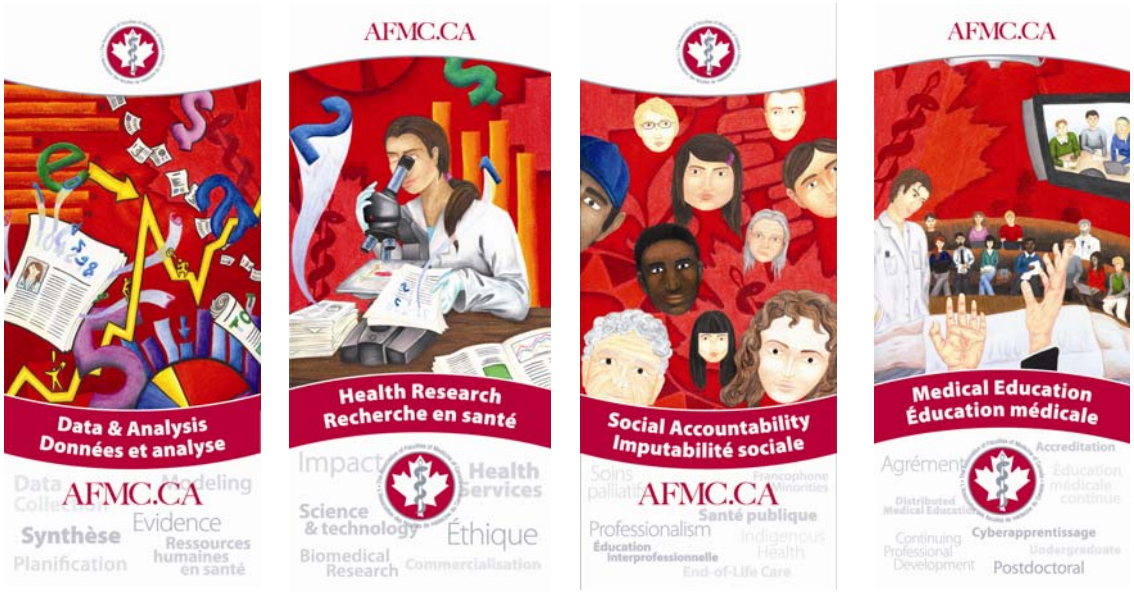
2008 YOUNG LEADERS' FORUM SYNTHESIS REPORT



JULY 2008

AFMC The Association of Faculties of Medicine of Canada
L'Association des facultés de médecine du Canada

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Acknowledgments:

A special thanks to Dr. Jerry Maniate (Wilson Centre, University of Toronto) for helping to produce this synthesis report with AFMC.

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Introduction

In 1910, Abraham Flexner created a framework for modern medical education in North America through the funding of the Carnegie Foundation. Over the past 100 years, Canada has continued to promote advances in medical education through significant and unique contributions such as problem-based learning curricula, the Educating Future Physicians of Ontario (EFPO) project, and the development and implementation of the CanMEDS Physician Competency Framework. Further advances in medical education combined with the challenges associated with ensuring high-quality health care delivery have provided impetus to re-examine the Canadian medical education system and to consider moving beyond the possibilities that Flexner envisioned nearly a century ago.

The Association of Faculties of Medicine of Canada (AFMC) has been the national voice of Canada's faculties of medicine for 65 years. Its mission is to improve the health of Canadians by promoting and supporting excellence in health education, and providing leadership to a variety of social accountability activities.

Young Leaders' Forum

The Young Leaders' Forum is an AFMC initiative funded by Health Canada. The inaugural Young Leaders' Forum took place in 2007 and participants were invited to discuss their vision of what Canada's health care system would look like in 25 years. In 2008, the AFMC organized its second Young Leaders' Forum (YLF II), involving participants that represented a broad range of sectors including faculty members, residents, medical students, researchers and leaders of health professional organizations (see Appendix 1 for participant list). The Young leaders' Forum has continued to give a voice to stakeholder groups within Canada's medical education system and create a foundation to achieve consensus around priority needs. An agenda was developed to provide structure to the event without constraining the breadth of discussion.

YLF II was scheduled in conjunction with meetings for the Future of Medical Education (FMEC) project, which was initiated by the AFMC to examine issues facing the current undergraduate medical education (UGME) system and to identify future challenges. The FMEC project aims to inform and guide future decisions pertaining to UGME in Canada. Please see Appendix 4 for more details pertaining to the FMEC project.

Following the forum, a draft report was produced to describe and summarize the workshop proceedings. The draft report was then distributed to workshop participants for review and final comment prior to publication. When finalized, the YLF II summary report will serve as an input into the overall Future of Medical Education in Canada initiative and will also serve as a reference point for many of AFMC's future work.

YLF II Purpose

- Bring together young leaders to visualize and discuss the future of health education in Canada.
- Enable dialogue to issues, challenges and opportunities surrounding Canada's medical education system and provide structure to recommendations and key messages.
- Review Future of Medical Education in Canada project themes from a young leader's perspective.
- Build consensus around the needs for Canada's medical education system.
- Begin to develop strategies that will meet identified needs.
- Provide AFMC with guidance for its future work.

Session Activity

Setting the Context

The Young Leaders' Forum began with a period of group networking. Mr. Irving Gold, Vice President of Governmental Relations and External Affairs at the AFMC provided welcoming remarks which set the context for discussion. Workshop participants were lead through a high-level brainstorming exercise in which they were asked to identify issues, challenges and opportunities for Canada's medical education environment. These were then categorized into key themes.

On the following day, participants were asked to explore the issues, challenges and opportunities for each key theme and identify success indicators, a summary vision and key recommendations for each. Please see Appendix 3 for the detailed workshop agenda. We have also attached a glossary of acronyms or terms that may be unfamiliar at the end of the report.

Brainstorming exercise: *Scoping the Future*

Workshop participants were asked to answer the following question in order to stimulate initial dialogue around Canada's future medical education system: *As we contemplate what form medical education might take in Canada in 2028, as a reflection of changing societal needs, what are some of the issues, challenges and opportunities that come to mind?*

Individuals were asked to write out their responses and then select their top 2 for discussed by the entire group. After reviewing all of the resulting responses, participants were once again asked to review their individual responses to ensure that all relevant issues were captured prior to sorting them into key focus areas. They key focus areas, which were established through the environmental scan component of the FMEC project are:

1. Curriculum Content
2. Pedagogical Issues Affecting the Medical Education System
3. The Culture(s) of Medicine and Medical Education
4. External Issues Affecting the Medical Education System
5. Higher Order Constructs

Interview Matrix: ***Environmental Scan***

For the interview matrix portion of the meeting, workshop participants were divided into groups of 4 and were then asked to discuss four questions using an interview matrix process. The following are the results of this process:

Question #1: As we contemplate the future of medical education in Canada, what are some practical assumptions we can make about the professional / regulatory / economic environments in which we operate?

We can safely assume that...

PROFESSIONAL ENVIRONMENT

- There will not be an ample supply of healthcare professionals
- Medical practitioners will need to be comfortable with lifelong learning
- Professionals will want to have a better balance between work and life
- Current medical professional organizations (such as the MCC, CMA, AFMC, CFPC, RCPSC, etc…) will continue to have influence and protect self-interests over public/patient interests
- LCME/CACMS will persist as accreditation bodies but will hopefully adapt/adopt more educationally-relevant accreditation standards
- Everyone will increasingly need to learn to collaborate (inter-professionalism) with different roles and responsibilities
- There will be resistance to change from traditional models of practice
- There will be a greater shift from "fee-for-service" to salary for remuneration

REGULATORY ENVIRONMENT

- There will be continued self-regulation of education, licensing, etc, that will continue to see high standards but will not promote change or improvements to the public system
- Inter-competency assessment will be required
- There will be assessment of medical knowledge and "soft skills" → example: patient interviewing skills
- Standards will be revised to reflect societal needs
- Provincial colleges/regulatory authorities will persist

ECONOMIC ENVIRONMENT

- Public funding will continue but for medical education it will not increase to the point where it will be free or more accessible → there will continue to be regional disparities
- There will be a lack of resources for training
- There will be a need to re-examine the system to reduce costs
- There will be remuneration of teachers
- The cost of new technologies will increase
- Existing F/P/T (federal/provincial/territorial) funding structures will persist
- Public health care will persist
- Pressure for private health care will persist
- With an aging population, financing of the health care system will need to be re-examined to consider alternatives for delivery and education

Question #2: What are current and emerging trends that will shape the future of medical education in Canada?

- Cross-cultural awareness (e.g. First Nations).
- Aging population/chronic illness.
- Inter-professional education/collaborative practice.
- IT/e-learning/technological developments, electronic medical records, etc.
- Competency-based training/obtaining non-clinical skills.
- Geographically distributed learning.
- Cost of training/for students/of the system "doctors as stewards" of the system.
- Health versus disease care.
- Privatization/private sector influence/healthcare as a consumer good.
- Constraints on availability of faculty.
- Trend towards sub-sub-sub specialization → how do we balance the need for generalists, community medicine, chronic disease prevention, with less emphasis on hospital care.
- Recruitment process too "exclusive".
- Healthcare as a consumer good/patient expectations; cost of the system.
- Demographics forcing a focus on urban versus rural or global.

Question #3: What do we perceive as the current strengths and weaknesses of medical education in Canada? What are the opportunities, threats?

STRENGTHS

- Strong curriculum and reputation compared to other nations.
- High standards for training outcomes.
- Distributed medical education system.
- Ethnic diversity of medical students.

WEAKNESSES

- Physician teachers do not have a strong background in teaching.
- Little exposure to non-scientific education.
- Training period is too long and too expensive.
- Current model is rigid.
- Lack of accessibility to diverse populations.
- Negative impact of expansion of classes.
- Lack of consistency in faculty development programs across the country.

OPPORTUNITIES

- Distributed medical education an opportunity for use of technology, improvement of rural access to care and to learn from patient from where they live.
- Room for both social sciences in program and venue to recruit more students.
- Shortage of physicians is an opportunity for new innovations and models (i.e. IPE).
- Social drive for team-based and patient-centred care.
- Good funding in comparison to other nations.

THREATS

- Pre-admission criteria maintaining "exclusivity" of medicine.
- MD payment structures threaten willingness to teach.

- Social demands for patient centred care and team-based care – if we do not respond we become irrelevant.
- Rapid expansion of schools.
- Increasing and unrealistic patient demands.
- Potential "unsustainability" of health care with population growth and aging.
- Need for service versus educational needs of trainees

Question #4: As we contemplate the future of medical education in Canada, what's currently working well that needs to continue...and that can be successfully built on? In the context of improving medical education in Canada what do we need to do more of? Less of?

WORKING WELL/BUILD ON

- Diversity and high quality of UGME students – keep enrolment up!
- Output of high quality MDs – because of rigorous standards (e.g. accreditation).
- Good job of class expansion and training outside of traditional urban centres.
- Identification of goals, issues and what needs to be done.

NEED MORE OF

- Relationships and partnerships across health care system and community.
- Rigorous, time-sensitive research on medical education pedagogy.
- Use more technology to train students – but simultaneously need professional development for MDs for integration of e-learning into pedagogy.
- Learn how patient illness affects lives.
- General, non-clinical curriculum (e.g. health promotion, disease prevention, business, public health) and soft skills (e.g. communication, empathy).
- Prior learning assessment – past experience, not just marks.
- Assess competencies; not simply time-based training.
- Social accountability of individual MDs (e.g. MD as entrepreneur versus public servant).

NEED LESS OF

- Basic science.
- Silos (intra- and inter-professions).
- One medical education model fits all.
- UGME evaluation on multiple choice questions/exams → move towards competency and application in appropriate context.

Key Themes: Success Indicators / Summary Vision / Key Recommendations

The workshop participants were split into groups and were then instructed to examine the identified key themes and answer the following question to determine success indicators: "Success will have been achieved in this key theme area when / if...". A **success indicator** was defined as: *an achievement of some kind; a completed / successful outcome; a target we are shooting for / at; the "ends" not the "means".*

The groups were then asked to summarize the success indicators into a summary vision statement for each key theme. After determining a list of success indicators and defining a vision statement for each of the key themes, the workshop participants were asked to spend time to identify a set of key recommendations for each key theme.

The participants were provided with the following options to consider when drafting the key recommendations: 1) *START* (introduce / new); 2) *STOP* (discontinue / delete); 3) *CHANGE* (improve);

and 4) *CONTINUE* (maintain). These options were understood to be relevant in an environment operating on the following three principles: 1) there are things over which we have absolute and complete control; 2) there are things we can only influence; and 3) there are things over which we have no control whatsoever. Participants were encouraged to use the "SMART" framework to identify key recommendations – activities or strategies that are Specific, Measurable, Attainable, Realistic / Relevant and Time-Driven.

Key Themes were then re-examined to answer the two key questions:

- ***To achieve the success that we've described, what are some activities / initiatives / strategies that should now be contemplated?***
- ***What are the key strategies critical to achieving the success we've described?***

The following is a summary of the summary vision and key recommendations for each of the identified key themes.

Curriculum Content

Vision: An environment in medical education that focuses on quality of life, disease prevention & health promotion for both patients and providers. Lifelong learning of clinical and non-clinical skills is integrated into all aspects of daily practice. The supports exist to permit the outcomes of curriculum content to be implemented in practice.

Key Recommendations:

- Ensure that medical education courses and / or learning objectives exist and are used in the medical education programs (e.g. UGME, PGME, CME) that relate to and emphasize quality of life.
- Create, offer and evaluate programs or courses on safe clinical practice (e.g. patient safety, provider errors).
- Devote a minimum proportion of the curriculum to health promotion, disease prevention and quality of life.
- Build relationship with faculties of arts and social science to offer key courses on the social and environmental determinants of health.
- Offer anonymous health care provider error reporting system. Encourage research on errors reported, including dissemination to health care community and public.
- UGME will provide mandatory instruction on how to access, appraise, critically assess and incorporate new information and knowledge. Medical students will track and be evaluated on their personal learning projects.
- Develop and implement a national strategy to encourage quality of personal and professional
- Raise awareness of reputable guidelines for safe clinical practice.
- Provide joint learning opportunities for students and practicing physicians (e.g. evening seminar series).

- Promote lifelong learning throughout medical education by providing tools for self-tracking clinical and theoretical competencies (for MCC clinical presentations, and other skills, attitudes and knowledge in health care).

Pedagogical Issues Affecting the Medical Education System

Vision: We embrace flexible, competency-based pedagogical approaches with proven effectiveness. These should be geared towards lifelong learning and allow multiple entry points into the health care and education systems. Graduating physicians will have the skills and commitment necessary to:

- collaborate in inter-professional teams
- embrace emerging technologies / innovations
- maintain a sense of personal fulfillment
- be socially accountable in their career choices

Key Recommendations:

- Create a commons / platform for:
  I. Sharing curricular content and tools.
  II. Sharing research and collaborating on research projects.
  III. Disseminating effective pedagogies for medical education, particularly in e-learning.
- The medical education system will be structured into learning modules in order to create a "laddered" approached which allows students to practice and then re-enter the education system at various points in their career.
- Fund research programs to evaluate effectiveness of a variety of pedagogical approaches to medical education.
- Fund research / work in competency-based training (CBT):
  I. To further assess resources needed to bring CBT to fruition.
  II. To develop and make accessible resources required to bring CBT to fruition.
  III. To evaluate ladder-concept programs.
- Introduce a mandatory component in medical education to foster inter-professional competence and collaboration.

Culture(s) of Medical Education

Vision: The culture of medical education invites and nurtures students from, while producing doctors for, all communities within our societies. It embraces a camaraderie of stewardship for the quality of life of patients and for the health of the system.

Key Recommendations:

- Reduce and / or eliminate tuition.

- Faculties need to build relations with marginalized communities to recruit students and retain graduates.

External Issues Affecting the Medical Education System

Vision: When society and heath care providers agree on funding for medical education that allows for adequate resource allocation (e.g. numbers of MDs, under-served communities and wait times) and accessible medical education to all socio-economic groups. Medical education should be socially relevant including social determinants of health, patient-centeredness and have a measured positive impact on patient satisfaction with respect to health care.

Key Recommendations:

- Track demography of medical school classes and make changes to admissions criteria to increase under-represented group participation.
- Expand evaluation of students (and MDs) to include:
  I. Patient evaluations.
  II. Inter-professional team member evaluations.
- Involve community members in curriculum design.
- Increase training in under-serviced areas (geographic - distributed medical education) and specialties (and generalists) service learning.

Higher Order Constructs

Vision: Medical training:
- that incorporates the findings of educational research and theory.
- strives to limit potential pernicious influences of corporate industry.
- that is directed by individuals with training in both leadership and education.
- that fosters the incorporation of system level issues, e.g. cost effectiveness and resource allocation, into decision-making.

Key Recommendations:

- Include public health training in MD training including cost effectiveness, resource allocation, etc.
- Ensure CanMEDS is integrated into UGME so as to develop leadership and teaching skills.
- Develop a reward system for promoting excellence in medical education.
- Promote healthy dialogue between health care educators and industry to keep influences under control.
- Assist students in developing tools for ethical and responsible interactions with industry (e.g. pharmaceutical industry).

Conclusion

Critical Recommendations

With the identification of a set of key recommendations for each key theme, the workshop participants were then asked to identify the critical set of recommendations that would be absolutely necessary to address or implement in order to achieve success. The critical set of recommendations identified are:

- Devote a minimum proportion of the curriculum to health promotion, disease prevention and quality of life.
- Build relationship with faculties of arts and social science to offer key courses on the social and environmental determinants of health.
- UGME will provide mandatory instruction on how to access, appraise, critically assess and incorporate new information and knowledge. Medical students will track and be evaluated on their personal learning projects.
- Develop and implement a national strategy to encourage quality of personal and professional.
- Promote lifelong learning throughout medical education by providing tools for self-tracking clinical and theoretical competencies (for MCC clinical presentations, and other skills, attitudes and knowledge in health care).
- Create a commons / platform for:
    - Sharing curricular content and tools.
    - Sharing research and collaborating on research projects.
    - Disseminating effective pedagogies for medical education, particularly in e-learning.
- The medical education system will be structured into learning modules in order to create a "laddered" approached which allows students to practice and then re-enter the education system at various points in their career.
- Fund research programs to evaluate effectiveness of a variety of pedagogical approaches to medical education.
- Fund research / work in competency-based training (CBT):
    - To further assess resources needed to bring CBT to fruition.
    - To develop and make accessible resources required to bring CBT to fruition.
    - To evaluate ladder-concept programs.
- Introduce a mandatory component in medical education to foster inter-professional competence and collaboration.
- Reduce and / or eliminate tuition.
- Faculties need to build relations with marginalized communities to recruit students and retain graduates.
- Track demography of medical school classes and make changes to admissions criteria to increase under-represented group participation.
- Expand evaluation of students (and MDs) to include:
    - Patient evaluations.
    - Inter-professional team member evaluations.
- Involve community members in curriculum design.
- Increase training in under-serviced areas (geographic - distributed medical education) and specialties (and generalists) service learning.
- Include public health training in MD training including cost effectiveness, resource allocation, etc...
- Ensure CanMEDS is integrated into UGME so as to develop leadership and teaching skills.
- Develop a reward system for promoting excellence in medical education.

- Assist students in developing tools for ethical and responsible interactions with industry (e.g. pharmaceutical industry).

Key Messages

The 2008 Young Leaders' Forum served as a valuable experience for participants to explore the many issues, challenges and opportunities surrounding Canada's future medical education system. During the discussion, the participants identified a number of key messages from the meeting that could be shared with a variety of audiences. The key messages identified are:

- The health care system has to change to meet the demands of the future.
- Much of the modernization of medical education will need to be to expand beyond the biomedical model to a team-based, holistic approach to education.
- We may need to turn to creative solutions (such as laddering) to address systemic problems that are not being resolved by current products or systems.
- To meet the future demands, clinical physicians will have to change how we think and how we do it.
- We will need to be supermen and superwomen.

Next Steps

To maintain momentum from this workshop:

- "As was said" report will reflect oral and written items from the day as a verbatim record.
- A synthesis summary report will be created. The synthesis summary report will be distributed to the forum participants to assess whether it is reflective of the discussions.
- After completion of the review process for the synthesis summary report, this report will be posted on the AFMC website as a part of the FMEC project and will serve as a project deliverable.
- Principles for Change for the Canadian Medical Schools.
- Series of initial meetings (Data Needs and Access Group, 2008 Young Leaders' Forum, Blue Ribbon Panel, etc.)
- By March 2009, the FMEC project will be concluded.
- Late 2009, National Forum of stakeholders of the Canadian medical education system to discuss and develop consensus on the direction to be taken.

Appendix 1: Participant List

INVITED GUESTS:

- **Keith Ahamad**

  University of British Columbia

- **Susan Dalton**

  Memorial University
  Canadian Association of Internes and Residents

- **Adrienne Hagen**

  Canadian Medical Association
  Emerging Health Leaders

- **Robert Huish**

  Simon Fraser University
  Trudeau Foundation
  Université de Montréal

- **Kamini Kalia**

  University of Western Ontario
  National Health Sciences Students' Association

- **Josée Larochelle**

  Université de Montréal
  Fédération médicale étudiants du Québec

- **Jerry M. Maniate**

  Future of Medical Education in Canada (FMEC)
  Project Consultant
  Wilson Centre for Research in Education
  Faculty of Medicine
  University of Toronto

- **Danielle Martin**

  Women's College Hospital (Toronto)
  Canadian Doctors for Medicare

- **Kevin McLaughlin**

  University of Calgary

- **Shaheed Merani**

  University of Alberta
  Canadian Federation of Medical Students

- **Janet Tworek**

  University of Calgary

- **Nadine Valk**

  Canadian Council on Learning

AFMC STAFF

- **Nick Busing, MD**

  President & CEO
  The Association of Faculties of Medicine of Canada

- **Irving Gold**

  Vice President, Government Relations and External Affairs
  The Association of Faculties of Medicine of Canada

- **Claire de Lucovich**

  Project Assistant
  The Association of Faculties of Medicine of Canada

- **Anthony Nash**

  Facilitator
  Inter-Connex Consulting Inc.

- **Heather Sterling**

  Recorder
  Inter-Connex Consulting Inc

Appendix 2: Session Agenda

The Association of Faculties of Medicine/ L'Association des facultés de médicine du Canada (AFMC)

~ 2008 Young Leaders Forum ~

Wednesday & Thursday, March 19-20, 2008
Brookstreet Hotel, Ottawa

Agenda

Wednesday, March 19, 2008

Time	Topic	
1515 – 1600	**Registration and Networking**	
1600	**Opening** - Ice breaker exercise - Administrivia - Participant introductions - Session expectations Scoping the Challenge - Dialogue around the issues, challenges and opportunities surrounding medical information and data needs for Canada's future medical education system **Welcoming Remarks/ Setting the Context** *- An historical update … what brought us to where we are today … "Future of Medical Education in Canada project" … session purpose*	Facilitator Nick Busing
1830	**Adjourn for the day**	

1830 - 1900	**Reception**
1900	**Group dinner**

Thursday, March 20, 2008

Time	Topic
0715 – 0830	**Breakfast and Networking**
830	**Enviro-Scan** – Interview Matrix - Assumptions, Trends, Critical Success Factors etc.
1000 – 1015	**Health break**
1015	**Success Indicators/ Summary Vision** *"Success will have been achieved when/if…"*
1200 – 1300	**Lunch break**
1300	**Key Recommendations** *"What are the key strategies critical to achieving the success we've described?"* *"With whom do we need to connect?"* - Suggested lead/ support accountability
1500 – 1515	**Health break**
1515	**Next Steps** *To maintain momentum from this session what will happen over the next 15 – 45 days?* **Key Messages** *What are the Key Messages from this session we propose to share across our various audiences?* Evaluation/ Thanks/ Close
1600	**Session adjourned**

Appendix 3: Success Indicators

Key Theme Area #1: Curriculum Content

Success will have been achieved in this key theme area when we are able to measure…

- there is greater emphasis on quality of life in a more holistic approach to patient care rather than quantity of life.
- medical graduates feel prepared to practice.
- there is promotion of safe (clinical) practice.
- there is identification and removal of unsafe (clinical) practice.
- social sciences and humanities are incorporated into the core curriculum.
- there is lifelong learning of not only clinical management skills but also non-medical expert skills/change of practice as it pertains to personal and professional practice
- there is greater focus on disease prevention and health promotion.
- outcomes of curriculum content can be implemented in practice.

Key Theme Area #2: Pedagogical Issues Affecting the Medical Education System

Success will have been achieved in this key theme area, when/if…

- we can show what we do is effective as well as efficient.
- there is a commons/platform for medical education professionals.
- medical students are selected and "trained" to fit societal needs and their own personal needs without coercive measures.
- there is a universal definition of a healthy healthcare system.
- the community and healthcare providers feel respected, valued and empowered.

Success will have been achieved in this key theme area related to global inequalities, when/if…

- learning objectives exist in UGME and PGME programs which encourage students to develop awareness and commitment towards under-serviced populations.
- programs exist, such as in clerkship, non-profit and voluntary, which allow students to put into action learning objectives in awareness and commitment towards under-serviced populations.
- measures exist to quantify and/or qualify objectives for training.
- measures exist to quantify and/or qualify if objectives develop behaviour and attitude changes expected.
- a culture (collective attitude) of individual MD social accountability exists.
- the societal perception of MDs includes "my MD is socially accountable".

Success will have been achieved in this key theme area related to provider satisfaction, when/if…

- MDs self-report satisfaction with practice.

Success will have been achieved in this key theme area related to technology integration (for proven effective interventions), when/if…

- rigorously evaluated standards exist for the integration of effective interventions.
- there is purposeful adoption of technology.
- there are funded research programs to evaluate e-learning in UGME and PGME and technological integration in medical education.

Success will have been achieved in this key theme area related to appropriate length of training, when/if…

- competency-based learning objectives exist in UGME and PGME.
- the definition of resources needed to offer alternative lengths of training exists in a way that can be implemented.
- funded and accessible resources to offer alternative length of training exist.
- modular and flexible programs for certification (laddering concept) exist.

Key Theme Area #3: Culture(s) of Medicine and Medical Education

Success will have been achieved in this key theme area, when/if…

- different research methodologies can achieve rigorous evidence.
- the culture of medical education invites and nurtures from, while producing doctors for, all communities within our societies.
- MDs exhibit an attitude and behaviour that respects and supports colleagues in all medical disciplines.
- patients understand and value the opportunities and solutions achievable through primary care and generalist care.
- primary and generalist care specialties are supported and appropriately remunerated.
- MDs are supported, equipped and encouraged to contribute to, and work within, new and evolving models of healthcare.
- MDs understand and value new and evolving models of healthcare.

Key Theme Area #4: External Issues Affecting the Medical Education System

Success will have been achieved in this key theme area, when/if…

- funding for medical education makes medical education accessible for all social economic groups.
- society and healthcare providers agree on adequate resource allocation, such as the number of medical doctors, rural access, wait time and identification of under-served populations.
- we are able to track the success and quality of medical education using patient satisfaction with care received.

- we include the community in the design and implementation of medical curriculum so as to make medical curriculum socially relevant.
- there is patient-centred care that reflects the current society's technological information availability.
- MD graduates understand the complexity of social determinants of health.
- society and healthcare providers agree on funding for medical education that allows for adequate resource allocation (e.g. number of medical doctors, under-served populations and wait time) and accessible medical education to all socio-economic groups.

Key Theme Area #5: Higher Order Constructs

Success will have been achieved in this key theme area, when/if…

- the findings of education research are incorporated into education delivery.
- leaders in medical education have training in both leadership and medical education.
- parameters have been established to protect medical education from any pernicious impact of privatization of health care.
- a set of principles for interactions between the medical education system and corporate industry have been established.
- medical education includes discussion of system level issues such as resource allocation and cost effectiveness.

Appendix 4 - AFMC's Future of Medical Education in Canada (FMEC) Project

Background

In 1910, Abraham Flexner, through the funding of the Carnegie Foundation, created what continues to be held up as the framework for modern medical education in North America. During the past 100 years Canada has continued to promote advances in medical education through its significant and unique contributions such as Problem Based Learning curriculum, the Educating Future Physicians of Ontario (EFPO) Project in the 1980's, and the development and implementation of the CanMEDS Physician Competency Framework. Further advances in medical education, and also the ever-present challenges associated with ensuring high-quality health care delivery, have provided impetus to re-examining the Canadian medical education system and to consider moving beyond the possibilities that Flexner envisioned nearly a century ago. The FMEC project was initiated in response to the changing nature of medical education in Canada.

Goal of the Project

To conduct a thorough review of medical education in Canada in order to promote excellence in patient care by reforming the medical education system (across the continuum) where necessary and essential.

Timeline

This Health Canada funded project was initiated in October 1, 2007 and will be completed by March 31, 2009.

Objectives of the Project:

- To equip physicians with knowledge, skills, attitudes and values to provide high quality medical care and be responsive to changing societal needs.
- To address through medical education the production of physicians in Canada to ensure the appropriate balance between generalists and specialists.
- To ensure that areas such as bioethics, professionalism, communication skills and a population health approach are emphasized to the same degree as some other aspects of medical education.
- To identify the resources needed to support changes in medical education.

Environmental Scan

The FMEC project will take a comprehensive look at Canada's medical education system through a process of an **environmental scan**, which will be completed through the partnership of the *Wilson Centre* at the University of Toronto and the Université de Montréal's *Centre de pédagogie appliquée aux sciences de la santé (CPASS)*. The environmental scan includes a literature review, key stakeholder interviews and syntheses, with a, focus on the following key themes: 1) curriculum content; 2) pedagogical issues affecting the medical education system; 3) culture(s) of medicine & medical education; 4) external issues affecting the medical education system ; and 5) higher order constructs. These theme areas encompass many facets of undergraduate medical education (UGME) in Canada. For example, population health and intra-professionalism will be explored as part of the curricular review. Distributed learning and faculty development will be covered through the review of pedagogy. Medical student diversity and

health human resource needs will be considered as part of the review of external issues. These are samples of the many areas to be explored by the FMEC project.

In addition to the environmental scan, the FMEC project will also include the following components as a means of gathering additional data and feedback from all stakeholders: 2008 AFMC Young Leaders Forum; Blue Ribbon Panel; International Consultations (United Kingdom, United States; Medical Education Data Needs & Access Workshop.

Medical Education Data Needs and Access Group

The Medical Education Data Needs and Access Workshop was held in March 2008 and brought stakeholders together to discuss information and data needs for Canada's future medical education system. To help frame the initial discussion, participants were asked to review of FMEC project themes from an information needs perspective. During the workshop, participants were asked to articulate specific information needs and measurable indicators within the theme areas and to build consensus around priority information and data needs for Canada's medical education system. Participants were also asked to suggest strategies that would meet information and data needs and to provide the AFMC with guidance for its future data collection work.

Young Leaders' Forum

The Young Leaders' Forum brought participants together in March 2008 to discuss the future of Canada's medical education system from the perspective of the future leaders of the Canadian health care system. To help frame the initial discussion, participants received a summary of themes emerging from the FMEC project and then during the workshop, participants were asked to articulate specific measurable indicators within the theme areas. The participants were also asked to give input into vision of the future health care system.

Blue Ribbon Panel

The participants of the Blue Ribbon Panel will represent the community at large and will be identified through a process of skills identification and stakeholder consultations. The panel members will meet in April 2008 to review and discuss findings of environmental scan and to provide an analysis of possible recommendations for change and will also participate in the National Forum, tentatively planned for late 2009.

Consultations with Canadian Faculties of Medicine

The AFMC will engage the Canadian Faculties of Medicine in a consultative process to discuss recommended principles for change and to begin to build support and develop consensus.

National Forum

The AFMC will convene a forum of medical educators and other key stakeholders in late 2009 to analyze the results of the FMEC project. The forum will provide participants with the opportunity to discuss the results of the FMEC project collectively and to reflect upon what impact they should have upon medical education in the future in Canada. The forum will also serve as an opportunity to develop consensus around current situation and moving forward.

Dissemination of the Project

The entire process of data collection and development of draft principles will be collated and provided through the AFMC website on an ongoing basis.

Project Evaluation

An independent evaluator will develop an evaluation plan early on in the FMEC project. There will be a midterm evaluation to allow for adjustment of activities as well as a final evaluation that will be shared with all participants.

Glossary

A) ACHDHR

The Advisory Committee on Health Delivery and Human Resources

B) AFMC

The Association of Faculties of Medicine of Canada

C) CACMS

The Committee on Accreditation of Canadian Medical Schools

D) CAPER

The Canadian Post-M.D. Education Registry

E) CFPC

The College of Family Physicians of Canada

F) CMA

The Canadian Medical Association

G) CMF

The Canadian Medical Forum

H) CSA

Canadians Studying Abroad

I) DME

Distributed Medical Education

J) FMEC

The Future of Medical Education in Canada project

K) HHR

Health Human Resources

L) IMG

International Medical Graduate

M) IPE

Inter-Professional Education

N) IT

Information Technology

O) LCME

The Liaison Committee on Medical Education

P) MCC

The Medical Council of Canada

Q) PGME

Postgraduate Medical Education

R) RCPSC

The Royal College of Physicians and Surgeons of Canada

S) UGME

Undergraduate Medical Education