

# The Small Group Practice-Based Learning Program

The **Small Group Practice-Based Learning Program (PBLP)** brings family physicians together in small groups to learn longitudinally over time. A trained peer facilitator, educational modules, and practice-based reflection tools promote discussions that result in direct practice change. The Program is a part of The Foundation for Medical Practice Education (FMPE), a not-for-profit organization dedicated to continuing professional development for the family physician.

## The Foundation's Mission

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The Foundation for Medical Practice Education (FMPE) is a Canadian not-for-profit that offers practice-based learning programs created by family physicians for family physicians with a mission to provide programs that are collaborative, evidence-based, supportive, flexible and focused on practice change to enhance patient care.

## Practice-Based Learning Program Modules

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The Foundation for Medical Practice Education publishes 14 educational modules per year for its members, that are available in both English and French. These modules include family practice cases, an evidence-based summary of key information, and relevant patient information sheets (handouts) or chart aids which physicians will find useful in practice. Modules are available online and in print to our members. The modules are authored by practising family physicians and reviewed by specialists in the field.

## What is the Small Group Practice-Based Learning Program and how does it work?

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Since its inception, the Small Group Practice-Based Learning Program (PBLP) has grown to over 7000 members nationally and internationally, and has over 800 peer facilitators to lead the group process. Small Groups are self-directed learning groups of family physicians. Groups meet, typically for 90 minutes once a month, to discuss the educational module content and the challenges of integrating this knowledge into day-to-day practice.

## Study Credits

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The Small Group Practice-Based Learning Program (PBLP) has been certified by the College of Family Physicians of Canada for up to three group learning certified Mainpro+ credits per hour. Credits are automatically uploaded to the CFPC through the direct credit entry process, once the member has provided the program with their CFPC number. **Mainpro+ credits and educational modules will be issued only to paid members.**

Members may also complete an optional Practice Improvement Activity (PIA) which has been certified by the College of Family Physicians of Canada for two Mainpro+ Assessment credits per hour. Each activity is worth a minimum of 20 credits.

Members of the American Academy of Family Physicians are eligible to receive an equal number of Prescribed credits due to a reciprocal agreement with the College of Family Physicians of Canada.

**View a sample module on our website: [www.fmpe.org](http://www.fmpe.org)**

## How to become a member of a small group

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**MEMBERSHIP FEES:** CAD \$450 per year. The annual membership fee is waived for facilitators after they have completed their training (for as long as they are actively facilitating a group).

**TO JOIN AN EXISTING GROUP:** Please complete the attached program registration form and email it to the office. Once we have received your registration form, we will send you a login and password to make your payment online.

**TO FORM A NEW GROUP:** The recommended group size is four to ten members. Determine a mutually agreeable time and place (physical or virtual) to meet. Groups typically meet for 90 minutes once a month, though many groups meet more frequently. Each group must be led by an FMPE-trained facilitator. The group must be registered and have paid in full before the facilitator can be trained. There is a new group form that can be submitted on the website, [fmpe.org](http://fmpe.org). As well, each new member fills out their own registration form (below). Once we have received your registration form, we will send you a login and password to make your payment online. Alternatively, you can call Accounts Payable at 1.800.661.3249 to make your payment over the phone.

**TO BECOME A FACILITATOR:** Contact the FMPE office for information on upcoming facilitator training workshops or visit [fmpe.org](http://fmpe.org) for more information.

## Program registration forms may be sent by email

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Email: [fmpe@mcmaster.ca](mailto:fmpe@mcmaster.ca)

## Small Group PBLP Membership Advantages

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The following are just a few of the important benefits of belonging to this Program:

- **SMALL GROUP SESSIONS** that offer an informal and supportive learning environment to discuss actual practice cases and challenges with peers.
- **EDUCATIONAL MODULES** that are developed by family physicians for family physicians, and extensively researched by qualified staff; **MODULE TOPICS** that cover a wide array of practice issues, including acute care medicine; **PRACTICAL INFORMATION** (including practice aids and patient handouts) that can be readily used in clinical practice.
- A user-friendly **MEMBERS ONLINE** area (<https://members.fmpe.org>) for easy access to clinical modules and selected appendices (e.g., specific patient handouts) for day to day clinical uses. Also available is access to duplicate copies of study credit letters for past years as well as attendance records and payment receipts.
- An informative quarterly **NEWSLETTER** that includes discussion of issues relevant to clinical practice.
- **EXCEPTIONAL VALUE** for maintaining your professional educational competence.

## Other FMPE Programs certified by The College of Family Physicians of Canada:

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- Individual Practice-Based Learning Program
- Pathway to Small Group Practice-Based Learning Program



SMALL GROUP PRACTICE-BASED LEARNING PROGRAM
Registration Form - Please complete both sides of this form

Contact Information – Please Print

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Alternate Name/Surname \_\_\_\_\_

Salutation Preference: (Dr., Mr., Ms., Mx., etc.): \_\_\_\_\_

Designation: [ ] MD [ ] NP/RN (EC) Other \_\_\_\_\_

Language Preference for Modules: [ ] English [ ] French

[ ] I am a CFPC Member CFPC# \_\_\_\_\_

[ ] I am a Non CFPC Member CFPC# \_\_\_\_\_

[ ] I am NOT a CFPC member

Important: To have your Mainpro+ credits automatically submitted to the CFPC, you must provide a CFPC number. Manual credit entry is not possible.

Preferred Email: \_\_\_\_\_

Note: e-mail address required for access to Members Online

Preferred Address: [ ] home [ ] work

Address \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Modules: [ ] Online only (printable) [ ] Paper copies (mailed)

Please choose one of the following:

[ ] New facilitator [ ] New Member [ ] Returning Member

Group Facilitator Name: \_\_\_\_\_ Date of your first group meeting: \_\_\_\_\_

How many years have you been in practice? \_\_\_\_\_

How did you hear about us?

[ ] Website [ ] Word of Mouth [ ] Conference [ ] Social Media [ ] Another PBLP Program \_\_\_\_\_

Member Fee\*

CAD \$450 \*Membership year runs from January 2024 to December 2024

Payment Information

Please fill out the registration form and email it to us at fmpe@mcmaster.ca. To complete registration, we will send login instructions to make your payment online or call Accounts Payable at 1-800-661-3249 to make your payment by phone.

Signature: \_\_\_\_\_

Refund Policy: 30 day refund from program start date less 25% administration fee

The Foundation for Medical Practice Education (FMPE) is committed to protecting the privacy of all individuals (members and non-members) who interact in any way with the FMPE and its Practice-Based Learning Programs. Go to www.fmpe.org for a copy of our privacy policy.

(please turn over)



# DEMOGRAPHIC DATA FORM

## PLEASE PRINT

Date: \_\_\_\_\_ (day, month, year)

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

**Gender. Do you identify as:**

Female/Woman  Male/Man  Two-Spirit  Non-binary  Prefer to self-identify: \_\_\_\_\_  Prefer not to answer

1. Which of these best describes you? Please check ONLY ONE.

- Family physician
- General practitioner
- Other, please specify: \_\_\_\_\_

2. Current specialty certification/attestation. Please check ALL that apply.

- College of Family Physicians of Canada  certificant  fellow
- Collège des médecins du Québec (CMQ)  certificant  fellow
- certified outside Canada, please specify: \_\_\_\_\_
- other specialty training, please specify: \_\_\_\_\_

3. In what year did you first become licensed to practice medicine in Canada? \_\_\_\_\_

4. When and where did you complete your training for Medical School? \_\_\_\_\_

Year completed medical school \_\_\_\_\_

Family medicine residency? \_\_\_\_\_

Year completed family medicine residency \_\_\_\_\_

Other? \_\_\_\_\_

Year completed other \_\_\_\_\_

5. Any special focus to your practice? Please, specify: \_\_\_\_\_

6. Please, indicate if you include the following types of care in your practice  Palliative Care  Intra-partum Care

7. With respect to your MAIN patient care setting, describe the population PRIMARILY served by you in your practice. Please check ONLY ONE.

- Inner city  Rural
- Urban/Suburban  Geographically isolated/Remote
- Small town  Other: \_\_\_\_\_

8. Please indicate how your MAIN patient care setting is organized. Please check ONLY ONE.

- Solo practice  Interprofessional practice [physician(s) with other health professional(s)]
- Group practice  Other: \_\_\_\_\_

9. The following is a list of clinical work settings. Check those settings where you serve as the most responsible provider for some patients. Please check ALL that apply.

- Private office/clinic (excluding walk-in clinics)  Emergency department
- Community clinic/Community health centre  Nursing home / Home for the aged
- Free-standing walk-in clinic  Academic teaching unit
- Hospital in-patient  Other: \_\_\_\_\_

10. Are you involved in education? Please, check ALL that apply.

- teach Family Medicine residents in practice
- teach medical students or other learners in the practice
- act as facilitator for the Residency Practice-Based Learning Program
- other, please specify: \_\_\_\_\_

11. Are you involved in research? Please, check ALL that apply.

- clinical research  education research  Other, please specify: \_\_\_\_\_

12. Please estimate the number of hours you have of patient contact in a TYPICAL WEEK: \_\_\_\_\_

13. Please estimate the number of on-call hours in a TYPICAL WEEK: \_\_\_\_\_

14. Do you use electronic records to enter and retrieve clinical patient notes in care of your patients (excluding for fees and service billing?)

- Yes  No