

DATA NEEDS AND ACCESS GROUP (DNAG)  
SUMMARY REPORT



MARCH 2008

## THE ASSOCIATION OF FACULTIES OF MEDICINE OF CANADA

The Association of Faculties of Medicine of Canada (AFMC) maintains a variety of statistical data on the medical education system. This data informs work and decision-making activities across sectors, including academia, professional medical organizations, research agencies, government and the media. Still, there are medical education data gaps, produced in part by societal changes, evolution of the curriculum and pedagogy and growing interest in health care issues.

The AFMC's March 2008 Medical Education Data Needs and Access Workshop convened stakeholders to identify and prioritize medical education information needs. The workshop was carried out as part of the AFMC's Future of Medical Education in Canada project. A wide range of perspectives were shared at the meeting, including those of faculty of medicine deans, undergraduate, postgraduate and research deans, residents, medical students, administrative managers, AFMC resource groups, professional medical organizations and government. Broad representation ensured that voice was given to all stakeholders and that a foundation is in place to achieve consensus around priority information needs.

The workshop was designed to achieve several outcomes, including:

- Review of Future of Medical Education in Canada (FMEC) project themes from an information needs perspective.
- Ensure that all medical education information needs are brought forward for consideration.
- Build consensus around priority information and data needs for Canada's medical education system.
- Begin to develop strategies that will meet information and data needs.
- Provide AFMC with guidance for its future data collection work.

During the workshop participants were asked to articulate a vision for each of the FMEC theme areas with respect to medical education information needs. To take the visioning exercise one step further, participants were asked to identify specific indicators that would signal success in achieving the vision. The following tables briefly summarize what we heard.

THEME	Curriculum Content
VISION	A socially responsive curriculum accountable to the evolving needs of society, that measures its quality, adaptability and outputs that address sustainable HHR (clinicians, teachers and researchers).
SUCCESS INDICATORS	<ul style="list-style-type: none"> <li>• Measure integration of CanMEDS into current curriculum (gap analysis)</li> <li>• Conduct an inventory of current databases</li> <li>• Determine critical partners</li> <li>• Design and implement the data integration concept outlined during the workshop (note: illustration included in workshop summary report)</li> </ul>

THEME	Pedagogical Issues Affecting the Medical Education System
VISION	A forward thinking medical education system that takes into account distributed medical education (DME), inter-professional education (IPE) and new approaches to the integration of clinical and basic sciences to assure the production of practitioners able to function in the future.
SUCCESS INDICATORS	<ul style="list-style-type: none"> <li>• Gather data on DME methods: classify where, what, how.</li> <li>• Track eventual distribution of practitioners.</li> </ul>

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THEME	Culture(s) of Medical Education
VISION	Given the reciprocal and dynamic relationship between the culture of medical education and the health care system and society, we will achieve ongoing change in medical education that both adapts to, and drives, change in the delivery of health care.
SUCCESS INDICATORS	<ul style="list-style-type: none"> <li>• Measure why &amp; how admissions filters (+/- pre-admission programs) impact outcomes with respect to: discipline choices; location; quality; retention; etc...</li> <li>• Develop and implement tools to measure objective-driven standardized outcomes/competencies across a variety of learning settings/models</li> <li>• Determine impact of financial accessibility issues on applicant pool and choices of matriculants.</li> <li>• Establish mechanism for engaging all stakeholders in informing curricular decisions within each faculty of medicine.</li> <li>• Determine how sites and teachers are currently selected prepared and evaluated.</li> <li>• Assess characteristics of applicants and non-applicants that predict career choice.</li> </ul>

THEME	Data Collection & Management
VISION	To have in place high quality integrity data that will accessed and used for meaningful administrative/research/policy purposes. This will be a well-funded, sustainable endeavour.
SUCCESS INDICATORS	<ul style="list-style-type: none"> <li>• Map current privacy policy regulations &amp; assess their impact on data collection policies &amp; procedures.</li> <li>• Practical model for collection, analysis &amp; distillation of data, taking into account existing inputs &amp; outputs (via a pilot project).</li> <li>• Explore options and develop optimal mechanism for information interface among stakeholders.</li> </ul>

THEME	External Issues Affecting the Medical Education System
VISION	Within the context of a changing health care system we will measure reciprocal (bidirectional) linkages between changes in medical education and changes in health care delivery. Changes in medical education include, but are not limited to: admissions; interprofessional education (IPE); distributed medical education (DME); rural experiences; integrated clerkships; increased numbers in medical school. Changes in health care delivery include, but are not limited to: the number, discipline, location, skills of physicians; engagement and retention of physicians; patient/population outcomes; collaborative practice.
SUCCESS INDICATORS	<ul style="list-style-type: none"> <li>• Define outcomes that relate medical education to health care.</li> <li>• Design conceptual framework to map medical education components with health care system.</li> <li>• Develop common terminology within medical education and health care systems.</li> <li>• Create database linkages with common identifiers/definitions and established outcomes (measurable benchmarks, rewards, disincentives)</li> <li>• Apply the conceptual framework to the development of data collection and research agenda.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Commission literature review RE: new models of primary health care impact career choice</li> <li>• Continue and expand mapping of learners and locations to outcomes (develop mapping tool)</li> <li>• Define common definitions and language</li> </ul>
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THEME	Higher Order Constructs
VISION	A strategic alliance of all stakeholders (current partners) providing forward-thinking leadership, towards a sustainable, adaptable, high-quality health care system through medical education informed by research and knowledge translation.
SUCCESS INDICATORS	<ul style="list-style-type: none"> <li>• Establish the strategic alliance of stakeholders (i.e., CMF, government, ACHDHR?)</li> <li>• Determine which health care indicators are relevant to input/output of medical education.</li> </ul>

AFMC is extremely grateful to workshop participants. Their feedback will help to guide AFMC's future work in developing its data holdings and analytical activities. In terms of immediate next steps, a summary report will be produced for the March 17-18 workshop. A second Medical Education Data Needs and Access Workshop will be held as part of the FMEC project. The second meeting will use the summary report from the first meeting to launch a discussion around how to respond to priority information needs. This second meeting will focus on strategies, partnerships and specific activities to be taken to move the research and data development agenda forward. Please stay tuned!