

Family Physician Advisory Committee Survey Results

Context

In January 2019, the Family Physician Advisory Committee (FPAC) suggested conducting a needs assessment of all the SOGC Family Physician and Family Physician Resident members to inform future projects and activities for the committee. The survey questions were developed over the following 4 months, and the final draft was approved at the April 2019 committee meeting. The survey was then submitted to the Board for approval at the June 2019 meeting, with the goal of disseminating the survey the following October.

The goal of the survey was to compile data related to the clinical activities and training needs related to women's health. Family Physician and Family Physician Resident members were invited to participate in the survey during September 26th, 2019 – October 26th, 2019, which was available using Survey Monkey in both French and English.

Response Rate

A total of 166 surveys were submitted, of which 136 were completed (n=127 Family Physician members; 9 Family Physician Resident members). As of June 2019, there were 649 Family Physician members and 112 Family Physician Resident members resulting in a response rate of 20% and 8%, respectively.

Results

Table 1. Geographical Representation

| Province/Territory | Response | Percentage |
|----------------------------------|----------|------------|
| Alberta | 30 | 22% |
| British Columbia | 19 | 14% |
| Manitoba | 3 | 2% |
| New Brunswick | 4 | 3% |
| Newfoundland and Labrador | 2 | 1% |
| Northwest Territories | 1 | 1% |
| Nova Scotia | 4 | 3% |
| Nunavut | 0 | 0% |
| Ontario | 35 | 26% |
| Prince Edward Island | 1 | 1% |
| Quebec | 29 | 21% |
| Saskatchewan | 7 | 5% |
| Yukon | 4 | 3% |

Table 2. Setting for Deliveries

| Setting* | Response | Percentage |
|---|----------|------------|
| At home or in birth centres | 0 | 0% |
| Level I hospital (provision of maternity care for low risk women) without local cesarean section availability | 6 | 4% |
| Level I hospital (provision of maternity care for low risk women) with local cesarean section skills (from family physicians with advanced training in surgery or general surgeons) | 24 | 18% |
| Level II hospital (provision of maternity care for low and moderate risk women) with some combination of obstetrical, anaesthesia, pediatric and neonatal support (in person or via telemedicine) | 48 | 35% |
| Level III hospital (provision of maternity care for low to high risk women) with onsite adult ICU, NICU, perinatal, neonatal and anaesthetic services | 49 | 36% |
| I do not do deliveries | 15 | 11% |
| I offer pre- and/or post-natal care only | 11 | 8% |

*Could provide more than one response

Table 3. Type of Geographical Area

| Area* | Response | Percentage |
|--|----------|------------|
| Remote (access by plane only during the winter season) | 1 | 1% |
| Rural | 35 | 26% |
| Urban <ul style="list-style-type: none"> • Small population centre 25, 000 – 49,999 | 10 | 7% |
| Urban <ul style="list-style-type: none"> • Medium population centre 50,000 – 99,999 | 19 | 14% |
| Urban <ul style="list-style-type: none"> • Large population centre - 100,000+ | 67 | 50% |

*Could provide more than one response

Table 4. Types of Care

| Types of Care* | Response | Percentage |
|---|----------|------------|
| High risk obstetrics | 4 | 3% |
| Low and moderate risk obstetrics | 88 | 65% |
| Healthy/low risk obstetrics | 91 | 67% |
| Paediatric and Adolescent Gynaecology | 55 | 40% |
| Contraception (including insertion of IUDs) | 126 | 93% |
| Contraception (without insertion of IUDs) | 29 | 21% |

| | | |
|-------------------------------|----|-----|
| Medical abortion care | 41 | 30% |
| Surgical abortion care | 7 | 5% |
| Menopause | 96 | 71% |
| Medical education | 88 | 65% |

**Could provide more than one response*

Table 5. Academic Institution Affiliation

| | Response | Percentage |
|------------|----------|------------|
| Yes | 103 | 76% |
| No | 33 | 24% |

Table 6. Supervision of Family Medicine Residents (for obstetrical care)

| | Response | Percentage |
|------------|----------|------------|
| Yes | 15 | 45% |
| No | 16 | 48% |
| N/A | 2 | 6% |

Table 7. Use of SOGC's Clinical Practice Guidelines; Committee Opinions and Technical Updates

| | Response | Percentage |
|------------|----------|------------|
| Yes | 135 | 99% |
| No | 1 | 1% |

Table 8. How the SOGC can help professional growth

(122 respondents)

Major themes :

| Responses | Themes |
|-----------|---|
| 61 | GUIDELINES |
| 28 | Continue to produce guidelines and updates |
| 21 | Improve access to guidelines |
| 5 | Guidelines for those who practice low risk obstetrics |

| | |
|-----------|--|
| 2 | App for guidelines |
| 1 | Send guidelines electronically |
| 1 | Guidelines reflecting the reality of family practice |
| 1 | Free guidelines |
| 1 | Connect guidelines to practice |
| 1 | Create a list of recommendations |
| 49 | REGULAR CONTINUOUS MEDICAL EDUCATION |
| 19 | Continue practical and accessible CMEs |
| 12 | Continue ALARM and MORE OB |
| 6 | Offer tailored courses for Family physicians |
| 2 | Keep making us feel welcome at CMEs |
| 2 | Offer workshop on team work and professional behavior |
| 1 | Offer training programs on different areas of prenatal care & delivery beyond basics |
| 1 | Offer accessible Medical abortion and Surgical abortion training programs |
| 2 | More access to gynecological CMEs |
| 1 | Low cost CMEs and GESTA |
| 1 | Offer CMEs that are appropriate for crossover between OB and FP |
| 1 | Offer obstetrical ultrasound training for FP |
| 1 | Updates on IUD and endometrial biopsy |
| 32 | CONTINUOUS ONLINE MEDICAL EDUCATION |
| 21 | Continue online courses |
| 7 | Offer webinars |
| 1 | Improve online courses |
| 1 | App for online courses |
| 1 | Free online courses |
| 1 | Web diffusion of CMEs |
| 9 | VALUE AND ADVOCACY |
| 3 | Support ongoing rural obstetrical programs |
| 2 | Value and promote general practice obstetrics |
| 2 | Emphasize professional behavior, team work and mutual respect |
| 1 | Help with surgical abortion provision in rural area |
| 1 | Maintain high standard of care |
| | INNOVATIONS AND NEW STUFF |
| 4 | Short training modules on updates |
| 2 | Online Q&R |
| 1 | Sexual education program and tools |
| 1 | Newletters with updates |
| 1 | Patient handouts |
| 1 | Discussion forum |
| 1 | Ask an expert section on the website |
| 1 | Organize mentorship |

Table 9. Major SOGC benefits
(143 respondents)

| Responses | Themes |
|-----------|--|
| 108 | Guidelines |
| 39 | Journal, publications, magazine |
| 19 | Meeting, conferences, IUD teaching program |
| 16 | Online courses |
| 12 | GESTA, ALARM, MoreOB courses |
| 10 | Websites (sexandU, pregnancy, HPV, etc.) |
| 2 | Mail list/e-mails |
| 2 | Handouts |
| 2 | Compassionate IUD |
| 1 | Committees |

Table 10. What benefits could be added?

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|---|
| 1. Compassionate IUD program |
| 2. Journal/ Updates to Practice |
| a. Better JOGC access and site functionality |
| b. Access to AJOG |
| c. ALARM updates- make them easier to access |
| i. Published in SOGC journal |
| ii. Shared via e-mail/online posts |
| d. Guidelines |
| i. More direct access to guidelines |
| ii. Ability to search for guidelines (at present google is better) |
| iii. sent to e-mail |
| iv. available in an app for smartphone |
| v. discussed in podcast |
| vi. more widespread access to guidelines/ access for non-members |
| vii. 1 page summaries of each guideline |
| e. Primary care input into published articles |
| f. Outreach and education after publication of new practice guidelines |

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| 3. Online Question Forum |
| a. "Ask the expert" online |
| 4. Education/Training/CME |
| a. Free short courses |
| b. Courses shorter than present |
| c. Webinars |
| d. Podcasts |
| e. Videos for common procedures |
| f. In person learning sessions |
| g. Family Medicine Presence: |
| i. More inclusion of family medicine at SOGC conferences/less specialist bias as providers of obstetrical care |
| ii. Teaching geared towards family doctors |
| iii. Primary Care updates |
| h. ALARM: |
| i. More encouragement towards family medicine ALARM providers |
| ii. More ALARM course offerings |
| i. Decision trees |
| j. Emails with clinical "pearls" |
| k. Pessary training |
| l. More local CME events |
| m. Prenatal care for FP that doesn't do intrapartum care |
| n. More tools for use in office |
| o. IUD/endometrial biopsy training |
| i. Tips for difficult procedures and managing results |
| 5. Canada Birth Data |
| a. Published information about hospital/non-hospital births, mode of birth, location of birth (center size) for MDs and patients |
| 6. Mentorship/ Networking |
| a. Chapters of SOGC: local provincial or urban-center based |
| b. Local and regional education sessions to develop community amongst FP and specialists |
| c. Job opportunities |
| d. Stories of collaborative care, especially in smaller areas |
| e. Collaboration with AOPQ: http://aopq.org/home/about/ |
| 7. Advocacy for FP deliveries |
| 8. Patient Education |
| a. Handouts in English and French (not just website) |
| b. More didactic learning for patients |
| 9. Improved website |
| 10. MoreOB membership |
| 11. Section for primary care Gyne |
| 12. Non-practice related benefits (incl. insurance) |
| 13. Not sure |
| 14. None |

Table 11. What kind of training programs should the SOGC add?

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|--|
| 1. Enhanced obstetrical skills for GP |
| • Certification |
| • OB Ultrasound |
| • Surgical assist |
| • Education geared towards GPs |
| • Vacuum and outlet forceps workshops |
| • FHR interpretation |
| • Breech Management |
| • Management/Stabilization of OB emergencies in rural/low-resource environment |
| • Prenatal care for FP that doesn't do intrapartum care |
| • Formal training sessions and privilege requirements for C/S and D&C |
| • C-hyst simulation course |
| • Physiologic labour & birth (e.g. DeGasquet) |
| • Involvement with MoreOB |
| |
| 2. Enhanced Gyne Skills |
| • Gyne ultrasound: early dating pregnancy and IUD confirmation |
| • Medical abortion training |
| • Surgical abortion training (especially rural communities) |
| • Infertility work-up/management for primary care |
| • IUD insertion training |
| • Pessaries |
| • Vaginitis/Vaginal Itch |
| • Abnormal uterine bleeding: investigations& treatment |
| |
| 3. Menopause/Perimenopause |
| • Update regularly (q1-2yr) |
| |
| 4. Hep C in Pregnancy |
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| 5. Updates in Obstetrics |
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| 6. Contraception Overview |
| <ul style="list-style-type: none"> • Comprehensive list of copper options • Update regularly q1-2yr |
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| 7. Perinatal Addictions/Mental Health |
| |
| 8. Transgender care in Pregnancy |
| |
| 9. Management of Colposcopy results |
| |
| 10. Breastfeeding and related problems (could use midwife resources) |
| |
| 11. Cultural Competency |
| <ul style="list-style-type: none"> • Including refugee/immigrant care |
| |
| 12. Workshops on harassment and intimidation |
| |
| 13. Communication techniques: motivational interviewing, breaking bad news while needing to make urgent decision |
| |
| 14. Interprofessional workshops |
| <ul style="list-style-type: none"> • Partnership with Canadian Pediatric Society |
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| 15. Web-based training |
| <ul style="list-style-type: none"> • Online Obstetrical “Codes” for live team simulations • Scenarios: Preeclampsia, PPH, threatened PTL, PPROM • Online access to conferences, archived lectures |
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| 16. Case-based learning |
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| 17. Hands-on learning |
| <ul style="list-style-type: none"> • Travelling workshops • In-situ training (in regular practice environment) • Mini-ALARM workshop with vacuum and forceps practice |
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| 18. Podcasts |
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| 19. Listing of patient resources (online & community) |
| |
| 20. Access to guidelines to non-members- particularly those in primary care |
| |
| 21. Continue encouraging family MDs to participate in SOGC educational events |
| |

22. Unsure

Table 12. What guideline topics would be useful/important?

| Topics | | # of responses which included topic | Percentage |
|---|--|---|------------|
| Obstetrics | All Obstetrics | 44 | 48% |
| | Prenatal Care | 28 | 31% |
| | Prenatal complications of Pregnancy/higher risk | 20 | 22% |
| | Intrapartum Care | 19 | 21% |
| Gynaecology | | 32 | 35% |
| Specifically Requesting Primary Care | | 3 | 3% |
| Newborns | | 2 | 2% |
| Rural and remote | | 3 | 3% |
| Creation of Guidelines | | 5 | 5% |
| Access to Guidelines | | 2 | 2% |
| No answer/unsure | | 14 | 15% |
| Total Responses | | 91 | 100% |

Conclusion

Based on the data, FPAC recommend improving communications and promotions to ensure family physicians feel welcome to participate and contribute to the SOGC. The data also suggest that targeted communications that highlight how the SOGC programs are relevant to family practice could increase membership in this category and overall engagement from these health care providers.