

Amended Resolution (R001_2011.11.03_V01)

“Ad Hoc meeting of members of the College of Family Physicians of Canada interested in clinical content standards for the electronic medical record”

November 3rd 2011

The following resolution is proposed:

- WHEREAS; The members of the College of Family Physicians of Canada Attending this ad hoc meeting share a common interest in the development of electronic medical records (eMR) and their clinical content standards for Canadian Family Physicians.
- WHEREAS; To achieve higher level eMR functionality and usability the eMR must be semantically machine computable and hence a “computable patient record”.
- WHEREAS; Physicians must show leadership in the process of defining the clinical information and process content of the eMR in a semantically machine computable manor.
- WHEREAS; The skills necessary to define the clinical content and use of eMRs to the benefit of our patients must be taught to medical students and residents in training if we are to produce sophisticated physician consumers and users of eMRs.
- WHEREAS; Our national accreditation bodies, as the auditors of the standards for teaching clinical medicine, are in a unique position to advance the necessary standards for the clinical content of the medical record at a national level and make a pivotal contribution to the successful adoption and meaningful use of the eMR as a “computable” patient record.
- BE IT RESOLVED THAT

“This group recommends to the College of Family Physicians of Canada that it contribute to the process of standardization of clinical content for the eMR by instantiating a working group in Family Medicine Informatics with a mandate to establish; in collaboration with other healthcare accreditation, certification and licensing bodies in Canada and appropriate international working groups active in the same area; the terms and conditions of a sustainable entity, funded by Health Canada or other governmental agency, to create and curate the standards for the clinical content that are necessary for the eMR to be a computable patient record. This working group will openly contribute eMR design to support good data; improved practice; and appropriate interoperability that supports the exchange of clinical content between systems in support of clinicians for patient care.”