Équipe
de soins primaires
FORMER POUR TRANSFORMER

Team
Primary Care
TRAINING FOR TRANSFORMATION

Training For
Transformation

2022-24 Project Overview

Addressing the Crisis in Primary Care

One in six people in Canada currently lack consistent access to a primary care practitioner.
This translates into over six million Canadians with limited access to the care needed for optimal health and wellbeing over their lifespan. Additionally, primary care practitioners in Canada face unsustainable working conditions, resulting in overwork for some, underutilization for others, and widespread distress by all. To address these challenges, governments have been prioritizing increasing the numbers of providers, particularly physicians, through opening new medical schools, increasing the number of family medicine training positions, and increasing recruitment from other countries. But these training and recruitment strategies will not be enough. Some jurisdictions have started implementing new practice models to better optimize the utilization of their primary care workforce, yet most are doing so in an uncoordinated fashion.

No one primary care practitioner can "do it all".
With increasing multi-morbidity and an aging population with more complex health issues as well as upstream social care challenges, team-based care is required. This approach optimizes the knowledge and skills of care practitioners available now and in the future enabling them to work with a shared purpose and complement one another in the delivery of comprehensive primary care. This should be available close to home, no matter where one lives in the country. Core to the successful delivery of team-based care is an underlying intentional approach that uses the principles of primary care, comprehensive, continuous, and coordinated care, to inform the kind of infrastructure, resources, and training needed. The Patient's Medical Home Vision advocated by the College of Family Physicians of Canada offers an example of how to integrate team-based care to enhance equitable access to care and the delivery of quality patient-centred care.

A Pan-Canadian strategy to address the primary care crisis faced in each province and territory is urgently needed.
A key solution to the crisis faced must include preparing and strengthening the primary care workforce. This needs to happen through well-designed training and practice reforms that create new ways of working, leveraging the skills of a broader range of primary care practitioners.

The Opportunity for Team Primary Care through Employment and Social Development Canada's Sectoral Workforce Solutions Program.
In 2022, Employment and Social Development Canada (ESDC) launched the Sectoral Workforce Solutions Program inviting proponents to develop and implement innovative training, capacity building and forecasting solutions to address current and emerging workforce challenges, including, for the first time, the health care sector.

A proposal co-led by the College of Physicians of Canada (CFPC) and the Canadian Health Workforce Network (CHWN) submitted through the Foundation for Advancing Family Medicine (FAFM) successfully received $45.3 million in November 2022. This funding investment supported the alignment of education reform with interprofessional team-based practice reforms as recommended in the *Working Together to Improve Health Care for Canadians* plan.

Team Primary Care became an unprecedented, inclusive, interprofessional initiative.

> **If health care providers are expected to work together ... it makes sense that their education and training should prepare them for this type of working arrangement**
>
> - Romanow Report, 2002

Inspired by the Romanow's 2002 Commission on the Future of Health Care in Canada, Team Primary Care: Training for Transformation became an unprecedented, inclusive, interprofessional pan–Canadian initiative. It brought together over 40 teams including over 20 different practitioner groups working in primary care and over 100 partner organizations to transform primary care training and education to better equip Canada's primary care workforce to more deliver effective primary care together *(Figure 1)*.

Underpinning TPC and its associated projects were the principles of interprofessionalism, equity, diversity, inclusion and accessibility (EDIA), truth and reconciliation, psychological health and safety of team members, and a commitment to social accountability. TPC identified the types of training required to make the most of existing skills within the health workforce and developed training and educational resources to advance both individual providers' primary care-specific skills and coaching and facilitation tools to support team functioning.

Our Vision:
An integrated health system in which every individual receives equitable, high quality, comprehensive care from a well-trained, well-supported and optimally utilized primary care team.

Our Mission:
Our mission is to transform primary care training and education, equipping Canada's workforce for effective team-based care.

In support of the four primary care core functions:

| (first) Contact | Comprehensiveness | Coordination | Continuity |

| Interprofessionalism | Equity, Diversity, Inclusion & Accessibility | Truth and Reconciliation | Psychological Health & Safety | Social Accountability |

(Figure 1 – Team Primary Care's Mission, Vision, Core Functions and Principles)

1 Mission
4 Primary Objectives
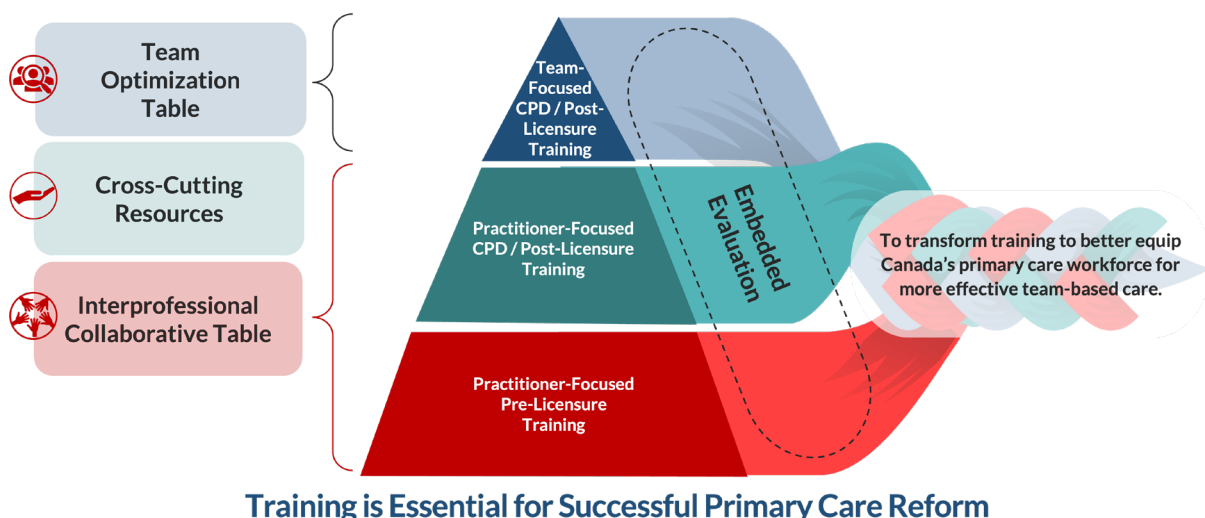**40** Projects
3 Collaborative Tables
1 Team

Four objectives influenced TPC's design:

1. **Enhance comprehensive primary care training:** TPC projects developed curricula and training at both pre-licensure and post-licensure levels to better prepare various providers for a team-based environment. Over 20 different practitioner groups, some of which did not have pre-existing primary care curricula for their learners *(Appendix 1)*.

2. **Expand current primary care team models:** TPC also funded over 20 projects across Canada that focused on innovating team-based practice. These innovations included adding new team members and enhancing existing teams with an emphasis on addressing equity-deserving groups. Models also tested new pathways for employment of Internationally Educated Health Professionals, Indigenous practitioners and community peers *(Appendix 2)*.

3. **Provide sustainable learning resources to support the advancement of team-based care:** The training, support and planning tools and learning resources created by individual projects have been compiled for broad dissemination and use.

4. **Build a coalition of early adopters committed to further advance team-based primary care:** Through a training and education lens, using generative strategies, appreciative inquiry. complex systems change theories and social innovations literature, TPC strategically implemented a change strategy designed to catalyze 40 projects, from coast to coast to coast co-creating a collective vision to align the TPC education and training mission with primary care reform strategies across Canada.

Figure 2 depicts how TPC was designed to include projects focused on pre-licensure training (i.e., primary care in the training provided before being given a license to practice independently). Other projects focused on post-licensure training (i.e., training offered to a graduate of a program specializing specifically in primary care). A third form of training focused on supporting existing health care providers already working in primary care teams and new health care providers joining teams. Of note, the participating teams were both co-located and not co-located, highlighting the diversity of approaches to team-based primary care.

Training is Essential for Successful Primary Care Reform

(Figure 2 - Training Providers & Teams for More Effective Team-Based Primary Care)

The Collaborative Tables

Each one of TPC's 40 projects participated in one of three collaborative tables that met regularly as learning forums:

1. **The Interprofessional Collaborative Table** met quarterly to share and align learning about, from and with each of the 20+ providers represented. Together they worked to develop a common understanding of primary care services, domains, tasks and competencies, and to come to a better understanding of the unique and complementary roles each has in the delivery of comprehensive primary care.
2. **The Team Optimization Table** comprised 20 projects focused on optimizing primary care team functioning. Representatives from six provinces met quarterly to share and learn key concepts that support their teamwork, in serving various populations with unique health care needs.
3. **The Cross Cutting Themes Table** enabled projects to align with key principle on how they individually and together could implement their projects to embed the TPC principles using self-assessment tools, courses and workshops through consultative services.

What Did Team Primary Care Accomplish in 17 months?

- We illustrated the commitment and collaboration of educators, providers, associations, higher education institutions, and primary care system planners to work together to bring innovative solutions to address the primary care crisis.

- We reiterated the importance of interprofessional collaboration that leverages the unique regulatory scopes of practice of providers and highlighted that where overlap exists complementarity is critical to deliver continuous, coordinated, and comprehensive care.

- We raised the profile of the need for training and education support to prepare primary care providers to better provide team-based care.

We engaged more than **15,000** individuals across Canada.	We represented more than **7,000** equity deserving groups.	We engaged more than **200** organizations representing primary care practice, education, policy and governments across the totality of the TPC project.
We financially supported more than **40** project partners working at both the national level and within six provinces.	We engaged more than **20** provider groups and a similar number of higher educational organizations in curricula development.	We became **1** team.

- We supported an inclusive group of practitioner groups in moving along a trajectory of developing a new approach to transforming training towards greater interprofessional care.

- We invigorated the conversation about the need for purposeful training across primary care practitioners with aligned definitions, competencies, and learning opportunities to support team-based care.

- We affirmed that enhanced teamwork in primary care requires an understanding of what all primary care practitioners can contribute to team-based care and the effective integration of a broader range of providers requires training to support interprofessional collaboration.

- We created a plethora of educational and training tools (e.g., practitioner-specific compendium on roles, interprofessional primary care curricula for health professions, web-based modules, courses, and micro-credentials), team-based resources (e.g., self-assessment tools, webinars, web learning platforms, access to experts), and primary care workforce planning and team support.

What Did Team Primary Care Learn?

Given the complexity of Team Primary Care projects, a principle-based developmental evaluation approach was used over the course of TPC capturing the learnings across all project from both education and practice sectors. **The evaluation uncovered three key findings:**

1. **Teaming:** Advancing change requires identifying and partnering with diverse individuals who champion the inclusivity of others and who shine the light on new ways of thinking while leading from behind.

2. **Health Equity:** In advocating for the principles of equity, diversity, inclusion, and accessibility and reinforcing the commitment to the Truth and Reconciliation Calls to Action further, TPC revealed how cultural humility among project members and leaders is imperative and is a pre-requisite to acquire and maintain trust.

3. **Sustainable Innovation:** TPC was successful in creating new communities of practice because of the openness demonstrated by project partners to learn, share, and co-design with each other.

Team Primary Care's Call to Action:

'Our Collective Duty to Act'

As a collaborative movement of catalyzers for change, TPC released a <u>Call to Action</u> to make clear our collective duty to act must be coupled with government action.

Over 800 individuals and 24 healthcare organizations signed on and urged all levels of government to ensure that investments used for primary care teams include the required policy, training, and infrastructure reforms, guided by interprofessional tables convened to support access to effective team-based comprehensive primary care. A Federal/Provincial/Territorial table is explicitly being called for to lead a coordinated and comprehensive interprofessional plan to align the necessary training and practice reforms necessary to address the crisis in primary care.

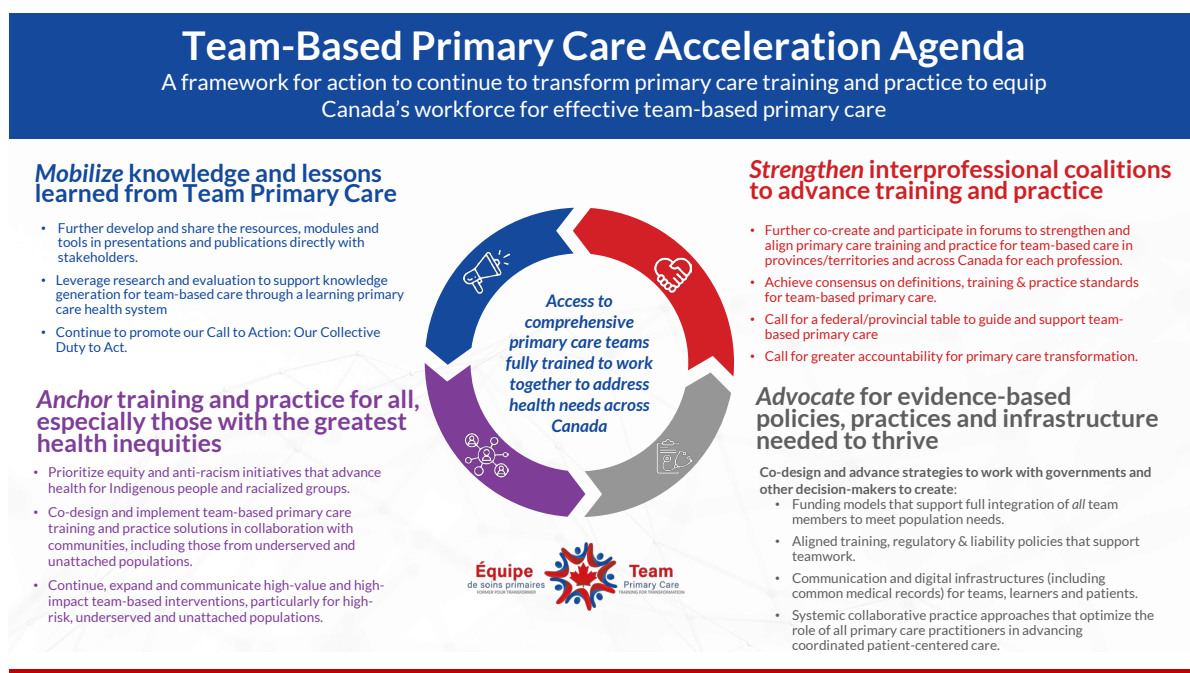## How did Team Primary Care seed the change that needs to continue?

To continue the change seeded by TPC an **Acceleration Agenda** was co-created *(Figure 3)* offering guidance on next steps for advancing team-based primary care:

Mobilize **the knowledge and lessons learned from TPC** by developing and sharing resources, modules, and tools with stakeholders, leveraging research and evaluation to support knowledge generation for team-based care, and promoting the TPC Call to Action: "Our Collective Duty to Act."

Anchor **team-based primary care training and practices for all, but especially those with the greatest health inequities** by prioritizing equity and anti-racism initiatives for Indigenous and racialized groups, co-designing training and practice solutions with communities, and expanding high-impact interventions for high-risk, underserved, and unattached populations.

Strengthen **interprofessional coalitions to advance team-based primary care training and practice** by creating forums across Canada, achieving consensus on standards, and advocating for a pan-Canadian table to support transformative team-based training, and greater accountability to the public on progress made to improve access to primary care.

Advocate **for evidence-based policies, practices, and infrastructure needed for team-based primary care to thrive** by collaborating with governments to develop funding models, align training and regulatory policies, enhance communication and digital infrastructures, and implement collaborative practice approaches to optimize the roles of primary care practitioners in providing coordinated, patient-centred care.

Team-Based Primary Care Acceleration Agenda
A framework for action to continue to transform primary care training and practice to equip Canada's workforce for effective team-based primary care

Mobilize knowledge and lessons learned from Team Primary Care
- Further develop and share the resources, modules and tools in presentations and publications directly with stakeholders.
- Leverage research and evaluation to support knowledge generation for team-based care through a learning primary care health system
- Continue to promote our Call to Action: Our Collective Duty to Act.

Anchor training and practice for all, especially those with the greatest health inequities
- Prioritize equity and anti-racism initiatives that advance health for Indigenous people and racialized groups.
- Co-design and implement team-based primary care training and practice solutions in collaboration with communities, including those from underserved and unattached populations.
- Continue, expand and communicate high-value and high-impact team-based interventions, particularly for high-risk, underserved and unattached populations.

Strengthen interprofessional coalitions to advance training and practice
- Further co-create and participate in forums to strengthen and align primary care training and practice for team-based care in provinces/territories and across Canada for each profession.
- Achieve consensus on definitions, training & practice standards for team-based primary care.
- Call for a federal/provincial table to guide and support team-based primary care
- Call for greater accountability for primary care transformation.

Advocate for evidence-based policies, practices and infrastructure needed to thrive
Co-design and advance strategies to work with governments and other decision-makers to create:
- Funding models that support full integration of *all* team members to meet population needs.
- Aligned training, regulatory & liability policies that support teamwork.
- Communication and digital infrastructures (including common medical records) for teams, learners and patients.
- Systemic collaborative practice approaches that optimize the role of all primary care practitioners in advancing coordinated patient-centered care.

Access to comprehensive primary care teams fully trained to work together to address health needs across Canada

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(Figure 3 – The Team-Based Care Acceleration Agenda)

Conclusion

This unprecedented initiative proved that deliberate collaboration, with a pan-Canadian interprofessional approach crossing jurisdictions, practitioner groups, associations, and government is possible. As Team Primary Care: Training for Transformation draws to an end, we look forward to the continued mobilization of primary care influencers and undertake the important work sparked by this initiative - aligning education and practice to improve the delivery of comprehensive primary care to every individual in Canada. As the TPC 'team' completes its work through this project, it is time to move on, scale up, and catalyze new teams to lead the advancement of team-based primary care ideally in each province and territory in Canada. We continue to advocate for governments to make sure investments in primary care incorporate policy, training, and infrastructure reforms that can further support ongoing momentum to achieve the vision of equitable access to primary care for all.

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To learn more about Team Primary Care: Training for Transformation, please visit **TeamPrimaryCare.ca.**

Appendix A: TPC's Health Care Professional Curriculum Projects

1. **Post-Licensure Curriculum for Respiratory Therapists**
   Lead Organization: Canadian Society of Respiratory Therapists (CSRT)
   Focus: Respiratory Therapists Outcome: Developed a curriculum framework reflecting interprofessional primary care environments and the competencies required for respiratory therapists in primary care settings.

2. **Integrating Musculoskeletal Care (Chiropractic)**
   Lead Organizations: Canadian Memorial Chiropractic College, University of Toronto, Canadian Chiropractic Association
   Focus: Chiropractors Outcome: Delivered education to primary care teams, integrated chiropractors into primary care teams, and established multiple partnerships. Approximately 850 individuals participated.

3. **Family Medicine In-Practice Certification**
   Lead Organization: College of Family Physicians of Canada (CFPC)
   Focus: Family Medicine
   Outcome: Outlined a four-step certification process for enhanced surgical skills and family practice anesthesia, including portfolio review and practical skills confirmation.

4. **Family Medicine Residency Training**
   Lead Organization: College of Family Physicians of Canada (CFPC)
   Focus: Family Medicine
   Outcome: Completed curriculum renewal plans and readiness assessments from 17 Departments of Family medicine affiliated with universities across Canada, fostering productive relationships. Re-envisioned training of family physicians reflective of a clearer understanding of comprehensive care and the core activities and services family medicine graduates must be prepared to do upon entry into independent practice.

5. **HIT2Collaborate: Midwifery Students**
   Lead Organization: Ontario Midwifery Education Program
   Focus: Midwifery
   Outcome: Not specified

6. **Role of Social Work in Primary Care**
   Lead Organizations: University of Toronto, Canadian Association of Social Workers ?
   Focus: Social Work
   Outcome: Developed a national vision and built capacity for social workers in primary care.

7. **Physician Assistant Primary Care Work Integration**
   Lead Organization: Canadian Association of Physician Assistants
   Focus: Physician Assistants
   Outcome: Completed e-modules and work-integrated placements, supporting 555 clinic days and 6077 patient encounters across various health areas.

8. **Integration of Midwives into Primary Care**
   Lead Organization: Victoria Youth Clinic Society (VYCS)
   Focus: Midwifery
   Outcome: Enhanced integration of midwifery services, improved client care efficiency, and developed alternative midwifery models.

9. **Occupational Therapy in Collaborative Primary Care Teams**
   Lead Organization: Queen's University
   Focus: Occupational Therapists
   Outcome: Developed online modules for occupational therapy learners, established a national community of practice, and conducted usability evaluations.

10. Interprofessional Dietitian Education
Lead Organization: University of Ottawa
Focus: Dietitians
Outcome: Developed an educational toolkit with virtual simulation-based modules, tested and evaluated with dietetic learners, and disseminated findings.

11. Competencies and Educational Modules for Physiotherapists
Lead Organization: Queen's University
Focus: Physiotherapy
Outcome: Developed essential competencies and educational modules for physiotherapists, conducted pilot testing, and prepared modules for wide distribution.

12. Virtual Educational Toolkits for Medical Laboratory Technologists
Lead Organization: Canadian Society for Medical Laboratory Scientists
Focus: Medical Laboratory Technologists
Outcome: Developed virtual educational toolkits for continuing education and enhancing understanding of roles in primary healthcare teams.

13. Pharmacist Training for Comprehensive Primary Care
Lead Organization: Association of Faculties of Pharmacy of Canada (AFPC)
Focus: Pharmacists
Outcome: Completed advanced training programs, developed primary care skills modules, and combined Indigenous and EDI training into one course.

14. Academic Electronic Health Record (aEHR)
Lead Organization: Association of Faculties of Pharmacy of Canada (AFPC)
Focus: Pharmacists
Outcome: Completed a bilingual AEHR platform with interprofessional cases and significant uptake in usage.

15. Educational Program for Registered Nurses in Primary Care
Lead Organization: Canadian Family Practice Nurses Association (CFPNA)
Focus: Primary Care Nursing
Outcome: Launched an online, asynchronous, accredited, gamified education program for RNs.

16. Paramedicine in Interprofessional Primary Care
Lead Organization: University of Toronto
Focus: Paramedicine
Outcome: Developed a competency profile and curriculum for paramedics, with the first group completing an educational program.

17. Traditional Healing and Wellness
Lead Organization: Indigenous Primary Health Care Council (IPHCC)
Focus: Traditional Healers
Outcome: Developed a mentorship model and a traditional wellness workforce strategy.

18. Curricula for Patients with Communication Disorders
Lead Organizations: Western University, Speech Language & Audiology Canada
Focus: Audiologists & Speech Language Pathologists
Outcome: Conducted a scoping review, concept mapping study, and developed online training modules.

19. Certificate Program for Nurse Practitioners in Long-Term Care
Lead Organization: Toronto Metropolitan University
Focus: Nurse Practitioners
Outcome: Developed and revised curriculum content, transformed into an open access pressbook, and enhanced with multimedia elements.

Appendix B: TPC's Team Optimization Projects, Sorted By Region

British Columbia
Chickadee Maternity Collaborative Team Integration Project
Lead Organization: Chickadee Maternity Collaborative
Focus: Collaboration between maternity providers and mental health professionals.
Key Outcome: Provided 53 patients access to essential services in a timely manner, versus being placed on a waitlist for maternity care.

First Steps Early Pregnancy Triage Clinic
Lead Organization: Mighty Oak Midwifery
Focus: Supporting over 410 patients in the 25-week period with prenatal investigations and consultations.
Key Outcome: Over 90% of these patients received access to prenatal investigations within the 12-week window. Efficient patient transitions were made, and patient volume in ED was reduced.

Community Outpatient Services
Lead Organization: South Okanagan Division of Family
Practice Focus: Supporting medically complex patients being transitioned from hospital care to primary care.
Key Outcome: Supported over 3000 patients since October across demographic profiles ranging from children to seniors.

Equity in Practice: Integrating Cross Cultural Health Brokers to Implement Culturally Safer Equity-Oriented Primary Care for Immigrants and Refugees in British Columbia
Lead Organization: Umbrella Multicultural Health Co-op
Focus: Expanding and sustaining interdisciplinary primary care with Cross-cultural Health Brokers (CCHB) and integrating new CCHB team members into the interprofessional primary care team.
Key Outcome: Successfully integrated new CCHB team members into the interprofessional primary care team, established infrastructure for ongoing evaluation, and secured a permanent funding line from the Ministry of Health for these new team members.

Pilot Integration of Midwives into a Comprehensive Primary Care Setting
Lead Organization: Victoria Youth Clinic Society (VYCS)
Focus: Enhancing the integration of midwifery services into comprehensive primary care teams, building relationships, supporting Indigenous strategies, and providing collaborative sexual, reproductive, and perinatal care for youth clients.
Key Outcome: Successfully integrated midwifery services into the primary care team, with midwives participating in clinic committees and collaborating with other staff members. They also utilized their specialized training in sexual and reproductive care, facilitated by medical directives, which improved client care efficiency.

Alberta
Primary Healthcare Expansion at The Alex Community Health Centre
Lead Organization: The Alex CHC Focus: The integration of RN and SW roles into the CHC team to improve cancer screening and manage social determinants of health.
Key Outcome: Successfully integrated RN and SW roles, improved role clarification, collaboration, and teamwork, and improved cancer screening rates and understanding of barriers.

Saskatchewan
A Culturally Responsive Approach to Chronic Disease Management
Lead Organization: Wellness Wheel Medical Clinic
Focus: Hiring an RN to lead the project and review charts/profiles, holding Chronic Disease Management (CDM) days in different Indigenous partner communities, and creating a more inclusive and culturally responsive approach to care.

Key Outcome: Successfully hired an RN to lead the project and held CDM days in 4 different Indigenous partner communities. The inclusion of peers as part of the clinical team has been beneficial for both clinical team members and clients in communities. The project supports the TRC Calls to Action related to health specifically.

Manitoba

Responding to the Call: Centering Indigenous Knowledge Systems to Strengthen Comprehensive Primary Care
Lead Organization: University of Manitoba
Focus: Hiring and incorporating an Elder, Mental Health Counselor, and Knowledge Keeper into the Primary Health Clinic.
Key Outcome: Successfully hired and incorporated an Elder, Mental Health Counselor, and Knowledge Keeper into the Primary Health Clinic, with staff and clients verbalizing an appreciation of the value of these professions.

Ontario

Healthcare Connections: Connecting Diversity
Lead Organization: ACCES Employment
Focus: Engaging internationally educated health professionals (IEHPs) and connecting them with services that support them in securing non-licensed employment in comprehensive primary care environments.
Key Outcome: Successfully engaged with over 500 IEHPs and provided training in a variety of supports. Also engaged with over 76 health sector employers to create opportunities for IEHPs.

On Track: Supporting Interprofessional Team-Based Primary Care and Collaborative Leadership Through Training in a Student-Led Environment
Lead Organization: Holland Bloorview Kids Rehabilitation Hospital
Focus: Interprofessional student learning and supporting families.
Key Outcome: Recruited students from across 7 professions to participate in the Interprofessional Student Led Environment. Supported at least 629 families directly.

Healthcare Connect for Foreign-Trained Healthcare Professionals
Lead Organization: HMC Connections
Focus: Assisting internationally educated healthcare professionals (IEHPs) to obtain employment in the healthcare field.
Key Outcome: Successfully helped 198 IEHPs secure roles in healthcare, with 583 unique clients participating in the program.

The TEMPEH Project: Team Care for Routine Emergencies Among People Experiencing Houselessness
Lead Organization: The Inner-City Health Associates TEMPEH Committee
Focus: Serving Canada's most diverse and marginalized populations and people experiencing homelessness (PEH) and responding to severe emergency threats to health in this population.
Key Outcome: Developed relationships and connections with individuals experiencing homelessness, providing added services and support to 751 clients. Clients expressed increased knowledge and confidence in the health information provided and services available to them

Strengthening Interprofessional Collaboration for Effective Health Promotion and Education Initiatives at Toronto Western Family Health Team
Lead Organization: Toronto Western Family Health Team
Focus: Identifying health education needs, providing coaching and training to Interprofessional teams, and evaluating interprofessional competencies.
Key Outcome: Successfully identified health education needs, provided coaching and training to Interprofessional teams, conducted a BOOST! Workshop attended by 55 members, and evaluated the impact of the IP team-led health education through patient and team surveys.

Memory Care in Primary Care - An Interagency Memory Care Service within a Community-Based Family Health Team
Lead Organization: The Medical Centre Family Health Organization
Focus: Developing a partnership with the Alzheimer Society and providing training for an RN Embedded Assessor and for physicians/nurses in the FHT.
Key Outcome: Served 83 patients for memory care assessments, developed patient education materials for brain health, and developed the Memory Clinic Assessment Report and Follow-up templates.

Transforming Support for Isolated Older Adults Through Social Prescribing Within Team-Based Primary Care in Toronto, Ontario
Lead Organization: St. Michael's Hospital
Focus: Assisting socially isolated older adults individually, addressing complex health issues and loneliness.
Key Outcome: Assisted 33 socially isolated older adults individually and engaged 147 older adults in the community. Developed educational programming on social prescribing.

Scaling Up Labour Market Integration of International Trained Medical Graduates (IMGs) and Professionals in Clinical Assistant Roles
Lead Organization: WILL Employment Services
Focus: Training and integrating International Trained Medical Graduates (IMGs) into the healthcare field.
Key Outcome: Exceeded the target of training 32 IMGs by successfully training 40 IMGs. Facilitated employment opportunities for participants, with 22 IMGs securing employment. Actively engaged with over 50 primary healthcare providers to promote integration of participants.

Québec
Une Équipe Interprofessionnelle au Service de la Population Orpheline (EISPO)
Lead Organization: Clinique Indigo Focus: Building, training, and sustaining an interprofessional team within a primary care clinic.
Key Outcome: Successfully delivered workshops focused on building a common vision, interprofessional roles and responsibilities, team building, and communication.

COACH COLLABO: A Quality Improvement Intervention to Increase Interprofessional Collaboration in Primary Healthcare Clinics
Lead Organization: University of Sherbrooke
Focus: Providing active coaching to Family Medicine Groups (FMG) clinics, reviewing care management processes, and developing tools/strategies to improve IP within the FMG teams.
Key Outcome: Provided active coaching to three FMG clinics, reviewed care management processes, and developed an explanatory guide. Organized educational webinars, prepared video capsules focusing on the roles of health professionals, and secured funding for completion of interviews.

National
Family Medicine In-Practice Certification Route for Certificates of Added Competence in Enhanced Surgical Skills, Obstetrical Surgical Skills, and Family Practice Anesthesia
Lead Organization: College of Family Physicians of Canada
Focus: The development of an in-practice certification route (IPCR) process.
Key Outcome: Successfully outlined the IPCR process in four steps and recommended the establishment of domain-specific expert groups.

Society of Rural Physicians of Canada's National Advanced Skills and Training Program for Rural Practice
Lead Organization: Society of Rural Physicians of Canada (SRPC)
Focus: Providing advanced skills and training for rural primary care physicians.
Key Outcome: Received 375 applications from rural primary care physicians and were able to fund 342 physicians vs initial target of 166. The physicians receiving training are now able to provide enhanced access to services locally.

Appendix C: TPC's Cross Cutting Theme Projects

1. Interprofessional Care & the Interprofessional Comprehensive Primary Care Training Collaborative
Lead Organization: Centre for Advancing Collaborative Healthcare & Education (CACHE), University of Toronto
Focus: Advancing interprofessional primary care training.
Outcome: Exceeded target of engaging 200 health workers across TPC projects with a total of 347 participants. CACHE also led a webinar on interprofessional collaboration and provided consultation to numerous projects.

2. Equity, Diversity, Inclusivity, Accessibility (EDIA) Training for Transformation
Lead Organization: Equity in Health Systems (EqHS) Lab
Focus: Promoting equity, accessibility, and social justice in healthcare and beyond.
Outcome: Development of an EDIA Readiness Assessment Tool, an EDIA Digital Learning and Education platform, and a credentialing program. Engaged with approximately 3700 people through its workshops and webinars.

3. Psychological Health & Safety Tools for Interprofessional Primary Care Teams and Training Programs
Lead Organization: Canadian Health Workforce Network & University of Ottawa
Focus: Fostering the psychological health and safety of teams through the adoption and adaptation of a set of evidence-informed and sector-specific tools.
Outcome: Built an online toolkit and developed an overview module based on project case studies. The website has been visited by 5500 new users.

4. Integrated Primary Care Workforce Planning: Spread and Scale of Leading Practices in Planning
Lead Organization: Canadian Health Workforce Network & University of Ottawa
Focus: Enhancing partnerships between Ontario Health Toronto and five local Ontario Health Teams, covering 5 Toronto sub-regions, 93 neighborhoods, and over 1.5 million residents.
Key Outcome: Successful completion of data updates, capacity building, and responding to emerging issues. Over 200 hours were invested in collaborating with 53 health system leaders, including 12 primary care physicians, to bolster capacity for primary care workforce planning locally.

5. Truth & Reconciliation
Lead Organization: TPC Secretariat with support from Indigenous Advisory Circle & EqHS Lab
Focus: Educating individuals and teams on Truth & Reconciliation, incorporating roles such as Traditional Healers and other Indigenous practitioners, and focusing on Indigenous Health issues
Key Outcome: Supported a Reconciliation webinar, developed a TPC Land Acknowledgement, curated a dedicated T&R resource page, and provided resources for Cultural Training across all TPC projects. Challenges incurred during the project including confusion regarding the role and mandate of the Indigenous Advisory Circle (IAC) causing them to disband. Harms were experienced by members of the IAC with formal apologies made and a commitment to future changes made.

6. Patient's Medical Home Self-Assessment
Lead Organization: College of Family Physicians of Canada
Focus: To advance the PMH model and to develop a pilot tool to allow practices to measure their alignment with PMH.
Key Outcome: The project objectives have been successfully achiPilot tool to measure PMH alignment was developed and circulated to primary care practices, physicians and administrators. CFPC also hosted a webinar on PMH that had over 100 registrants.