



UNIVERSITY OF
CALGARY



Alberta Health
Services

Department of Family Medicine - Calgary

2022-2023
Annual Report

Vision

A community of Family Physicians and Primary Care Providers building collaborative, integrated, and innovative medical homes, responsive to the needs of our population.

Mission

To Serve Our Communities:

- To promote best practice primary health care and family medicine
- To enable our members to build and support patient-centred medical homes
- To translate innovations in family medicine to our physicians and communities
- To support medical education, credentialing, recruitment, and retention

DFM Leadership:

Clinical Department Head: Dr. Mike Spady (to April 2023)/Dr. Ann Vaidya (Acting)
Deputy Clinical Department Head: Dr. Ann Vaidya (to April 2023)/ Dr. Norma Spence (Acting)

Academic Department Head: Dr. Sonya Lee
Deputy Academic Department Head: Dr. Carolyn Nowry

Department Manager: Ms. Diana Trifonova (to Feb 2023), Mr. Craig Cutler

Unless otherwise stated, the work presented within this report occurred between April 1, 2022 and March 31, 2023.

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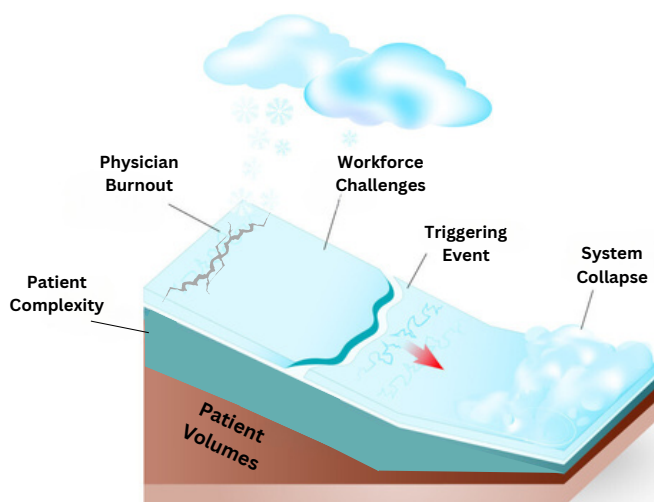
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EXECUTIVE SUMMARY

Throughout 2022-23, members of the Department of Family Medicine found themselves providing care in an environment of significant care deficits, as well as increased patient complexity and needs. Healthcare teams are suffering from burnout, moral injury, and workforce shortages, leaving no space for the healthcare system to stop, breathe, and recover. Similar to the conditions that lead to an avalanche, the weaknesses and cracks in the foundational layers of our system are compounding, and if not mitigated, could lead to a triggering event whereby the whole system gives way. Family medicine is the foundational layer of our health care system. Our people have risen to meet the health care needs of communities within a system that is strained. This effort has taken an enormous toll on our members, who are at high risk of leaving the profession or reducing their scope of care. Family physicians must be supported to prevent a cascade of healthcare system impacts.



The breadth of the Department of Family Medicine in the system allows for unique and valuable insight into the patient journey through the system. Everyone, not just patients, needs the family physician. Our teams were tapped repeatedly to shore up many areas of acute care services and outpatient clinics, spreading our workforce thin and causing reverberations throughout the healthcare system. We are also seeing a precipitous decline in interest in family medicine in graduating medical students due to a myriad of factors, also contributing to system strain.

Never ones to give up, the leaders within the Department came together to undergo strategic planning. Through the year, the Department of Family Medicine leadership team has engaged with members in the development of the new strategic plan. This included strategic thinking sessions, member surveys, focus groups, and a two-day strategic planning retreat. We look forward to an updated Departmental Vision, Mission, and strategic priorities that will guide our work over the next five years.

The Department is committed to responding to the need for reconciliation with Indigenous peoples, as well as addressing racism and inequity. A highlight this year was Dr. Pamela Roach's Mackid Lecture on Improving Safety in Health Systems: Identifying and Challenging Anti-Indigenous Bias. This well-received educational event pushed attendees to reflect on ways to address and combat anti-Indigenous bias in medicine. The Department is ensuring that working toward improved Equity, Diversity, Inclusion and Accessibility, as well as Reconciliation, is embedded within the Department and its strategic plan.

EXECUTIVE SUMMARY

Family medicine is the largest department in Medical Affairs and our staff have worked hard to streamline the hiring and privileging process. Staff have supported physicians through the Connect Care onboarding process and continue to advocate for necessary change to mitigate increased workloads resulting from Connect Care, particularly in the community.

The Department of Family Medicine has six clinical sections, representing 1296 physicians, 57% of which identify as women. Despite medical staff challenges related to illness and burnout, all sections have met the demands of providing care to a higher volume of patients suffering from an increased burden of disease related both to complications of COVID-19 and to delays in care. In addition, each section has expanded its services to improve accessibility, especially to our most vulnerable patients.

The Community Section is our largest and most diverse. It includes community family physicians, AHS family medicine (Academic Family Medicine Teaching Centres, Chronic Pain Centre, Corrections Facilities, East Calgary Family Care Clinic, Eating Disorders Clinic, Elbow River Healing Lodge, and Sexual and Reproductive Health Clinics) and non-AHS affiliated clinics (the Alex Community Health Centre and Calgary Urban Project Society), and our partnership with the Primary Care Networks. This year, the section was pleased to present the family physician of the year (nominated by patients) to Dr. Karen Seigel, and the specialist physician of the year (nominated by family physicians) to Dr. Amanda Berg.

The Maternal Newborn Section continued to care for high volumes of patients, delivering over 4000 newborns this year. The section was challenged by the need to navigate constantly changing policies while supporting their patients. Connect Care brought extra challenges to the human resourcing shortages and the section continues to work hard on recruitment. The section was pleased to present the inaugural Maternal Newborn Care of the Year award to Dr. Heather Wrigley.

Our Medical Inpatient Section is responsible for the majority of hospital admissions in the Calgary Zone, a number that has grown since the COVID-19 pandemic and continues to increase. Through multiple Connect Care waves at their various sites, family medicine hospitalists led the way not only in adapting to change but also driving improvements in the process, including the Problem Oriented Charting Syllabus. This group continues to work hard on practice improvement and pathway work. Hospitalists remain under immense pressure as many specialist services pull back to consult-only models, and these demands have been met through new programs like psychiatric primary care. This year's Hospitalist of the Year was presented to Dr. Kobus Stassen. Of note, the Hospitalist Alternative Relationship Plan (ARP) remains a Ministerial Order and was renewed for three years with no changes, limiting opportunities to adapt to the changing work environment and increasing system demands.

Our Urgent Care Section helped relieve the pressure on the Emergency Departments (ED) and Emergency Medical Services, assessing and treating patients in over 94,000 encounters in 2022, with projections for 2023 even higher. Increasing patient acuity and complexity caused unprecedented demands leading to longer visits and wait times. To ensure patient safety after hours when lab and diagnostic imaging are no longer available, South Calgary Urgent Care piloted a reduced closing time from 22:00 to 20:00 without a resulting decrease in patient volume.

EXECUTIVE SUMMARY

The Palliative Care Section worked hard to increase the number of supported deaths in the community, reducing the load in ED and acute care. Increases in staffing needs without the availability of workforce, and increased demand on hospices contributed to moral distress. The section reached out to their members and supported their work and mental health through various initiatives. Through a grant to the team, they will be able to train 4000 healthcare clinicians in the Pallium Learning Essential Approaches to Palliative Care (LEAP) project, greatly increasing the capacity of community family physicians.

Our Seniors Section experienced distress related to COVID-19 outcomes in our elderly patients, and despite their fatigue, pulled together to support patients' increased care and health needs in the aftermath. Existing programs were not enough to cover patient needs, and many areas continue to suffer physician and staff shortages. In response, they created the Calgary Urban and Surrounding Area (CUS) for Long Term Care (LTC) Physicians on-call program, Seniors Home-Based Primary Care Program (SHBPC), Complex Mental Health Units (CMH) and Community Alternate Level of Care (ALC) programs. LTC and Seniors' Living (SL) beds have increased faster than availability of human resources. The R3 Care of the Elderly program was increased to three positions this year in an attempt to support burgeoning demand for seniors' care.

The Academic Department continues to lead family medicine education, while providing community-based, comprehensive primary care to over 24 000 patients, and building capacity for family medicine research and scholarship. Within the academic teaching centres, innovations in patient access and collaborative models of care have been developed to manage increased patient volumes and complexity. The Undergraduate Family Medicine Education team has been actively involved in developing the new pre-clerkship curriculum at the Cumming School of Medicine, Re-Imaging Medical Education (RIME), which places an emphasis on the strengths of generalism. Postgraduate Family Medicine celebrated a successful accreditation this year, and is in the initial stages of exploring curriculum expansion and re-design to a 3-year program through the national Outcomes of Training Project (OTP). The Academic Department continues to have success in publications and grant funding, with a focus on our four research pillars: Indigenous Health, Medical Education, Health Services, and Health Equity. Across all academic pillars, recruitment into Family Medicine has been a challenge due to a shrinking workforce with family physicians who feel devalued and who are experiencing burnout.

Despite the current challenges, the Department of Family Medicine is committed to serving our patients and their communities, educating and training of the next generation of family physicians, building in the areas of primary care research and scholarship, and supporting our colleagues, staff and teams. By reinforcing the foundation (family medicine) of our system, and alleviating the compounding stressors, we are hopeful an avalanche, or health system failure, can be prevented.

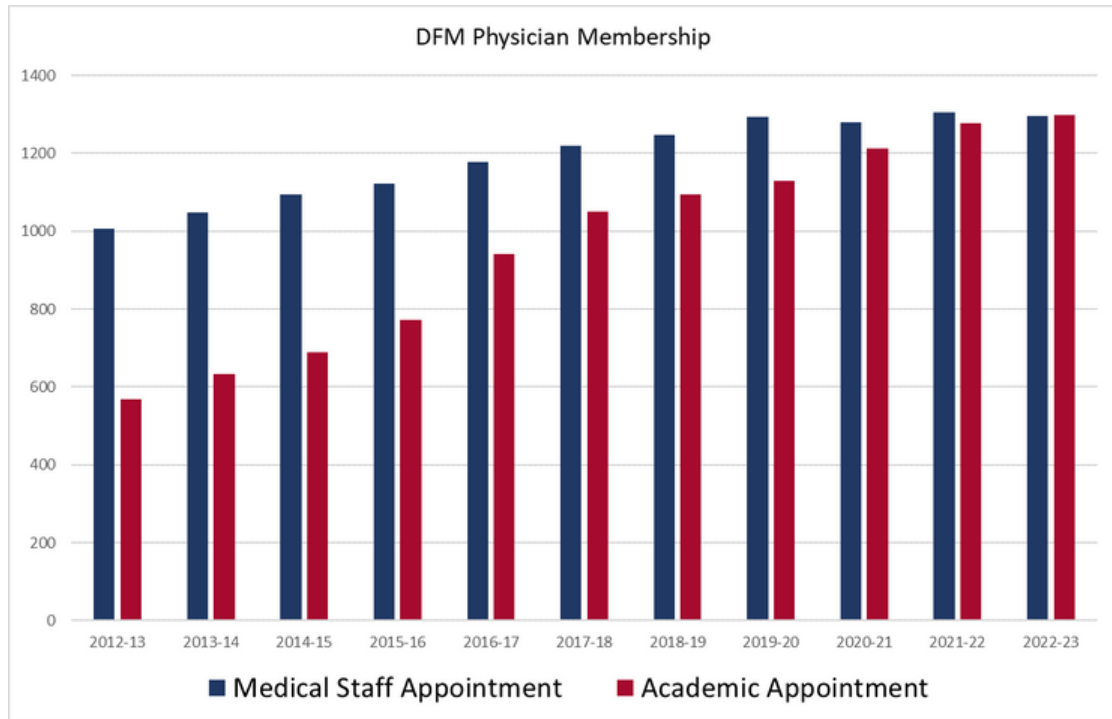


Dr. Ann Vaidya
Acting Clinical Department Head



Dr. Sonya Lee
Academic Department Head

DFM MEMBERSHIP



We represent one of the largest clinical Medical Affairs departments in AHS. This high membership with diverse practice environments continues to challenge us to find innovative ways to connect with our membership and engage them in the numerous activities and initiatives occurring in health care delivery.

For the second time since 2020, our number of Medical Staff Appointments has decreased slightly, while academic appointments have increased. We have laid out this report highlighting some of the overall achievements of our clinical sections and academic pillars.

CLINICAL SECTIONS

Community Primary Care

Section Chief: Dr. Monica Sargious

56th Annual Mackid Lecture

This year, the event featured Dr. Pamela Roach, discussing [Improving Safety in Health Systems: Identifying and Challenging our anti-Indigenous Bias](#) as physicians. Dr. Roach shared the findings of her research study reviewing the prevalence and characteristics of anti-Indigenous bias among Albertan physicians to a receptive audience. Participants commented: "This was a very moving lecture" and "... [it is] important to continue the messaging about anti-Indigenous sentiment in medicine: as the presenter pointed out, the attendees were all sympathetic to the cause, but we need to keep the issue top-of-mind so that we spread the word intentionally in our practice and teaching...."

Family Physician of the Year



Dr. Karen Seigel

This year's winner, Dr. Seigel, was selected from over 100 patient nominations as an outstanding communicator, compassionate, and effective advocate. She is a leader in her PCN, teaches, and is involved in quality initiatives in her clinic.

Her patients described her as "very bright and love what she does". The fact that the joy of her profession comes through to her patients is inspiring.

Specialist Physician of the Year



Dr. Amanda Berg

Nominations are sent by family physicians and reflect specialists viewed as exceptional collaborators with primary care and who provide outstanding patient care as partners with us.

This year's winner, Dr. Berg, is a joy to work with and highly approachable. She provided support to our primary care webinars throughout the pandemic and is a true partner in care who understands the challenges of managing complex patients in a primary care medical home setting.

CLINICAL SECTIONS

The Alex Community Health Centre

The Alex Health Centre is seeing an increased demand for service from increasingly complex clients. At the same time, it was struggling to maintain team-based care due to staffing demands impacted by illness while wanting to prevent burnout. Despite these challenges, the Alex staff continues to offer new initiatives including:

- an Indigenous Health Strategy comprised of a Director of Indigenous Relations, an Elder Advisory Council and an Elder in Residence Program along with incorporating Indigenous Healing Practices
- a walk-in clinic to mitigate strain on acute care centres that also include social support and housing services
- a Community Mobile Crisis Response Team that rapidly deploys a de-escalation team in response to 911/211 calls in partnership with the Calgary Police Service, City of Calgary, Alpha House, AHS and Distress Centre Calgary
- operation of the Assisted Self-Isolation Site (ASIS) for the Calgary Zone (CZ)
- cross coverage of the Rapid Access Addiction Medicine Clinic facilitating increased access

Calgary Urban Project Society (CUPS)

To meet the needs of increasingly unwell and marginalized patients, CUPS added two new services in the fall of 2022.

The Health Equity Team provides hundreds of clients with on-site and outreach interventions for clients with complex medical needs. The Street Outreach Opioid Agonist Treatment (STOAT team) facilitates discussion of substance use recovery options through a coordinated effort of peer facilitators and professional staff sharing lived experience, systems navigation advice, advocacy, and intensive case management.

Health Equity Team



605 direct client visits		550 indirect client visits
CUPS 444	Outreach 161	Case Management

STOAT Team

740 face-to-face
visits in 6 months



Calgary Zone Primary Care Business Unit

The CZ Primary Care Networks (PCNs) support community physicians struggling with a scarcity of workforce and resources. Together they collaborated on a new 2023-2026 Zone Service Plan, building on the previous plan and priorities of coordinating the Patient's Medical Home, facilitating access and attachment, addressing mental health and Indigenous health, collaborating with specialties, and enhancing zone programs and shared services. These issues are addressed while ensuring integration with Community Information Integration/Central Patient Attachment Registry (CII/CPAR), the Alberta Surgical Wait-Times Initiative (ASI), and Home to Hospital to Home (H2H2H). A focus on health system integration occurs within the Specialty Integration task group, with various initiatives occurring that look to coordinate care between primary and specialty care. Within that group, three new clinical pathways having been developed last year, and two new specialties providing tele-advice were added to Specialist Link. This work provides great value to primary care, with nearly 25,000 tele-advice calls, and 29,000 pathway downloads last year.

CLINICAL SECTIONS

East Calgary Family Care Clinic (ECFCC)

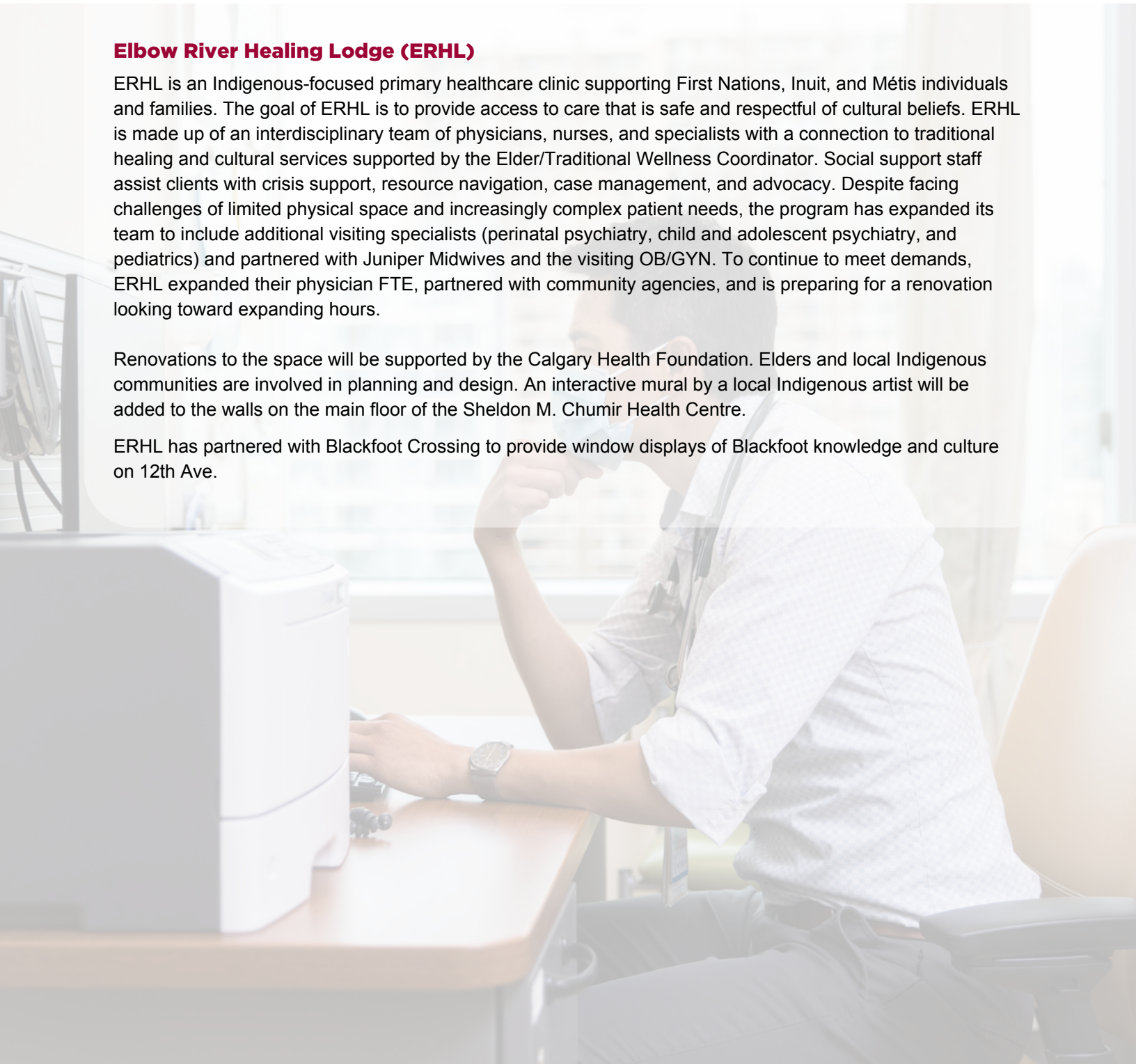
Through trauma-informed interdisciplinary care teams, the ECFCC provides primary care and advocacy to complex marginalized patients. In an ongoing commitment to access, while attempting to mitigate the use of acute care, the ECFCC provides daytime, evening, and weekend care closing only three days annually. The clinic has added phlebotomy services, redesigned attachment processes to accommodate more medically and psychiatrically complex patients, and engaged in a QI project to increase cancer screening. At the same time, the clinic has added burnout prevention programming for staff through Project Resilience.

Elbow River Healing Lodge (ERHL)

ERHL is an Indigenous-focused primary healthcare clinic supporting First Nations, Inuit, and Métis individuals and families. The goal of ERHL is to provide access to care that is safe and respectful of cultural beliefs. ERHL is made up of an interdisciplinary team of physicians, nurses, and specialists with a connection to traditional healing and cultural services supported by the Elder/Traditional Wellness Coordinator. Social support staff assist clients with crisis support, resource navigation, case management, and advocacy. Despite facing challenges of limited physical space and increasingly complex patient needs, the program has expanded its team to include additional visiting specialists (perinatal psychiatry, child and adolescent psychiatry, and pediatrics) and partnered with Juniper Midwives and the visiting OB/GYN. To continue to meet demands, ERHL expanded their physician FTE, partnered with community agencies, and is preparing for a renovation looking toward expanding hours.

Renovations to the space will be supported by the Calgary Health Foundation. Elders and local Indigenous communities are involved in planning and design. An interactive mural by a local Indigenous artist will be added to the walls on the main floor of the Sheldon M. Chumir Health Centre.

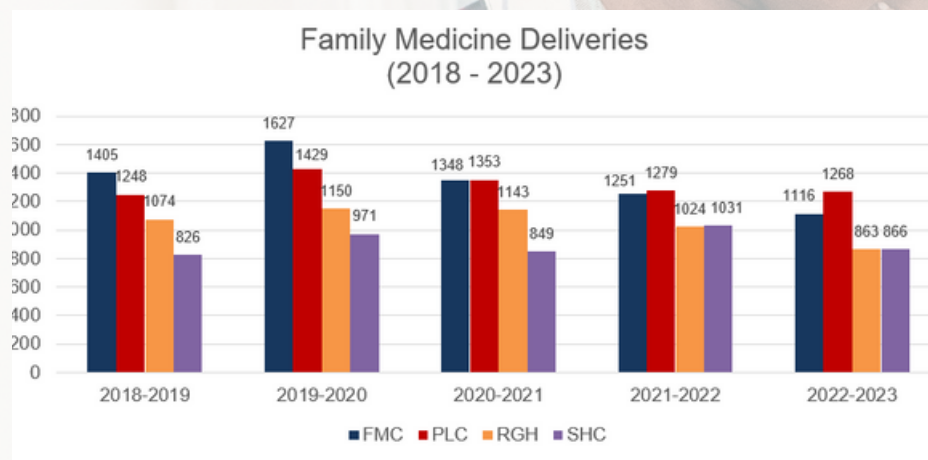
ERHL has partnered with Blackfoot Crossing to provide window displays of Blackfoot knowledge and culture on 12th Ave.



Maternal Newborn Care

Section Chief: Dr. Norma Spence

The Maternal Newborn Care section includes 129 physicians privileged to provide obstetrical care at the Calgary adult acute care sites, responsible for over 4000 deliveries annually. In addition to prenatal and peripartum care, the group provides postnatal care at labor and delivery triage with a commitment to continuity of care and reducing the burden on emergency departments and the community. Providing this level of service has been challenging while transitioning to Connect Care during a period of both nursing and physician shortages. This has required current medical staff to work extra shifts at the hospital and community clinics to backfill where possible. The section is working hard to recruit new physicians to practice and to promote this important work within the residency programs. In the interim, the section is committed to ensuring provider wellness and safety through a peer support team offered in conjunction with Well Doc Alberta.



In addition, to promote staff morale and recognize excellence, the section was awarded the Maternal Newborn Care of the Year award. The inaugural recipient, Dr. Heather Wrigley, has been “a key member of the team through the pandemic. She has volunteered throughout this difficult time to continue the education of NRP, frequently volunteering to assist colleagues with last-minute coverage, and has maintained her compassion and empathy for all patients in a collaborative work environment. She respects and cares for people in a way that makes them feel seen and heard. She goes above and beyond to ensure that patients are taken care of.”



Dr. Heather Wrigley
MNB Care of the Year Award

CLINICAL SECTIONS

Medical Inpatient Care

Section Chief: Dr. Marinus Van der Westhuizen

Deputy Section Chief: Dr. Serena Siow (until January 2023)

The Section of Medical Inpatients provides inpatient family medicine services (hospitalist) to all Calgary zone adult acute care sites. It is funded by an alternate relationship plan, managed via the Calgary Hospitalist Governance Association and there are over 170 physicians currently participating in the program. The section created a new Psychiatry Primary Care Medical Lead position, Dr. Jennifer Day-Coupal, in October 2022.

The section faced many challenges arising primarily from COVID-related service demands. The hospitalists created an Influenza like Illness (ILI) unit to help alleviate capacity pressures. The section was subsequently approached to assist with planning for the new permanent critical response unit for future needs. Additional preparation measures will require increased staffing. Discussions to identify barriers and strategies to meet this demand identified pressures imposed by acuity and patient volumes, limited support for after-hours and weekend providers, and physicians having access to more lucrative positions both within and outside the province. Further to this, the hospitalist's scope of practice was updated. The document was well received internally and programs in BC, Yukon, and ON have reached out to review it. In addition, the section issued a follow-up Physician Wellness Survey from 2019 in conjunction with Well Doc Alberta and Alberta Health Services Wellness Diversity and Development.

While Connect Care exacerbated staffing and time demands, hospitalists treated the launch as an opportunity for growth. The section committed to improved clinical documentation with specific reference to daily progress notes and discharge summaries along with the creation of a Problem-Oriented Charting Syllabus to ensure ongoing, high-quality clinical documentation. This was further strengthened through involvement in the provincial Document Quality Improvement committees and Connect Care Medicine Area Council.

In February of 2023, the Ministerial Order was renewed for 3 years, backdated to April 2022, in keeping with the new Master Agreement the Alberta Medical Association negotiated. However, it remains a Ministerial Order with no changes to reflect the changing environment.

Recognition and awards

Dr. Kobus Stassen was awarded the Calgary Hospitalist Governance Association "Hospitalist of the Year". Dr. Stassen has contributed years of leadership in his work at the Peter Lougheed Centre, South Health Campus, Fanning and various community long-term care facilities and is respected amongst his peers.

Calgary Hospitalist Innovation Committee (CHIC) Report

CHIC worked hard in 2022 to develop quality improvement solutions to evolving challenges. Initiatives resulting from this include the Know Your Data project (providing physicians with individual and group-level data for practice improvement through facilitated group sessions), collaboration with the Acute Care Bundle Improvement (ACBI) initiative to identify priorities in the rollout of Connect Care, (such as discharge planning, transition from hospital to home, and implementing solutions to Connect Care workflows), various care pathways in Connect Care (Congestive Heart Failure, COPD, Liver Cirrhosis) and peer feedback groups to improve communication in daily progress notes.

Psychiatry Primary Care

Medical Director: Dr. Jennifer Day-Coupal

The Psychiatry Primary Care team (PPC) provides critical support to adolescent and adult psychiatric units. The psychiatry units, including the new inpatient eating disorder unit, are struggling with an influx of patients with increased medical acuity along with high nursing turnover. The PPC team is critical to providing additional support for in-hours and after-hours processes, and the need for further clinical education to prevent adverse medical events. To ensure excellence, the team has actively engaged in reviewing the scope of practice and ensuring consistency across sites. To further this goal, the group is developing cross-site training and a locum pool.

Urgent Care

Section Chief: Dr. Charles Wong

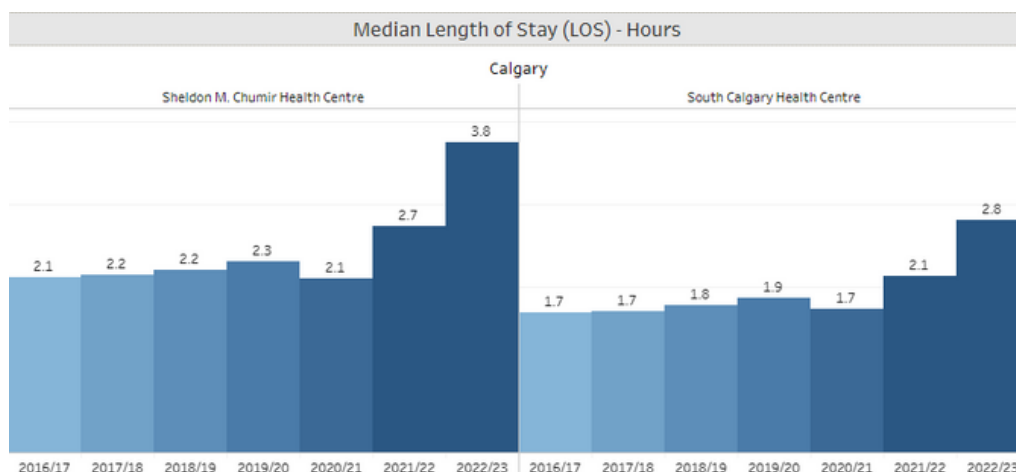
97,048

urban urgent care presentations

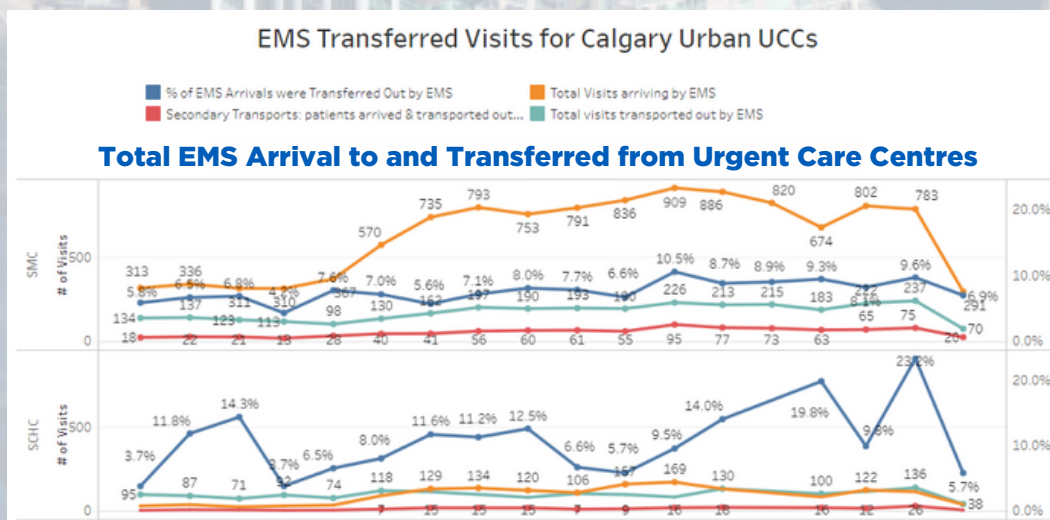
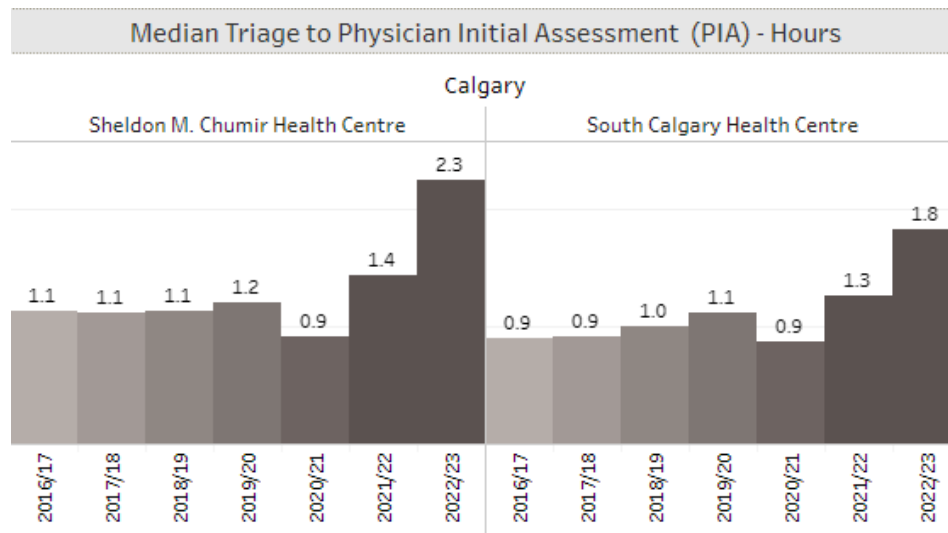
The two urban Urgent Care Centres (UCCs) and their three rural partners (Airdrie, Cochrane, and Okotoks UCCs) continue to experience high demand, mirroring the situation in Calgary Zone Emergency Departments. The two urban sites accepted 97,048 unique patient visits during the reporting time. High demand is coupled with increased acuity and complexity, resulting in physicians needing to spend more time with each patient. The demands on physician time are further exacerbated by requirements associated with the use of Connect Care. Ultimately, this results in a longer duration of patient stay and space constraints. The situation is resulting in physician and staff burnout. Despite human resource scarcity, particularly in primary care, the UCCs have been fortunate to fill vacancies.

Due to increased demands, the section has sought innovative solutions to enable the provision of safe care. For example, urgent care sites experience a “rush” of patients 30 minutes before closing time resulting in a concentration of patients requiring care after hospital diagnostic services (lab and imaging) close. To address this, the South Calgary UCC changed its published closing time from 22:00 to 20:00. The earlier closure time allows for patients to be seen safely, while lab and imaging are still available.

The section also seeks to alleviate system-wide pressure on emergency services. Emergency Medical Services (EMS) experienced a historic surge in demand for ambulance services throughout the COVID-19 pandemic and with ERs oversubscribed, long delays to return crews to service were reported. UCCs were able to further increase EMS acceptance capacity to meet this need; ambulance acceptances nearly tripled at the Sheldon Chumir Urgent Care, and the CZ UCCs together accepted more ambulances than most of the urban hospitals over the 2022 year. While load levelling the demand for many less complex EMS patients has been a net system benefit, allowing EMS crews to return to service earlier and increasing availability of the larger ER departments to see more complex patients, this has contributed to longer UCC patient visit durations, emergency inpatient census, increased secondary transfers and bed block at the larger departments.



CLINICAL SECTIONS



CLINICAL SECTIONS

Palliative Care

Section Chief: Dr. Charlie Chen

The Section of Palliative Care includes 85 physicians privileged to provide consultative and admitting services for patients with palliative, hospice, and end-of-life care needs across Calgary Zone. During the height of the COVID-19 pandemic, Calgary Zone Palliative and End of Life Care (PEOLC) rapidly adjusted our workflows to accommodate the dramatic increases in patient volumes in the community. Although initially a challenge, the team is proud to report that deaths in the community supported by Palliative Home Care have increased annually since the start of the pandemic, with a noticeable reduction in deaths in acute care or the Emergency Department.

Both a challenge and a success, local hospices are at capacity; this represents a resumption of effective utilization of our hospice resources and requires attention to manage a growing waitlist and care for patients appropriately before accessing hospice.

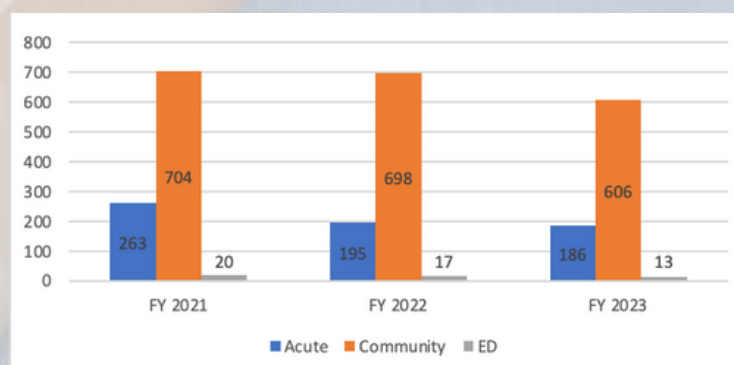
Meeting increased demand means that all services are facing staffing issues, resulting in physicians feeling overwhelmed and overstretched. After three years of a pandemic, the team is finding their patients and families are experiencing heightened emotionality and increased stress. This is exacerbated by late referrals for palliative care services. This directly impacts how physicians respond to these needs and how they care for themselves to stay resilient. The section is working on strategies to improve access and encourage earlier consultations.

Priority has also been adjusted to reflect the recognition that staff and staff wellness is critical to meeting demand. Section activities to support this direction include town hall meetings, a wellness survey and the Palliative Care Physicians Peer Support Team.

This focus has facilitated engagement in successful initiatives.
Highlights include:

- The Community Allied Mobile Palliative Partnership (formerly Calgary Allied Mobile Palliative Program) completed strategic planning and rebranding
- increased engagement with Indigenous Communities to develop partnerships for more equitable delivery of palliative care
- accreditation of the Palliative Medicine Residency Program at the University of Calgary with commendations for their efforts to decolonize the curriculum.
- launching of the PEOLC AHS Insite webpages
- engagement of the Intensive Palliative Care Unit physicians in a clinical drug trial
- hosting more than 700 attendees at the annual Mary O'Connor (palliative care) Conference.

Number of deaths by location for patients on Palliative Home care



CLINICAL SECTIONS

The team received several Alberta Health Palliative and End of Life Care Grants. These grants will enable the AHS PEOLC group to participate in the Pallium LEAP (Learning Essential Approaches to Palliative Care) project to train 4000 healthcare clinicians over 24 months in primary-level palliative care. Calgary Zone also attained grant funds to measure the outcome of embedding spiritual healthcare consultants in palliative care.

With the implementation of Connect Care across the various sites in the Calgary Zone, the PEOLC team has nimbly shifted resources to ensure successful launches in Waves 4 and 5. Section members created video and webinar resources to prepare for the transition and provided online platforms to facilitate peer support with challenges in navigation.

1343	Hospice
	Admissions
4817	Palliative Care Consult Team Patients
	Seen
1272	Palliative Home Care
	New Referrals



CLINICAL SECTIONS

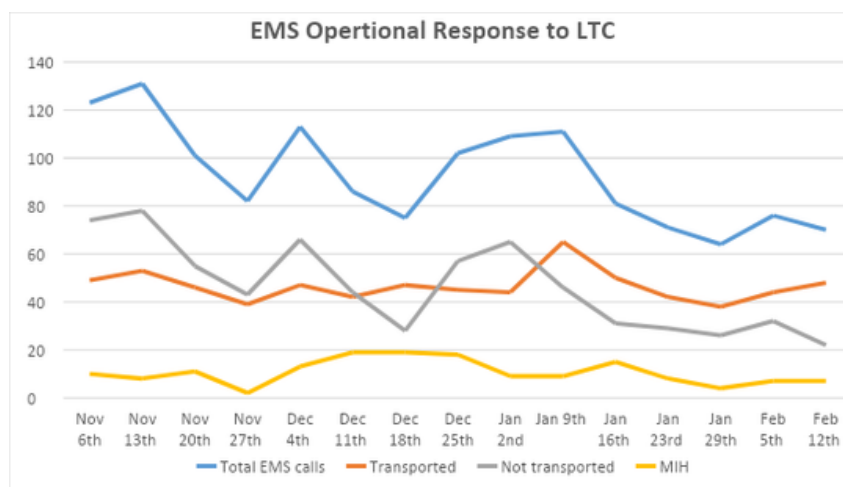
Seniors Care

Section Chief: Dr. Vivian Ewa

The section of Seniors Care includes 317 physicians who work in multiple areas across the continuum of older adult care, from home living to Long Term Care (LTC).

Physicians in the section established an on-call program, the Calgary Urban and Surrounding Area (CUS) for LTC Physicians. The previous model was no longer viable due to changes in PCN funding and the increase in community needs and the volume of calls. The call group is now quadrant based with four physicians, as opposed to two, providing after-hours coverage. LTC sites are grouped, not just by geography, but by the organization to enable increased physician accountability and medical oversight. The CUS program has also enabled the integration of existing processes such as the RAPPID- ED Referral Care pathway, which includes collaboration with Medical Integrated Health, and the adoption of Interact tools to facilitate early recognition of a change in status of LTC residents by nursing and nursing to physician communication.

The on-call program was implemented on January 1, 2023, and has already reduced transfers to ED.



The Seniors Home-Based Primary Care Program (SHBPC) became operational in September 2021. This program provides routine and emergent care, including wound care and palliative care, to homebound individuals reducing acute care demands. The program collaborates with home care staff and other specialty programs such as the Geriatric consult team, dementia care team and palliative home care team. Currently, the program is at capacity; further growth requires formal medical leadership for the program and refining geographical boundaries to ensure physician coverage to areas in Calgary with the greatest need. Work is underway to recruit a medical leader and establish formal program evaluation metrics and processes.

CLINICAL SECTIONS

At the time of reporting, the zone added 367 additional LTC and Seniors Living (SL) spaces with a further increase of 200 spaces projected in the next fiscal year. While this has helped with capacity in the zone, it has placed a strain on physician resources. The group of specialty programs such as Complex Mental Health units (CMH) and Community ALC (Alternate Level of Care) programs within LTC requires additional skill sets for existing family physicians. In response to the growth of Complex Mental Health units, the CareWest Colonel Belcher CMH is trialling multidisciplinary team care including an LTC MD and psychiatrist to build the capacity for family physicians to manage complex mental health patients. The ALC programs require competence in acute care and recruitment is geared towards those with expertise and interest in hospital medicine and/or care of the older adult. Unfortunately, recruiting physicians is limited by ARPs within the Ministerial Order not favourable to all areas of LTC practice. Future work will include exploring an annualized clinical ARP to support specialty programs within LTC.

Family physicians with enhanced skills in the Care of the Elderly Medicine (COE) are required in specialized geriatrics programs within the section, such as the Geriatric Consult team, Seniors Health Outreach Program and the SHBPC program. Over the last three years, the University of Calgary has only trained one COE per year. For the 2023-24 academic session, three COE residents will be trained with one being a return-from-practice resident. Increasing training opportunities for family physicians in COE medicine will help meet the needs of a growing older adult population in Calgary.



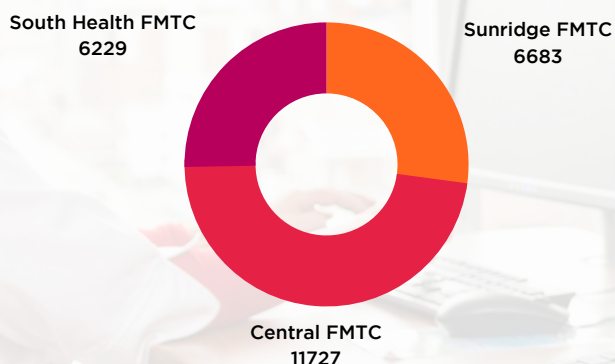
ACADEMIC PILLARS

Clinical Operations, Quality and the Patient Medical Home

Director, Academic Patient Medical Home - Dr. Divya Garg (Interim), Dr. Melanie Hnatiuk (to December 2022)
Team Lead, Quality & Informatics - Ms. Christina Barr

The Patient Medical Home (PMH) vision guides care delivery in the three academic family medicine teaching centres. Across three sites, 47 physicians cared for over 24,000[1] panelled patients in the PMH model in 2022-23. The PMH model allows for patient-centred, accessible, adaptable, comprehensive, coordinated, and continuous care in a trusted team[2]. Leveraging the strengths of the PMH model is essential as our teams address workforce and patient access challenges. All three centres implemented innovative team-based care approaches to adapt to changing needs of our patients and community, and to improve clinician and team wellness. In 2022-23, our centres provided 82,580 patient visits, 51% of which were virtual. In addition to providing clinical care, one of the core mandates of the academic teaching centres is educating future physicians. This year, 107 residents and 122 medical students trained at our three centres, learning the principles of evidence-based and collaborative primary care in a PMH setting.

Patients Panelled at DFM Academic Teaching Centres



Patient-Centered Access to Care

Given current challenges across the health system regarding clinical demands and access to care, each academic teaching centre trialed an innovative approach to improve patients' ability to see a member of their care team within a reasonable timeframe.

To evaluate the access improvement projects in a meaningful way, the Quality and Informatics (QI) team worked with the clinic teams to implement a new Third Next Available (TNA) Access measure. "TNA Access" counts how many days until a physician's third open appointment, including blocked appointments held for urgent access. Some of the improvement initiatives increased availability of urgent access appointments for patients to receive time-sensitive care in their medical home rather than go to a walk-in clinic, urgent care, or emergency department.

Three Day Access - Sunridge Family Medicine Teaching Centre (SFMTTC)

SFMTTC piloted a 3-day access project that held 2-3 patient visits per half day until 3 days prior. These designated appointment spots for more urgent and semi-urgent issues provide more flexibility for staff and physicians to book patients within 1-3 days when needed.

TNA measures improved from 2-6 days to 0-1 day for a 15-minute appointment, and 6-8 days to 0-6 days for a 30-minute appointment. When including the 3 day-access spots in TNA Access, all appointment types were between 0-2 days. Challenges in the initial phase of the project included addressing backlog in the initial months of the project and educating patients and staff on the new process.

[1] Panel counts as at March 31, 2023; panel counts vary across the year as patients join or leave our clinics.

[2] https://patientsmedicalhome.ca/files/uploads/PMH_VISION2019_ENG_WEB_2.pdf

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Shared Medical Model at the South Health Campus Family Medicine Teaching Centre

Another innovative approach to improve access is the shared medical model, where multidisciplinary teams deliver self-management education to groups of patients with a chronic medical condition. South Health FMTC delivers regular group workshops to patients with multiple conditions including anxiety, diabetes, insomnia, and osteoporosis. Related to this work, the team received the 2022 College of Family Physicians of Canada/Canadian Psychiatric Association Collaborative Mental Health Award for their delivery of the Anxiety to Calm Workshop.

Reviewing Capacity – Central Family Medicine Teaching Centre

Recognizing the urgent need for more patients to be attached to a medical home in Calgary, CFMTC conducted a detailed review of physician patient panels. The DFM QI team provided additional data, allowing accurate calculation of each physician's capacity to add patients to their panel. Due to this data-informed panel management, CFMTC could take on 600 new patients, improve patient access, and contribute to physician well-being. This exercise also identified physicians who were over-rostered, contributing to delays in patient access and physician burnout. This process will support improved panel distribution and management moving forward.

Evening Clinics and MD24

To further support patient access, and reduce acute care use for primary care sensitive conditions, evening clinics occur once a week at each teaching centre. A total of 145 evening clinics delivered care through 1,188 appointments, and feedback from patients reported that these clinics allowed them to urgently access care when needed. The MD24 on-call program, in partnership with Health Link, also serves patients after hours. When one of our patients with complex needs calls 811 and is triaged, Health Link can connect them with the physician on call. In 2022-23, 208 people were able to speak about their concern with a doctor from our clinics, thereby supporting improved continuity of care.

Patient and Family Partnered Care

Gender Affirming Care Clinic

To support gender diverse patients, and to educate family medicine residents and medical students in the care of this population, SHFMTC launched a Gender Affirming Care Clinic in April 2022. This provides learners with tools they can incorporate into their future practice to provide appropriate care for gender diverse individuals, thereby improving health care access for this underserved population.

Patient Perspectives

Patient feedback is received through regular surveys at the three teaching centres:

- **92% of patients rated their overall experience and care as “Excellent” or “Very Good”.**
- **95% of patients felt they “Always” or “Usually” had enough involvement in their treatment and care decisions.**

“This is the best place to get care. I have never been disappointed after a visit. Wait times used to be an issue but that seems to be sorted out. I like that there are residents. I feel like we are getting the latest care and protocol info.”

“Feel well taken care of at this clinic. Doctor takes time and I don’t feel rushed through the appointment. Follow up and sharing results is always done. Recently involved in two medical events in our family and the level of care was excellent in both cases. Thanks for this extra effort in very tumultuous times for us personally and for health care in general!!!”

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Continuous Quality Improvement

Prescription Refill Project

The three academic teaching centres piloted a novel care model to encourage collaboration with community pharmacists and provide continuity of care for patients for prescription medication refills. Our reception and central referral staff have done significant work to make this project a success. Between November 2021 and November 2022, the project achieved a 58.4% reduction in faxed refill requests from community pharmacies and a 74% increase in refill extensions. This project helped improve physician workload and satisfaction, while ensuring appropriate prescribing and supporting continuity of care.

Resident Quality Improvement

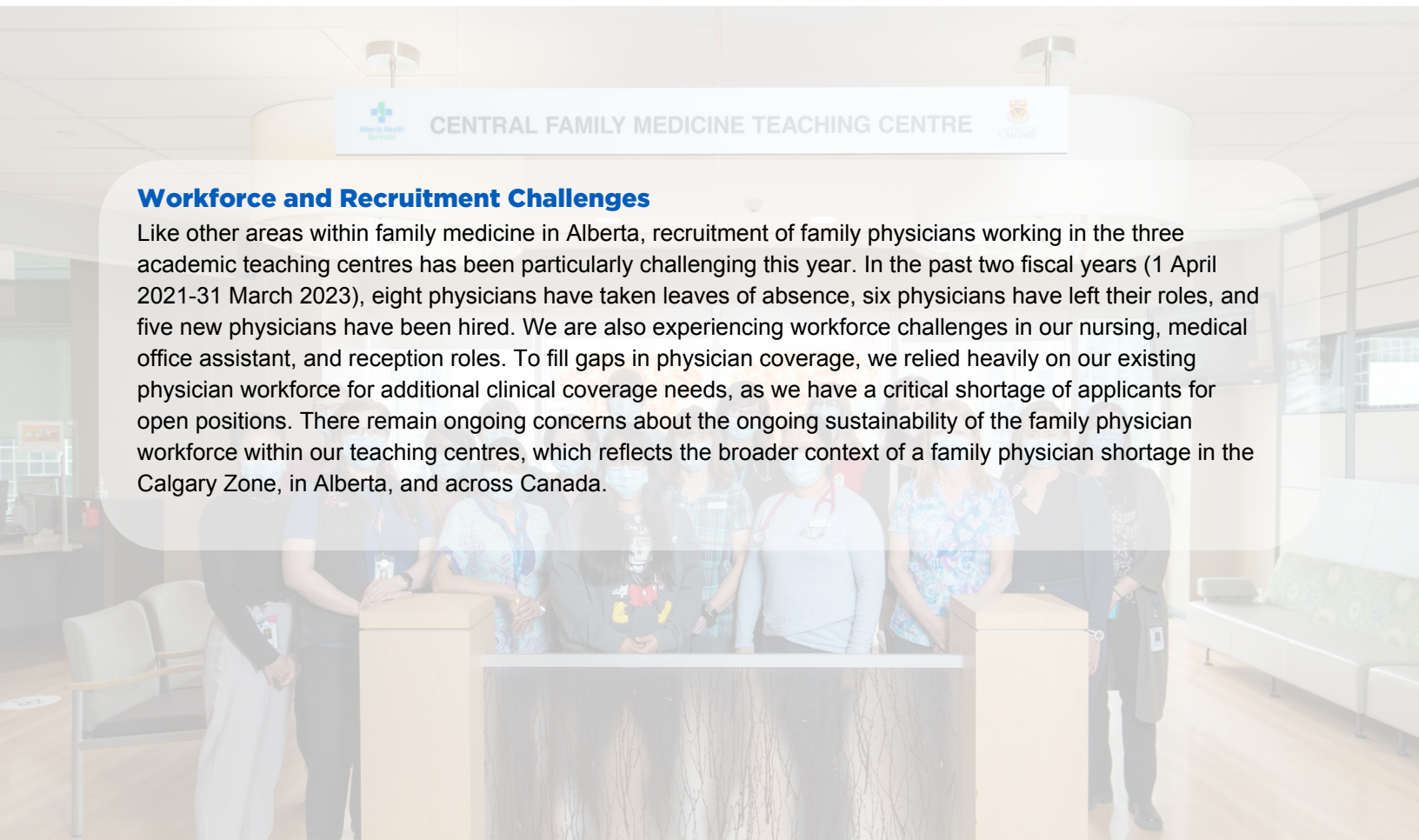
Family medicine residents complete a QI project during their training, supported by their home clinics, including the academic teaching centres. This year there were 29 QI projects which led to 7 being adopted into practice, 19 adopted with changes, and 7 that were abandoned. Topics included improvements in accessibility, environmentally conscious practices, medication reviews, delivery of screening services, and staff/physician education.

Continuity of Care

Continuity of care is a key part of the PMH as it has been shown to improve patient care and decrease health system costs. Within the DFM teaching centres, a high degree of continuity is achieved, with over 80% of patient visits being with their primary physician.

Workforce and Recruitment Challenges

Like other areas within family medicine in Alberta, recruitment of family physicians working in the three academic teaching centres has been particularly challenging this year. In the past two fiscal years (1 April 2021-31 March 2023), eight physicians have taken leaves of absence, six physicians have left their roles, and five new physicians have been hired. We are also experiencing workforce challenges in our nursing, medical office assistant, and reception roles. To fill gaps in physician coverage, we relied heavily on our existing physician workforce for additional clinical coverage needs, as we have a critical shortage of applicants for open positions. There remain ongoing concerns about the ongoing sustainability of the family physician workforce within our teaching centres, which reflects the broader context of a family physician shortage in the Calgary Zone, in Alberta, and across Canada.



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Education

Director, Undergraduate Education – Dr. Martina Kelly

Director, Postgraduate Education – Dr. Lindsay Jantzie

Education Manager – Mr. Craig Cutler

Undergraduate Medical Education

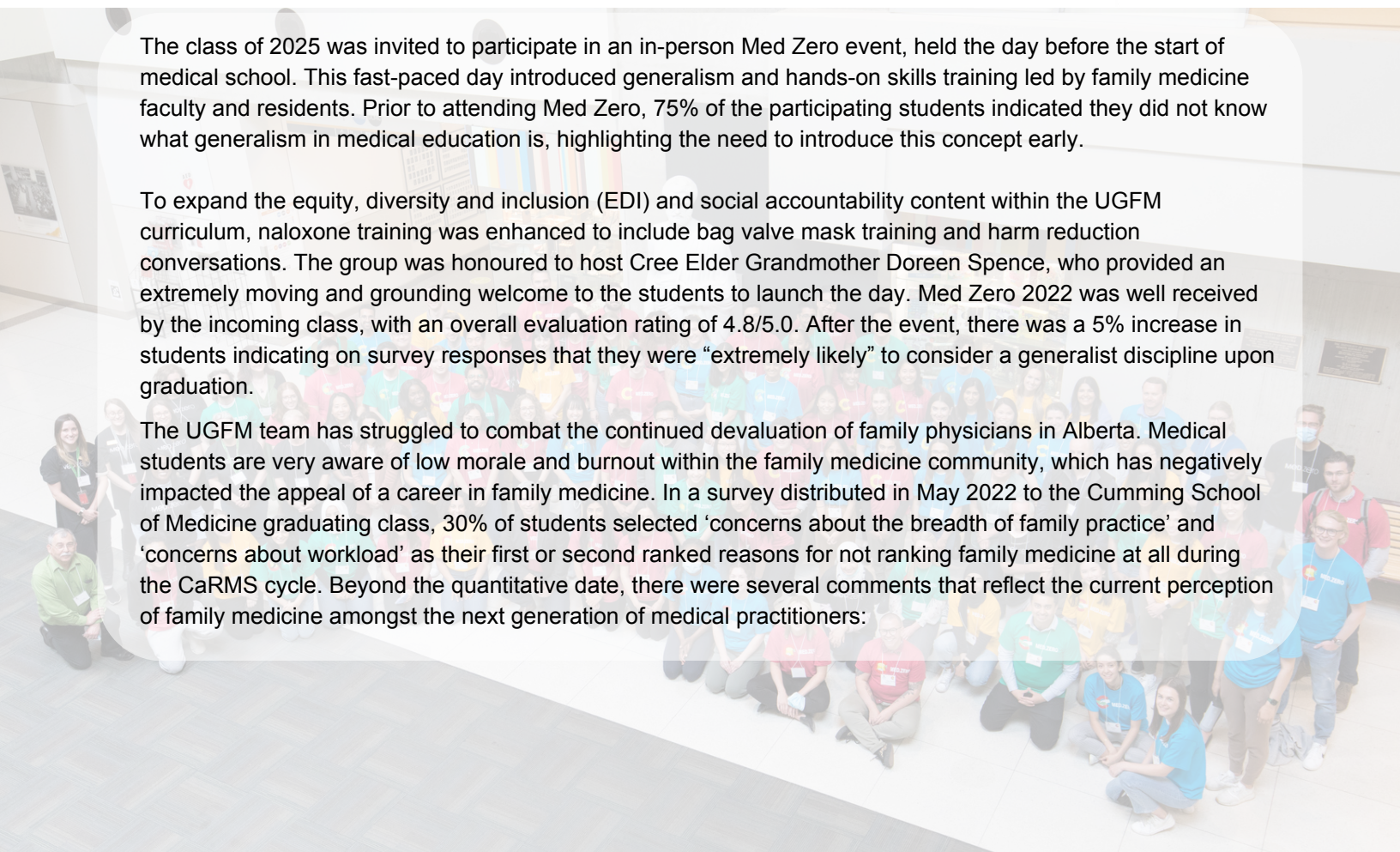
The Department of Family Medicine Undergraduate Family Medicine (UGFM) team continued working to integrate generalism and the 6Cs of generalism into the undergraduate medicine program. The new undergraduate curriculum, Re-Imagining Medical Education (RIME), is scheduled to launch July 2023, and generalism and family medicine are recognized as key educational pillars within the new structure. To date, the Cumming School of Medicine has hired 50 family physicians, with the goal of ensuring family medicine is woven into all aspects of the pre-clerkship curriculum. Students will interact and engage with family physicians throughout the three-year program in a variety of settings, as well as receive more time in family medicine clinical experiences during pre-clerkship.



The class of 2025 was invited to participate in an in-person Med Zero event, held the day before the start of medical school. This fast-paced day introduced generalism and hands-on skills training led by family medicine faculty and residents. Prior to attending Med Zero, 75% of the participating students indicated they did not know what generalism in medical education is, highlighting the need to introduce this concept early.

To expand the equity, diversity and inclusion (EDI) and social accountability content within the UGFM curriculum, naloxone training was enhanced to include bag valve mask training and harm reduction conversations. The group was honoured to host Cree Elder Grandmother Doreen Spence, who provided an extremely moving and grounding welcome to the students to launch the day. Med Zero 2022 was well received by the incoming class, with an overall evaluation rating of 4.8/5.0. After the event, there was a 5% increase in students indicating on survey responses that they were “extremely likely” to consider a generalist discipline upon graduation.

The UGFM team has struggled to combat the continued devaluation of family physicians in Alberta. Medical students are very aware of low morale and burnout within the family medicine community, which has negatively impacted the appeal of a career in family medicine. In a survey distributed in May 2022 to the Cumming School of Medicine graduating class, 30% of students selected ‘concerns about the breadth of family practice’ and ‘concerns about workload’ as their first or second ranked reasons for not ranking family medicine at all during the CaRMS cycle. Beyond the quantitative data, there were several comments that reflect the current perception of family medicine amongst the next generation of medical practitioners:



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“[I am] turned off by inadequate compensation for workload, [and] poor work life balance due to outside of office hours paperwork”

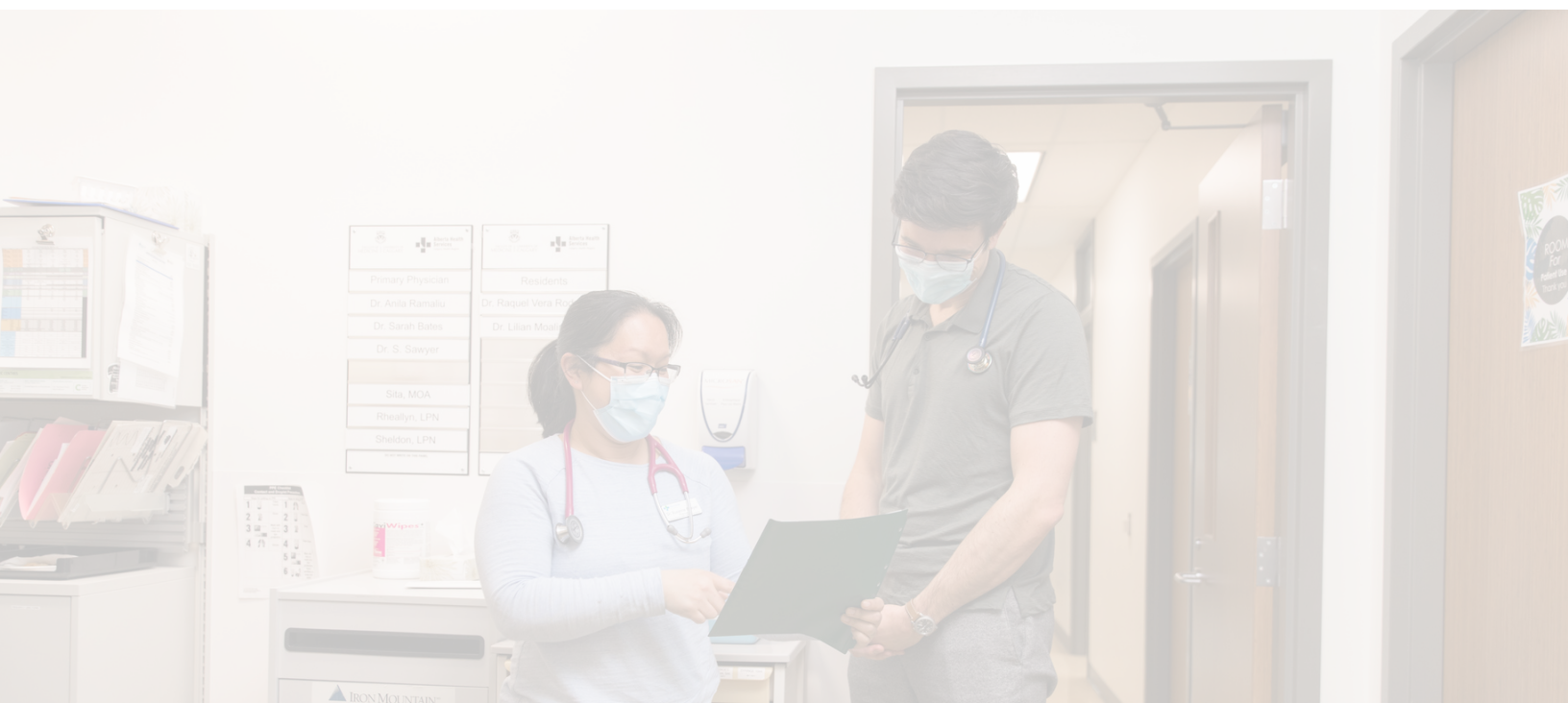
“Lack of respect for family physicians by the Alberta government and from staff physicians in specialties, who seem to always have some sort of complaint about FM physicians not doing enough...[I] felt like I could never please anyone in this role”

Undergraduate clinical experiences in family medicine continue to be highly rated. From the most recent evaluation data available, family medicine courses averaged a 92% rating. These ratings are largely due to the highly skilled faculty we are privileged to work with. However, several faculty who previously taught students regularly have stepped back from teaching this year. Reasons for not continuing involvement in undergraduate medical education include insufficient remuneration, clinic closures, government policies, and general burnout while facing increased clinical demands. As the incoming class size is anticipated to increase in 2023, the UGFM team will be focusing on recruiting and retaining skilled faculty, however this remains an ongoing challenge in the current landscape of community-based family medicine in Alberta, particularly in rural regions.

The Family and Rural Medicine Interest Group (FRMIG) offered 14 different events and initiatives, including:

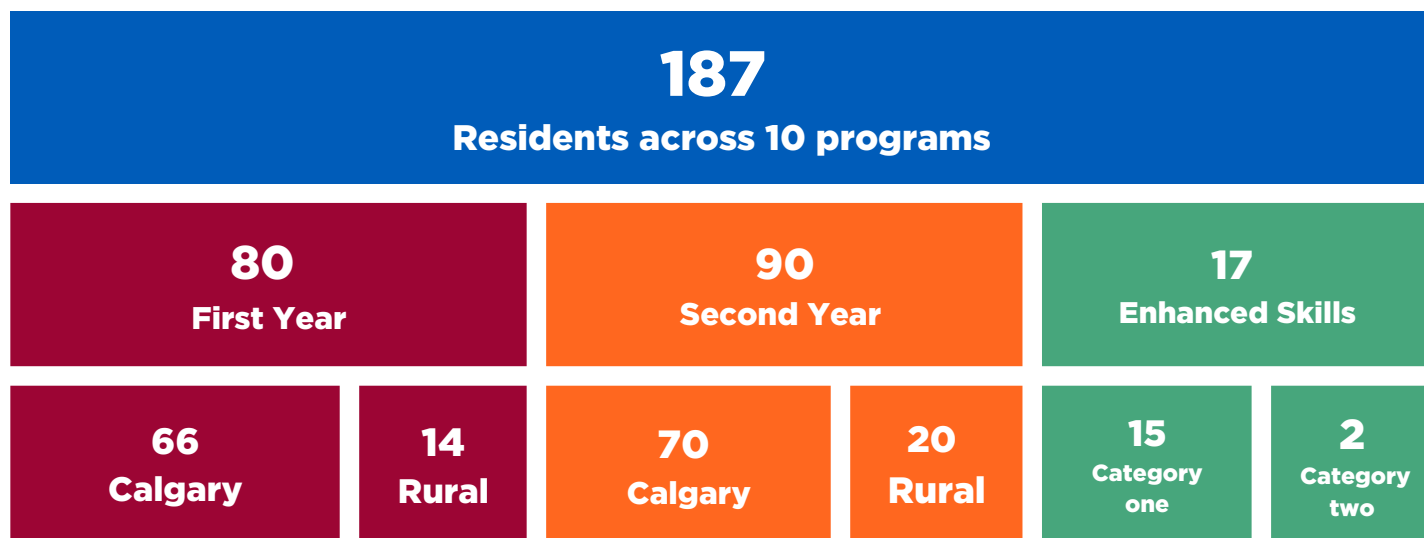
- Resident teaching nights
- UCLIC (University of Calgary Longitudinal Integrated Clerkship) information night and mentorship program
- IUD insertion night
- Rural Health Professionals Action Plan (RhPAP) information session
- Meeting with the Minister of Health and RhPAP to discuss the RESIDE program
- Hosting a booth at the clubs fair, which has over 100 visits
- Attendance at Cabin Fever and the Society of Rural Physicians of Canada (SRPC) conference

Looking forward, UGFM is exploring innovative ways to improve communication with students, particularly as students' preferred methods of receiving information continues to evolve. The team recognizes the importance of engaging with students in a meaningful way that results in a lasting positive impression of family medicine.



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Postgraduate Education



Accreditation

Program leadership and administration worked tirelessly to prepare documentation, oversee the organization, and participate in the September 2022 CFPC accreditation review for the core Family Medicine Residency Programs and Family Medicine Enhanced Skills Residency Program. The residency programs at the University of Calgary were recognized as being the first to undergo an in-person accreditation review with the CFPC since the beginning of the COVID-19 pandemic. A tremendous amount of time, effort and resources were required to address the expectations of the CanERA standards of accreditation and accreditation processes, and more than 100 survey meetings were organized and run over five days in Calgary, Medicine Hat, and Lethbridge. The Central Family Medicine Program at the University of Calgary was granted the status of an accredited program with follow up by an Action Plan Outcomes Report in 2025. Accreditation was a significant accomplishment for all involved!

A Leading Practice Innovation (LPI) was identified by the CFPC survey teams. LPIs are practices that are noteworthy for the discipline or residency education at large.

Indigenous Health Longitudinal Elective (IHLE):

A selected group of Calgary residents participate in an Indigenous longitudinal family medicine elective. Created by the PGFM Indigenous Health Working Group, this experience allows residents to be paired one-to-one with family physicians who work in Indigenous environments and participate in reflective writing exercises and guided discussions.

Program Improvements and Challenges

COVID-19 continued to impact residency training, especially within the core 2-year Calgary program. Program faculty and administration worked diligently to adapt curricular experiences, reschedule residents, and accommodate preceptors whose clinical environments changed because of the pandemic. Calgary and rural residents actively volunteered for redeployment to the ICUs and at Alberta Children's Hospital to provide clinical service support when these areas struggled with overwhelming clinical demand. In response to feedback from the previous accreditation visit, as well as feedback from residents and preceptors, the Calgary and Rural core 2-year programs continued implementing changes, primarily in academic sessions for the 2022-23 academic year.

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A “Reflections in Medicine” series (focused on adverse events/mistakes, grief/loss, work-life balance, difficult patients/boundaries), clinical reasoning sessions, enhanced simulation and procedural skills sessions, and a highly regarded Point-of-Care Ultrasound (POCUS) course in the Rural Program are just some of the innovations introduced.

Preceptor Workforce Challenges

The Rural Residency Program continues to support rural preceptors impacted by COVID-19 and significant workforce issues. Rural preceptor burnout and low morale continues to be a concern. The shortage of family physicians in Lethbridge is particularly challenging to navigate due to disruptions in community family practices and especially in the obstetrics rotation at the Chinook Regional Hospital. This resulted in many rural residents needing to re-locate to Calgary for their obstetrics rotations, pulling them out of the rural environments that should be central to their training. Only four out of a needed nine competency coaches are currently hired in Lethbridge, and preceptor recruitment continues to be a major challenge in this community in particular.

In addition, the Rural Residency Program has lost several rural preceptors, with some rural sites now completely unable to take on resident learners, or have significantly limited capacity compared to previous. The Calgary Residency Program has lost one core home site this year, requiring the redistribution of residents to other sites.

CaRMS

In April 2022, after the first round of CaRMS, the Calgary program had 10 unmatched spots, and there were six unmatched spots in the rural program, with national numbers showing an overall match rate in family medicine of approximately 85%. These numbers highlight the current challenges in the recruitment of medical students into family medicine, both provincially and nationally.

All two-year programs delivered a completely virtual CaRMS promotion and selection process in 2022-23. Recruitment events ran from November 2022 through March 2023 for both the Calgary and Rural programs. In March 2023, the Calgary and Rural Programs virtually met and interviewed over 500 and 150 first-round candidates, respectively.

College of Family Physicians of Canada (CFPC) Outcomes of Training Project

Now that the accreditation review is over, the two-year programs will be shifting gears and working on the CFPC's Outcomes of Training Project (OTP). The OTP is a critical review of family medicine residency training which determines if and how training must evolve to meet societal needs, including expansion to a three-year curriculum. For Spring 2024, along with other programs across the country, Calgary postgraduate family medicine is being asked to create a curriculum renewal plan that achieves the following:

- Trains to the full scope of the discipline
- Trains to an end-goal of graduate preparedness and intention for comprehensive care
- Trains for interprofessional team-based care
- Emphasizes care to underserved populations and communities
- Includes skill building to meet changing social needs in priority areas

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Postgraduate family medicine is also being asked to submit a "Change Readiness Assessment" for Spring 2024. Supported by a CFPC grant, a postgraduate team has been formed to lead this massive undertaking, which will include widespread engagement and consultation with various partners and collaborators.

Enhanced Skills

The eight ES programs continue to transfer to Competency-Based Medical Education (CBME). Four competitive ES programs have fully transitioned to CBME currently. There are currently 17 residents in the ES programs.

Following the 2022 Accreditation Review, the family medicine Enhanced Skills Program was granted the status of an accredited program with follow up by an external review in 2025. Several Leading Practice Innovations (LPis) were identified by the CFPC survey teams.

1. **Addiction Medicine's Dialectical Behavior Therapy (DBT) Program:** This opportunity enables residents to offer a more comprehensive approach to addiction medicine.
2. **Palliative Care's Interdisciplinary Team (IDT) representation and involvement in the Program:** This approach allows for a true team perspective and experience during residency training.
3. **Palliative Care's Incorporation of Indigenous perspective in multiple areas of the Program:** These experiences allow for a better understanding of the impact of colonialism in medical education and on the experience of Indigenous patients. It also provides a conduit for feedback from this community on the standards and practices of resident education.
4. **Palliative Care's Calgary Allied Mobile Palliative Program (CAMPP):** Residents serve the palliative needs of people experiencing homelessness or who are vulnerably housed, often with complex medical and end of life care needs.

Continuing Professional Development (CPD)

In 2022-23, the CPD program's work was focused on and informed by the development of a CPD and Engagement (CPDE) strategic vision. The strategic vision development was completed in two phases;

- i) a review of current state, including a robust environmental scan, and
- ii) establishing a set of priorities and action-plan recommendations for the next five years.

The strategic vision background work highlighted several major challenges, including decreased funding, low morale and burnout among family medicine educators, further exacerbated by the experienced undervaluing of family physicians in Alberta. The combination of these factors made it difficult for physicians to participate in additional faculty development activities, particularly without protected time to do so.

In addition to the development of the CPDE strategic vision, the CPD team clarified, updated, and relaunched the existing curriculum for Grand Rounds, Fall Together, and Home Room Series. Most sessions continued virtually with plans to move towards incorporating more in-person events and other forms of CPD in 2023.

The CPD team, in collaboration with the Cumming School of Medicine Office of Faculty Development and Performance (OFDP), also initiated and developed a new and innovative Family Medicine Foundational Teaching Skills Program (FM-FTSP) aimed at providing a teaching skills development curriculum for family medicine teachers. The team successfully developed and implemented a new online mapping tool which maps faculty development activity objectives to the CFPC Fundamental Teaching Activities (FTAs) framework.

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Research and Scholarly Activity

Research and Scholarship Director - Dr. Kerry McBrien
Ms. Agnes Dallison - Manager, Research

The DFM has four research pillars:

- Indigenous Health
- Health Services
- Health Equity
- Medical Education

This year, DFM researchers are credited with:

Grants:

Investigators: 14 Principal Investigators from DFM representing 23 projects, with 42 DFM faculty or appointees named as awardees

Total amount awarded: \$24,678,138

Annualized grants awarded: \$6,635,601.58

Total grants awarded administered by DFM: \$4,250,773

Annualized grant income administered by DFM: \$2,254,681.58

Publications:

83 publications with a total of 137 named authors from the DFM

Presentations:

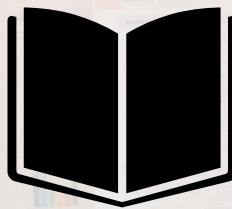
75 presentations with a total of 121 presenters from the DFM

\$4.25m



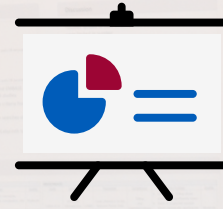
grants

83



publications

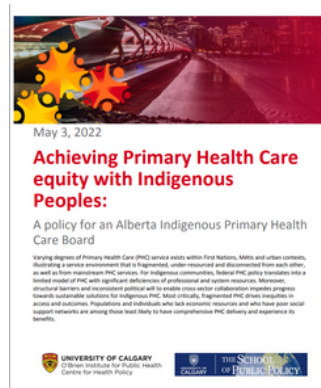
75



presentations

Health Policy Briefs

Researchers from the Department of Family Medicine collaborated with the O'Brien Institute for Public Health on three major policies from April 2022-March 2023, highlighting evidence-based recommendations for innovations in healthcare. In April 2022, [Achieving Primary Health Care equity with Indigenous Peoples: A policy for an Alberta Indigenous Primary Health Care Board](#) was published, which made recommendations to address the current environment of fragmented and under-resourced primary health care for Indigenous peoples[1]. The policy brief [Building climate-resilient and sustainable healthcare: A plan of action for Alberta Health](#), was also published in April 2022, which called on Alberta Health to work towards a carbon neutral healthcare system[2]. In March 2023, the [Priorities to Improve Care in Rural Alberta](#) policy brief recommended making immediate investments to expand rural education programs and stabilize the rural workforce, in addition to taking bold actions to ensure rural healthcare sustainability[3]. These policy briefs highlight the impact of family medicine research to improve healthcare for all Albertans.



1. Crowshoe, L, Montesanti, S and Barnabe, C. Achieving Primary Health Care equity with Indigenous Peoples: A policy for an Alberta Indigenous Primary Health Care Board. O'Brien Institute for Public Health Centre for Health Policy: April 2022. Retrieved from: <chrome-extension://efaidnbnmnihpcjpcglcfindmkaj/https://obrieniph.ualgary.ca/sites/default/files/Indigenous%20Primary%20Healthcare%20Reform%20in%20Alberta%20-%20May%202022.pdf> May 2023.
2. Wicklum, S et al. Building climate-resilient and sustainable healthcare: A plan of action for Alberta Health. O'Brien Institute for Public Health Centre for Health Policy: April 2022 Retrieved from: <https://obrieniph.ualgary.ca/sites/default/files/Climate%20resilient%20healthcare.pdf> May 2023.
3. Johnston, A et al. Priorities to Improve Care in Rural Alberta. O'Brien Institute for Public Health Centre for Health Policy: April 2022 Retrieved from: <https://obrieniph.ualgary.ca/sites/default/files/teams/1/Priorities-to-improve-care-in-rural-Alberta.pdf> May 2023.

Research Spotlight: The Building Research Capacity Project

Dr. Kerry McBrien's Building Research Capacity (BRC) project aims to develop and implement a plan that builds on the DFM's existing structure to provide needed supports, enhance opportunities for collaboration, and develop research skills of faculty members. The overarching goal is to understand how to better cultivate relationships with clinicians and primary care organizations, in order to build more meaningful partnerships and collaboration in primary care research, thus facilitating impactful research that is relevant to primary care and the communities we serve.



Dr. Kerry McBrien

Through questionnaires and focused discussion with both academic and community faculty, preliminary findings indicate that key areas for enhanced research and scholarship productivity include:

- Fostering partnerships and collaboration between the Academic DFM staff, academic teaching centres, and community physicians
- Encouraging of a wide variety of research and quality improvement interests at the faculty, community, and resident level
- Enhanced resource allocation, such as through the sharing of skilled research staff
- Recognition of the high administrative burden of managing a research program, and leveraging further supports to support program administration, such as utilizing skilled research staff and mentorship
- Increased communication from within, and adjacent to, the DFM concerning research opportunities and facilitation of connections between researchers

To support the development of these opportunities, objectives for the next stage of work will be focused in two domains:

Developing structures and processes:

- 1. Understanding and tracking DFM research activities**
- 2. Accessing needed supports**
- 3. Integrating research and clinical activities**

Fostering collaboration and development:

- 1. Creating opportunities for sharing and learning among core faculty**
- 2. Understanding barriers to and interest in research participation in the broader DFM community**
- 3. Using the Southern Alberta Primary Care Research Network (SAPCRen) as a foundation to bring research into practice and vice versa**

The next stage of the BRC project includes faculty focus groups to further refine these ideas. The final stage will be to develop a plan which is integrated into the DFM strategic plan, and to formalize processes to support the new systems that have been identified.

AWARDS AND RECOGNITION

Congratulations to our members and teams on their well-earned recognitions over the past year.

- Dr. Rachel Ellaway received the Meredith Marks Mentorship Award from Memorial University of Newfoundland.
- Dr. Rabiya Jalil was awarded the Cumming School of Medicine Alumni of Distinction Award.
- Dr. Martina Kelly was awarded the 2022 AFMC Gold Humanism Award and Lecture
- Dr. Pam Roach received the Award for Indigenous Ways of Knowing, Taylor Institute for Teaching and Learning.
- Dr. Divya Garg was awarded the Workplace-Integrated Education Award, Taylor Institute for Teaching and Learning.
- Dr. Turin Chowdhury received the City of Calgary Education Award.
- Dr. Kannin Osei-Tutu received the Calgary Black Achievement Award in Medicine from the Calgary Black Chambers, as well as the Foothills Medical Staff Association Diversity and Inclusion Award.
- Dr. Divya Garg, Dr. Melanie Hnatiuk, Nancy Hermann, and Vanessa Kearley were awarded the CFPC/CPA Collaborative Mental Health Award.
- Dr. Karen Seigel was awarded the Calgary Zone Family Physician of the Year Award, Department of Family Medicine.
- Dr. Turin Chowdhury received the Mid-Career Researcher Award from the North American Primary Care Research Group.
- Dr. Maeve O'Beirne was awarded the Section of Family Medicine, Alberta Medical Association Long Service Award.
- South Health Campus Family Medicine Teaching Centre won the ACFP Patient's Medical Home – Outstanding Family Practice Award 2022.
- Dr. Lara Nixon received the 2022 Societal Impact Award from the O'Brien Institute for Public Health, Cumming School of Medicine.
- Dr. Adam Vyse was awarded the Alumni of Distinction Award for Service, Cumming School of Medicine.
- Dr. Rabiya Jalil received the Canadian Association of Medical Education (CAME) Certificate of Merit Award.
- Dr. Molly Whalen-Browne was awarded the New Professional Award, Alberta College of Family Physicians.

Thank you for reading.

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