

The College of Family Physicians of Canada Statement

(prepared for discussion at The Canadian Pain Summit April 24 2012)

The College of Family Physicians of Canada (CFPC) is committed to supporting its family physician members in their important role in managing the challenges faced by patients with chronic non cancer pain . We are pleased to participate in this Canadian Pain Summit and look forward to playing a key role going forward as strategies are developed related to the education and practice supports needed by those caring for patients with chronic pain.

Family physicians are responsible for providing the majority of the medical care for chronic non-cancer pain patients throughout our country. Family practice settings where person-centered comprehensive continuing care is delivered by each patient's family physician and the practice's other team members are optimal settings for the provision and coordination of the ongoing care for this patient population. The continuing relationship between a family physician and patient enable the understanding of the bio-psycho-social and spiritual impact of chronic pain on patients' lives and the provision of safe and effective ways to control each person's pain and improve his/her ability to function.

It is critical therefore that there are abundant high quality formative and continuing education programs as well as strong practice supports readily available for family physicians in this vital area .Currently however this is often not the case. This shortcoming – for family doctors and other health care professionals - must be addressed if we are to ensure a sustainable multidisciplinary team-based approach to caring for this patient population in primary care/family practice settings in large and small communities across the country .

Some have begun this process:

1. The Calgary region Primary Care Networks maintain a hub-and-spoke model: their patients have access to a primary care pain physician within their network who is supported by mentors from their tertiary multidisciplinary pain clinic.
2. Some Ontario Family Health Teams have trained health professionals to deliver the Chronic Pain Self-Management Program which educates chronic pain sufferers on how to manage their condition, improves their function and quality of life, and reduces health care system utilization.
3. Two provincial mentorship support programs for primary care physicians: The Ontario College of Family Physicians' Medical Mentoring in Addiction and Pain, and the Nova Scotia Chronic Pain Collaborative Care Network, allow family physicians and other health professionals to discuss their challenging cases with consulting clinicians. The Canadian Pain Society will be working to disseminate these models to all provinces and territories at their Annual General Meeting in May 2012.

The CFPC, its members and the family medicine academic community across Canada are committed to working collaboratively with others to achieve safe, effective, and readily available chronic pain treatment for Canadian patients. However, physicians will need both force behind them and incentives in

front of them to impact their practices. Governments, medical schools, and our medical organizations can help achieve this by (i) recognizing chronic pain as a medical condition that must be included as a core component in undergraduate, postgraduate and continuing education curricula and programs and (ii) supporting family practice models, like The Patient's Medical Home ,where patients can have their chronic pain managed as part of the comprehensive ongoing care provided by their family physicians and the teams working with them.

The College of Family physicians of Canada endorses the Canadian Pain Summit as a crucial step in improving the care of our chronic pain patients.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Buchman", is centered within a white rectangular box.

Sandy Buchman MD, CCFP, FCFP
President