselves as “primary care providers” and “family doctors”, essentially conveying the misleading message that they provide services equivalent to what we provide¹⁵. This is a tragedy waiting to happen for the Canadian public.

The CFPC, to their credit, surveyed members about this issue in early 2019. But even when 92% of respondents resoundingly supported defending the “family medicine” name¹⁶, the CFPC has done nothing except behind-closed-doors “consultations”, making no promises besides “a list of recommendations”, supposedly due out “next year”¹⁷.

Silence is complicity. And we have no time to waste. As a CFPC Board Director, I will guide the CFPC to act quickly and decisively on this issue, by pushing the CFPC to:

1. Lead research on just how many naturopaths and other “health practitioners” around the country are misleading the public by falsely claiming to be family doctors, and how many patients have been affected, and in what ways.
2. Take a stand on this issue by issuing a public statement that calls out misleading healthcare advertising and challenges the organizations that make such baseless claims.

¹³ <https://www.cand.ca>

¹⁴ <https://www.cbc.ca/news/canada/new-brunswick/naturopaths-naturopathic-clinic-new-brunswick-saint-john-moncton-fredericton-1.4950901>

¹⁵ <https://www.cbc.ca/news/opinion/naturopath-credentials-1.4890971>

¹⁶ <http://www.canadianhealthcarenetwork.ca/physicians/news/professional/doctors-calling-for-stronger-protections-of-term-family-medicine-56931?fbclid=IwAR0rH2tkVux3BfXy8sDj2ZZdU7W5gL4iZKDwXMBYRnPt9rGieLnLjEe0iM>

¹⁷ http://www.canadianhealthcarenetwork.ca/physicians/discussions/fighting-back-against-naturopaths-who-call-themselves-family-physicians-57061?utm_source=EmailMarketing&utm_medium=email&utm_campaign=Physician_Newsletter&oly_enc_id=2238E383381211W

3. Trademark the terms “family medicine” and “primary care” in defense of the family medicine profession
4. Directly lobby the provincial and federal governments to prohibit false medical advertising. This is a non-partisan issue that patients everywhere will cheer for. I will push the CFPC to collaborate with all medical stakeholders (provincial college chapters, medical student and resident groups, etc) and take advantage of all existing channels for lobbying – I.e. even working with medical students and residents and making this the key issue during their annual “lobby day” events.

One Pedical Post article had this to say about the current situation in Canada: *“It’s also unclear who—if anyone—should be responsible for challenging national bodies in alleged cases of misrepresentation.”*¹⁸

When I am a CFPC Board Director, there will be no lack of clarity. The CFPC will be the national voice that speaks out against healthcare misrepresentation.

¹⁸ <http://www.canadianhealthcarenetwork.ca/physicians/news/professional/doctors-calling-for-stronger-protections-of-term-family-medicine-56931?fbclid=IwAR0rH2tkVux3BfXy8sDj2ZZdU7W5gL4iZKDwXMByRnPt9rGieLnLjEe0iM>

1d) Improving pay discrepancies between different regions of the country:

Nothing promotes our value as family physicians, and brings more value to the CCFP designation, better than putting the money where the mouth is: improving family physician pay.

One idea I will advocate for is to bring time-modifier billing codes to all provinces. In Alberta, the CMGP time modifier pays an additional amount, on top of the existing visit code, per each extra 10min provided to patient care after 15min.

It's a shame that this is not the case in other provinces, which often-times doesn't allow us to provide the care we want to provide (contributing to burnout), and also doesn't do justice to patients with more complex issues.

Leveraging the CFPC as an advocacy platform, I will work with all provincial medical organizations and provincial governments to bring the CMGP time modifier to each province. I will concurrently work to ensure pay equity between all disciplines of medicine. Greater and more fair remuneration will contribute to the wellbeing of our physicians, and improve patient care, thus improving overall population health. It will also attract more talent into our profession, thus both strengthening and sustaining the CCFP designation.

2. Better management of CFPC finances, to achieve financial sustainability

Adding value to your CFPC membership also means using your member fees most efficiently. As a Board Director, I will use principles learned during my MBA to help the College better manage its finances, by:

- a) Finding savings in existing CFPC expenditures to optimize value-for-money
- b) Lowering the cost of CFPC investments, and
- c) Setting up the CFPC reserve fund for long-term financial stability and independence from third party interests and Membership Fee increases.

2a) Optimizing value-for-money of CFPC expenditures:

Currently, the way the CFPC spends money is quite opaque. Our only detailed look at CFPC operations is through its audited financial statements.

An examination of the 2018 audited financial statement, specifically its statement of revenue and expenses, highlights a few surprises¹⁹.

Typically one thinks of “value-for-money” as spending less than what one earns on a project. However, for the “Canadian Family Physician and Other Publications” category, the CFPC spent over \$2 million, yet made only \$840,000 in revenue. Strange.

Additional question marks include the expenditure “black boxes”, such as “Corporate Services” (costing over \$2.7million) and “Executive” (costing almost \$2 million).

What exactly goes into these costs?

Can these costs be optimized?

As your Board Director, I will ask these hard questions. I will make sure your Membership Fees are being used optimally.

For instance, perhaps the CFP can be re-formatted to be an electronic-only journal, eliminating the cost of the paper copies. Most publications are turning into e-journals these days anyway. As a Board Director I would keep an open and curious mind to such methods to increase the value of our membership.

¹⁹ From the CFPC Audited Financial Statements 2018, page 3: https://www.cfpc.ca/uploadedFiles/About_Us/7a_Financial-Statements-for-the-year-ended-May-31-2018.pdf

2b) Lowering the cost of CFPC investments

The CFPC should more wisely invest its money to focus on simplification and cost reduction. Evidence-based studies on finance show that one successful (and the least expensive) way to invest is to simply invest in funds that track the bond or stock market index²⁰.

Currently, the CFPC's assets ("long-term investments") come to a total of \$24,307,958²¹. This portfolio made a disappointing *negative* \$34,108 from June 1, 2017 to May 31, 2018 – a return of -0.14%²². There was no mention of investment costs.

How did the CFPC produce a return of -0.14%, when, during this same stretch of time, index-tracking stock funds yielded a minimum of 1.8%²³, and the CFPC's own lowest yielding bond yielded 1.35%²⁴?

Most likely, it's because of the CFPC's investment costs. I estimate the CFPC's annual investment costs to be at least 1.5% per year²⁵. 1.5% of \$24,307,985 is **~\$365,000 being lost to investment fees each year**. Compare that with the cost of simply investing its assets in an all-in-one globally diversified stock-and-bond index fund such as ZCON.TO, which costs only 0.20%, or \$48,616, per year²⁶.

So, by switching its investments to entirely this lower-cost alternative, the CFPC would stand to save a minimum of **~\$316,000/year!**

This surplus exceeds the combined annual profits from the CFPC's CPD programs and Family Medicine Forum!²⁷ And the CFPC would be able to make this surplus by *doing absolutely nothing* and *without increasing its investment risk profile*.

²⁰ As just one example: <https://jpm.pm-research.com/content/28/3/31>

²¹ As of May 31, 2018; from the CFPC Audited Financial Statements 2018, page 2:

https://www.cfpc.ca/uploadedFiles/About_Us/7a_Financial-Statements-for-the-year-ended-May-31-2018.pdf

²² From the CFPC Audited Financial Statements 2018, page 3: https://www.cfpc.ca/uploadedFiles/About_Us/7a_Financial-Statements-for-the-year-ended-May-31-2018.pdf

²³ The market index in the USA currently yields ~1.8% and the market index in Canada currently yields over 2.5%. To validate this, simply google "dividend yield of the S&P500" or "dividend yield of the TSX"

²⁴ From the CFPC Audited Financial Statements 2018: https://www.cfpc.ca/uploadedFiles/About_Us/7a_Financial-Statements-for-the-year-ended-May-31-2018.pdf

²⁵ Gross Return – Costs = Net Return; so Costs = Gross Return – Net Return. Gross Return is at least 1.35%, since that is the CFPC's lowest yielding investment, the bond yielding 1.35%. Net return is -0.14%. Therefore, $1.35 - (-0.14) = 1.49\%$, or approximately 1.5%. This is of course an estimation; and assumes that the CFPC's equity holdings, taken together, have a higher dividend yield than the lowest-yielding bond. This assumption is valid because the CFPC is likely invested in a diversified collection of stocks, not just one or two; and again, the market index in the USA currently yields ~1.8% and the market index in Canada currently yields over 2.5%.

²⁶ I chose ZCON to because this exchange-traded fund contains investments in a 60:40 bond:equity ratio; the same proportion as the CFPC currently invests its assets. For more information about this ETF:

<https://www.bmo.com/gam/ca/investor/products/etfs#--tabs-1563371473687--=undefined&fundUrl=%2FfundProfile%2FZCON>

²⁷ From the CFPC Audited Financial Statements 2018, page 3: https://www.cfpc.ca/uploadedFiles/About_Us/7a_Financial-Statements-for-the-year-ended-May-31-2018.pdf

2c) Setting up the CFPC Reserve Fund for long-term financial independence

Financial independence means being able to sustain one's expenses through one's own financial reserves, instead of having to rely on third parties (which, for the CFPC, would include the healthcare pharmaceuticals industry, financial firms like Scotiabank, and us – through Membership Fee increases).

Let's consider this hypothetical scenario.

If our \$316,000 of savings is re-invested each year, then assuming a conservative 5% total rate of return, the CFPC would stand to nearly double the size of its current investment fund in just under 12 years²⁸ to reach nearly \$50,000,000.

With an investment fund of this size, if invested entirely in ZCON.TO (which yields 2.5% per year over and above the costs), the CFPC would stand to make a **surplus of \$1,250,000 per year** before tax – *all by doing nothing at all*.

We wouldn't need to rely on third party sponsors (with their own special interests) like Scotiabank to inject their pitiful \$700,000 per year for a limited five-year duration²⁹. We can beat that with our own investments, and have the extra funding last indefinitely.

Just as how thousands of family physicians around the country are gaining "financial independence" by getting rid of expensive mutual funds and replacing them with cheap index funds like ZCON.TO or VGRO.TO³⁰, it's time the CFPC became smarter about money as well.

Let's ensure that our fees are being used optimally, and that the CFPC is financial sustainable to continue serving us without relying on fee raises and without having to rely on special interests.

²⁸ http://www.moneychimp.com/calculator/compound_interest_calculator.htm

²⁹ <https://invested.mdm.ca/md-news/scotiabank-md-financial-management-and-the-canadian-medical-association-announce-3-58-million-to-support-family-medicine>

³⁰ <https://www.facebook.com/groups/303157906773998/>

In Summary:

As a Board Director, I intend to help the CFPC become more relevant by pursuing dual objectives:

1. Expanding CFPC advocacy to focus on issues that actually matter to us
2. Better managing CFPC finances (aka. your hard-earned money, paid as membership fees).

The “Board of Directors” is the typically primary method of ensuring an organization is accountable to its members. In this way, being part of the CFPC Board appeals to my own sense of duty. I see it as the natural extension of my role as a physician: helping my colleagues succeed in their work by ensuring our representative organization (the CFPC) is working in a fiduciary manner on behalf of us family physicians.

Part of this will involve more regular and better communication with you, the CFPC membership. I will work hard to ensure that the CFPC improves its ability to incorporate your ideas into CFPC operations, and be more responsive to your needs.

Making these changes won't be easy. But I will work hard, remain open-minded and learn from everyone around me. I also won't be working alone: the physicians and staff at CFPC are diligent and dedicated. I look forward to further collaborating with and empowering them to work on our above objectives. Getting more value out of our CFPC membership is what we all need – and this will be my focus as your Board Representative. So this October, I am seeking your help for the CFPC Board.

Thank you again for taking time to read and consider my candidacy. I can always be reached at my personal email – yu1@ucalgary.ca – and would be happy to hear from you!