The Future of Medical Education in Canada Postgraduate Project

Presentation to Association of Faculties of Pharmacy of Canada

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“The Future of Medical Education in Canada” Recommendations

1. Address Individual and Community Needs
2. Enhance Admissions Processes
3. Build on the Scientific Basis of Medicine
4. Promote Prevention and Public Health
5. Address the Hidden Curriculum
“The Future of Medical Education in Canada” Recommendations

6. Diversify Learning Contexts
7. Value Generalism
8. Advance Inter- and Intra-Professional Practice
9. Adopt a Competency-Based and Flexible Approach
10. Foster Medical Leadership
• Ten priority areas have emerged from evidence gathered throughout the FMEC project, encapsulated in the recommendations that follow.

• A series of five enabling recommendations identify overarching ideas that consistently emerged and are seen to be facilitators of the transformative change proposed in this collective vision.
Recommendation I: Address Individual and Community Needs

Social responsibility and accountability are core values underpinning the roles of Canadian physicians and Faculties of Medicine. This commitment means that, both individually and collectively, physicians and faculties must respond to the diverse needs of individuals and communities throughout Canada, as well as meet international responsibilities to the global community.
Recommendation II: Enhance Admissions Processes

Given the broad range of attitudes, values, and skills required of physicians, Faculties of Medicine must enhance admissions processes to include the assessment of key values and personal characteristics of future physicians—such as communication, interpersonal and collaborative skills, and a range of professional interests—as well as cognitive abilities. In addition, in order to achieve the desired diversity in our physician workforce, Faculties of Medicine must recruit, select, and support a representative mix of medical students.
Recommendation III: Build on the Scientific Basis of Medicine

Given that medicine is rooted in fundamental scientific principles, both human and biological sciences must be learned in relevant and immediate clinical contexts throughout the MD education experience. In addition, as scientific inquiry provides the basis for advancing health care, research interests and skills must be developed to foster a new generation of health researchers.
Promoting a healthy Canadian population requires a multifaceted approach that engages the full continuum of health and health care. Faculties of Medicine have a critical role to play in enabling this requirement and must therefore enhance the integration of prevention and public health competencies to a greater extent in the MD education curriculum.
Recommendation V: Address the Hidden Curriculum

The hidden curriculum is a “set of influences that function at the level of organizational structure and culture,” affecting the nature of learning, professional interactions, and clinical practice. Faculties of Medicine must therefore ensure that the hidden curriculum is regularly identified and addressed by students, educators, and faculty throughout all stages of learning.
Canadian physicians practise in a wide range of institutional and community settings while providing the continuum of medical care. In order to prepare physicians for these realities, Faculties of Medicine must provide learning experiences throughout MD education for all students in a variety of settings, ranging from small rural communities to complex tertiary health care centres.

Recommendation VI: Diversify Learning Contexts
Recognizing that generalism is foundational for all physicians, MD education must focus on broadly based generalist content, including comprehensive family medicine. Moreover, family physicians and other generalists must be integral participants in all stages of MD education.
To improve collaborative, patient-centred care, MD education must reflect ongoing changes in scopes of practice and health care delivery. Faculties of Medicine must equip MD education learners with the competencies that will enable them to function effectively as part of inter and intra-professional teams.

Recommendation VIII: Advance Inter- and Intra-professional Practice
Physicians must be able to put knowledge, skills, and professional values into practice. Therefore, in this first phase of the medical education continuum, MD education must be based primarily on the development of core foundational competencies and complementary broad experiential learning. In addition to pre-defined curriculum requirements, MD education must provide flexible opportunities for students to pursue individual scholarly interests in medicine.
Medical leadership is essential to both patient care and the broader health system. Faculties of Medicine must foster medical leadership in faculty and students, including how to manage, navigate, and help transform medical practice and the health care system in collaboration with others.
Enabling Recommendations

I: Re-Align Accreditation Standards

II: Build Capacity for Change

III: Increase National Collaboration

IV: Increase the Intelligent Use of Technology

V: Enhance Faculty Development
The Future of Medical Education in Canada Postgraduate Project

Consultation & Report (2010-2012)
Implementation (2013 – 2016)

A Consortium Partnership Project
Recommendation 1

Ensure the Right Mix, Distribution, and Number of Physicians to Meet Societal Needs

In the context of an evolving healthcare system, the PGME system must continuously adjust its training programs to produce the right mix, distribution, and number of generalist and specialist physicians—including clinician scientists, educators, and leaders—to serve and be accountable to the Canadian population. Working in partnership with all healthcare providers and stakeholders, physicians must address the diverse health and wellness needs of individuals and communities throughout Canada.

Key Transformative Actions: 1. Create a national approach, founded on robust data, to establish and adjust the number and type of specialty positions needed in Canadian residency programs in order to meet societal needs; and 2. Establish a national plan to address the training and sustainability of clinician scientists.
Rec # 1 Implementation

Ensure the Right Mix, Distribution, and Number of Physicians to Meet Societal Needs

- Deans of Medicines and Deputy Ministers of Health Working Group
- Consensus on national collaboration
- Committee on Health Workforce (CHW)
- Establishment of Physician Resource Planning Task Force
  - Development of Physician Resource Planning Tool
- Clinician Scientist Working Group led by:
  - Dr. Mike Strong, Dean, Schulich School of Medicine & Dentistry
Cultivate Social Accountability through Experience in Diverse Learning and Work Environments

Responding to the diverse and developing healthcare needs of Canadians requires both individual and collective commitment to social accountability. PGME programs should provide learning and work experience in diverse environments to cultivate social accountability in residents and guide their choice of future practice.

**Key Transformative Action:** Provide all residents with diverse learning environments that include varied practice settings and expose them to a range of service delivery models.
Cultivate Social Accountability through Experience in Diverse Learning and Work Environments

- Building multistakeholder leadership team led by:
  - Dr. Jim Rourke, Dean, Faculty of Medicine at Memorial University of Newfoundland, and
  - Dr. Roger Strasser, Founding Dean of the Northern Ontario School of Medicine

- Constraints with current program requirements
- Link to competency based medical education
- Will require significant adaptability by learners and teachers
Recommendation 3

Create Positive and Supportive Learning and Work Environments

Learning must occur in collaborative and supportive environments centred on the patient and based on the principle of providing the highest quality of care in the context of teaching and learning the necessary competencies.

Key Transformative Action: Provide residents with adequate opportunities to learn and work in environments that foster respect among professions and are reflective of an interprofessional and intraprofessional, collaborative, patient-centred approach to care.
Rec # 3 Implementation

Create Positive and Supportive Learning and Work Environments

- The hidden curriculum - a collaborative approach is needed
- Co-leadership from UG, PG and key leaders in interprofessional and distributed medical education
  - Dr. Lesley Bainbridge, Associate Principal, Interprofessional Education, College of Health Disciplines, University of British Columbia, and
  - Dr. Jill Konkin, Associate Dean, Rural and Regional Health, Division of Community Engagement, Faculty of Medicine and Dentistry, University of Alberta
- Context is critical, how do we change it?
- Interprofessional focus
Recommendation 4

Integrate Competency-Based Curricula in Postgraduate Programs

Develop, implement, and evaluate competency-based, learner-focused education to meet the diverse learning needs of residents and the evolving healthcare needs of Canadians.

Key Transformative Action: Develop and implement competency-based training programs.
Integrate Competency-Based Curricula in Postgraduate Programs

- Triple C Curriculum (CFPC)
- Competency by Design (RCPSC)
- Working together to avoid duplication
- Tackling human and financial resource challenges
Recommendation 5

Ensure Effective Integration and Transitions along the Educational Continuum

The Canadian PGME system prepares physicians for practice. This requires development through the increase of responsibility across the medical education continuum and effective transitions from UGME into PGME, within PGME, and from PGME into practice.

Key Transformative Action: Develop smoother and more effective transitions from medical school to residency and from PGME into clinical practice:

a. Review and redesign current practices and systems (e.g., the entry-into-residency process);
b. Link the individual learner competencies developed in MD training with the educational objectives set for the resident;
c. Review the timing of national examinations;
d. Develop strategies to increase flexibility to switch disciplines while in training or when re-entering residency training.
Rec # 5 Implementation

Ensure Effective Integration and Transitions along the Educational Continuum

• Implementation leads - Jay Rosenfield & Kam Rungta
• 3 Working Groups:
  • Selections & Entry Disciplines
    (Chairs: Anthony Sanfilippo and Anurag Saxena)
  • Transitions to Residency
    (Chairs: Andrew Warren and Bruce Wright)
  • Transitions to Practice
    (Chairs: Maureen Shandling & Joshua Tepper)
Rec # 5 Implementation

Foundational principles guiding projects to smooth transitions across the continuum:

1) Define competencies at each transition point
2) Define common foundational training in medical school for all students
3) Career selection and training opportunities embedded in a context of social accountability
4) Develop assessment tools and other resources to support competency-based learning
5) Willingness to innovate while fostering the quality and flexibility of the educational program
Recommendation 6

Implement Effective Assessment Systems

Assess competence and readiness to practice through a combination of formative and summative feedback and assessments.

*Key Transformative Action:* Provide residents with regular and adequate formative feedback from multiple sources on both their individual and team performance, including the identification of strengths and challenges, to support progressive attainment of competence along the learning continuum.
Rec # 6 Implementation

Implement Effective Assessment Systems

• Activities at MCC, RCPSC, CFPC
• Coordinating to avoid overlap and duplication
Recommendation 7

Develop, Support, and Recognize Clinical Teachers

Support clinical teachers through faculty development and continuing professional development (CPD), and recognize the value of their work.

Key Transformative Action: Develop a national strategy for faculty development and CPD that is accessible, comprehensive, and supports the spectrum of clinical teaching activities, including the teaching, assessment, and role modelling of CanMEDS and CanMEDS-FM roles.
Develop, Support, and Recognize Clinical Teachers

- **Definition:** A *clinical teacher guides learners towards professional competence through teaching, assessing and role modeling.*

- **Priorities from the symposium**
  1. Create a national governance structure for CPD and faculty development
  2. Articulate the core competencies to use within a national faculty curriculum
  3. Develop standards to be used for accreditation purposes
  4. Develop an international repository of tools for all clinical teachers

- **Working Group** (Includes representation from UG, PG, CPD, Faculty Development, SRPC, Faculty Affairs)
Foster Leadership Development

Foster the development of collaborative leadership skills in future physicians, so they can work effectively with other stakeholders to help shape our healthcare system to better serve society.

Key Transformative Action: Develop, in close collaboration with UGME programs, a national core leadership curriculum for all residents that is focused on professional responsibilities, self-awareness, providing and receiving feedback, conflict resolution, change management, and working as part of a team as a leader, facilitator, or team member.
Foster Leadership Development

- Leadership symposium
- Proposed accreditations standards
Foster Leadership Development

• Leadership Standard #1 - Curriculum
  The curriculum must contain leadership development components that include professional responsibilities, self-awareness, providing and receiving feedback, conflict resolution, change management, and working as part of a team as a leader, facilitator, and team member. It must also enhance learners’ understanding of the health care system and their responsibility as physicians to participate in the process of transforming the health care system.
Foster Leadership Development

- **Leadership Standard #2 - Assessment**
  Leadership abilities must be assessed by completion of a portfolio that can include: completion of modules, participation in committee, completion of worked base leadership assessments (direct observation, 360 assessments, etc.) and a leadership project.
Recommendation 9

Establish Effective Collaborative Governance in PGME

Recognizing the complexity of PGME and the health delivery system within which it operates, integrate the multiple bodies (regulatory and certifying colleges, educational and healthcare institutions) that play a role in PGME into a collaborative governance structure in order to achieve efficiency, reduce redundancy, and provide clarity on strategic directions and decisions.

*Key Transformative Action:* Identify organizations that have decision-making authority in PGME and define roles that could better streamline and enhance their collaboration through the study of governance models and the implementation of the one that promotes the greatest efficiency and effectiveness.
Establish Effective Collaborative Governance in PGME

• Establishment of a multistakeholder sub-committee led by Dr. Carol Herbert (including representation from project partners (RCPSC, CFPC, CMQ, AFMC), faculties of medicine, health organizations (MCC, FMRAC, ACAHO, SRPC, CMA, CAIR, FMRQ, CFMS, FMEQ), CHW, non-physician members, and a member of a LHIN Board of Directors

• Initiation of International Interviews relating to PGME Governance

• Conducting an environmental scan of best practices in collaborative governance
Recommendation 10

Align Accreditation Standards

Accreditation standards should be aligned across the learning continuum (beginning with UGME and continuing through residency and professional practice), designed within a social accountability framework, and focused on meeting the healthcare needs of Canadians.

Key Transformative Action: Facilitate and enable a more integrated PGME system by aligning accreditation standards and processes across the continuum of learning in the UGME, PGME, and CPD environments.
Rec # 10 Implementation

Align Accreditation Standards

• Co-Chairs: Nick Busing, Jason Frank, Anne-Marie MacLellan, Louise Nasmith
• Established multistakeholder sub-committee
• Mapping of current standards in UGME, PGME and CPD (RCPSC lead)
• Analyze gaps, review best practices and develop potential models