The Future of Medical Education in Canada Postgraduate Project

Implementation Phase

Dr. Nick Busing
Disclosure Statement

☑ I have no actual or potential conflict of interest in relation to this presentation.
The FMEC PG Implementation Project

TEAM
The FMEC PG Implementation Project

• Consortium Partners

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

ASSOCIATION DES FACULTÉS DE MÉDECINE DU QUÉBEC

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA
The FMEC PG Implementation Project

• Contribution agreement with Health Canada (April 2013 - March 2016)
## FMEC PG Implementation Staff

<table>
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<tr>
<th>Postgraduate Implementation Staff</th>
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<tr>
<td><strong>Project Lead</strong></td>
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<tr>
<td>Nick Busing</td>
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<td>Project Implementation Lead</td>
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# The FMEC PG Implementation Project

## Management Committee

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<tr>
<th>Organization</th>
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<tbody>
<tr>
<td>Project Lead</td>
<td>Nick Busing, Project Lead / Chef du projet</td>
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<tr>
<td>AFMC</td>
<td>Geneviève Moineau, President and CEO / Présidente-directrice générale</td>
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<tr>
<td>CFPC</td>
<td>Ivy Oandasan, Associate Director, Academic Family Medicine / Directrice associée, Médecine familiale universitaire</td>
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<tr>
<td>CMQ</td>
<td>Anne-Marie Maclellan, Assistant Secretary and Director, Medical Education Division / Secrétaire adjointe et directrice à la Direction des études médicales</td>
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<tr>
<td>RCPSC</td>
<td>Ken Harris, Executive Director, Office of Specialty Education / Directeur exécutif, Bureau de l’éducation spécialisée</td>
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<td>Deanery</td>
<td>Jim Rourke, Dean, Faculty of Medicine / Doyen, Faculté de médecine</td>
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<tr>
<td>PG Dean</td>
<td>Anurag Saxena, Associate Dean, Postgraduate Medical Education, College of Medicine / Doyen associé, Éducation médicale postdoctorale, Collège de médecine</td>
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<tr>
<td>UG Dean</td>
<td>Kent Stobart, Undergraduate Medical Education, Faculty of Medicine &amp; Dentistry / Doyen associé, Éducation médicale prédotoctorale, Faculté de médecine et de dentisterie</td>
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## The FMEC PG Implementation Project: Strategic Implementation Group

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<td>CFPC/CMFC</td>
<td>Ivy Oandasan, Cathy MacLean</td>
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<td>CMQ</td>
<td>Anne-Marie Maclellan</td>
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<td>RCPSC/CRMCC</td>
<td>Ken Harris, Kevin Imrie</td>
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<td>Deans</td>
<td>Jim Rourke</td>
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<tr>
<td>PG Deans</td>
<td>Anurag Saxena, Ramona A. Kearney, Sarkis Meterissian, Kamal Rungta, J. Mark Walton</td>
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<tr>
<td>UG Deans</td>
<td>Kent Stobart, Jay Rosenfield</td>
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<td>ACAHO/ACISU</td>
<td>Margaret Steele, Leslee Thompson</td>
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<td>CAIR/ACMR</td>
<td>Kaif Pardhan</td>
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<td>CAME/ACÉM</td>
<td>Jerry Maniate</td>
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<td>CFMS/FEMC</td>
<td>Jesse Kancir</td>
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<td>CMA/MCA</td>
<td>Charmaine Roye</td>
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<td>F/P/T committee on health workforce</td>
<td>Terry Goertzen</td>
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<td>FMRQ</td>
<td>François Caron</td>
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<td>Health Canada</td>
<td>Sandra McDonald-Renzcz</td>
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<td>MCC/CMC</td>
<td>Ian Bowmer</td>
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<td>SRPC/SMRC</td>
<td>Michael Jong</td>
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The FMEC PG Implementation Project

• Overview
  – Multi-year project
  – Implementation underway
  – 3/10 recommendations **funded**:

  #5: Ensure Effective Integration and Transitions along the Education Continuum
  #9: Establish Effective Collaborative Governance in PGME
  #10: Aligning Accreditation Standards
The FMEC PG Implementation Project

• Health Canada Support
  – Funding FMEC PG until 2016 for:
    • Activities related to implementing recommendations related to Transitions, Governance and Accreditation
    • Strategic oversight of all 10 recommendations, including meetings of key stakeholders involved in PGME
The FMEC PG Implementation Project

• Vision
  – Quality
  – Patient safety
  – Professionalism
  – Patient-centered
  – Team-based
  – Socially accountable
The FMEC PG Implementation Project

• Goals
  – To adapt the PGME system to changing societal needs while improving efficiencies to support a more sustainable health care system.
  – To ensure that medical residents receive the best training possible and are able to meet the changing health care needs of Canadians.
The FMEC PG Implementation Project

• Many Others Involved
  – A collaborative network
  – Healthcare organizations
  – Educational institutions
  – Faculty and Learners
  – Committees, focused working groups and staff
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.
Implementation Status Update
Recommendation #1: Ensure the Right Mix, Distribution, and Number of Physicians to Meet Societal Needs

• Establishment of Physician Resource Planning Task Force
• Striking committee to address action items relating to clinician scientists
  – led by Dr. Mike Strong, Dean, Schulich School of Medicine & Dentistry, University of Western Ontario
  – Defining a concrete, applicable project and pursuing funds from CIHR or other avenues
  – Considering involvement of the Canadian Society for Clinical Investigators (CSCI) and Canadian Investigator Training Association of Canada (CITAC) in implementation activities
Recommendation 2

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.
Implementation Status Update
Recommendation #2: Cultivate Social Accountability through Experience in Diverse Learning and Work Environments

• Building multistakeholder leadership team led by Dr. Roger Strasser and Dr. Jim Rourke
  – Approaching key organizations and experts that are able to effect change in their environment as needed. Group will have good geographical distribution and gender mix in order to represent diverse points of view
  – Collaborating with AFMC Social Accountability Working Group

• 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.
Implementation Status Update
Recommendation #3: Create Positive and Supportive Learning and Work Environments

• Links to FMEC MD recommendation on the hidden curriculum - a collaborative approach is needed

• Implementation driven by four co-chairs:
  – Dr. Lesley Bainbridge
    Associate Principal, IPE, College of Health Disciplines, University of British Columbia
  – Dr. Jill Konkin
    Associate Dean, Rural and Regional Health, Division of Community Engagement, Faculty of Medicine & Dentistry, University of Alberta
  – Dr. Marie Matte
    Associate Dean, Undergraduate Medical Education, Dalhousie University
  – Dr. Chris Watling
    Associate Dean, Postgraduate Medical Education, Schulich School of Medicine and Dentistry, Western University

• Context is critical, how do we change it?

• Interprofessional focus
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.
Implementation Status Update

Recommendation #4: Integrate Competency-Based Curricula in Postgraduate Programs

- Competence by Design (RCPSC)
- Triple C Curriculum (CFPC)
- 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.
Implementation Status Update
Recommendation #5: Ensure Effective Integration and Transitions along the Educational Continuum

• Implementation Committee led by Dr. Kam Rungta and Dr. Jay Rosenfield, including representation from ACAHO, AFMC, CAIR, CaRMS, CFMS, CFPC, CMQ, PG Deans, UG Deans, RCPSC, MCC, FMEQ, FMRAC, FMRQ, and AAMC

• Three sub-working groups:
  – Transition from Medical School to Residency
    *Led by Dr. Andrew Warren and Dr. Bruce Wright*
  – Career Planning and Residency Matching Process
    *Led by Dr. Anthony Sanfilippo and Dr. Anurag Saxena*
  – Transition from Residency to Practice
    *Led by Dr. Maureen Shandling and Dr. Joshua Tepper*
Implementation Status Update
Recommendation #5: Ensure Effective Integration and Transitions along the Educational Continuum

• Objectives identified to govern all implementation activities:

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
Implementation Status Update
Recommendation #5: Ensure Effective Integration and Transitions along the Educational Continuum

Key deliverables:

• Options for pilot projects for redesigned practices and systems for entry into residency process and last year of medical school and residency (appended)

• Pilot projects under consideration for redesigned practices and systems for last year of medical school
  – Developing Canadian EPAs (aka milestones) for entry to residency
  – Learner-owned portfolios spanning the medical education continuum
Key deliverables:

• Pilot projects under consideration for redesigned practices and systems for entry into residency process
  – Model of foundational training followed by one year of early streaming (involvement of both PG and UG in content and explicit direction for focused experience in a broad stream)
  – Best practices for selection process into residency programs

• Pilot projects under consideration for redesigned practices and systems for last year of residency
  – Move away from summative to episodic exams throughout training
  – Peer-mentorship projects linked to CPD
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.
Implementation Status Update

Recommendation #6: Implement Effective Assessment Systems

• Activities at RCPSC, MCC, 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.
Implementation Status Update
Recommendation #7: Develop, Support, and Recognize Clinical Teachers

- FMEC PG Clinical Teachers Working Group
- Drafting a three-year work plan to address priority actions
  1) Creating a national governance structure for CPD and faculty development
  2) Articulating the core competencies to use within a national faculty curriculum
  3) Developing standards to be used for accreditation purposes
  4) Developing an international repository of tools for all clinical teachers
- Engaging all stakeholders represented at Symposium
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.
Implementation Status Update
Recommendation #8: Foster Leadership Development

• Leadership Curriculum Day
  – Consult with the RCPSC and the CFPC regarding our suggestions for the next version of the CanMEDS and CanMEDS-FM ~ CanMEDS 2015.
  – Members of the National Advisory Committee and the Manager Expert Working Group
  – Bring our recommended accreditation standards to the CACMS/LCME and RCPSC and CFPC accreditation committees for consideration.
  – Create a repository of the leadership resources provided and curriculum models developed will be created and made available on our partner websites.
Implementation Status Update
Recommendation #8: Foster Leadership Development

• Multistakeholder committee including:
  – Geneviève Moineau, President and Chief Executive Officer, Secretary for Accreditation, The Association of Faculties of Medicine of Canada (Chair)
  – David Keenan, CFPC
  – Anne-Marie MacLellan, CMQ
  – Susan Brien, Director, Practice and Systems Innovation, Vice President Asia-Pacific, Royal College International, Royal College of Physicians and Surgeons of Canada
  – Sharon Peters, Vice Dean and Professor of Medicine, Faculty of Medicine, Memorial University
  – Kent Stobart, Associate Dean, Undergraduate Medical Education, Faculty of Medicine & Dentistry, University of Alberta
  – Anurag Saxena, Associate Dean, Postgraduate Medical Education, College of Medicine, University of Saskatchewan
  – Nick Busing, Project Lead, Future of Medical Education in Canada Postgraduate Implementation
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.
Implementation Status Update
Recommendation #9: Establish Effective Collaborative Governance in PGME

- **Multi-stakeholder 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

- **Vision statement**
  To establish a collaborative governance structure for PGME that will result in more efficient and effective medical education to prepare socially accountable physicians to provide excellent health care for Canadians.
Key deliverables:

- Environmental scan mapping current decision-making authority in PGME and outlining best practices in collaborative governance by the Institute on Governance

- A new collaborative governance model based on agreed upon definition of collaborative governance

- Determine role of new model - advisory or authoritative - in PGME

Continued…
Implementation Status Update
Recommendation #9: Establish Effective Collaborative Governance in PGME

Key deliverables:

• Defining inclusion/exclusion criteria for cases brought to new model
• Pilot test contentious issues requiring collaborative approach
• Sustainability of new model beyond 2016
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.
Implementation Status Update
Recommendation #10: Align Accreditation Standards

- Established multistakeholder sub-committee led by four co-chairs - Dr. Nick Busing, Dr. Jason Frank, Dr. Anne-Marie MacLellan and Dr. Louise Nasmith
  - Includes representation from Accreditation Canada, AFMC, CACMS, CACME, CFPC, CMA, CMQ, FMRAC, RCPSC
- Mapping of current standards in UGME, PGME and CPD (RCPSC lead)
  - Objective to analyze similarities and differences between standards and identify overlaps and gap
Implementation Status Update
Recommendation #10: Align Accreditation Standards

• Process mapping to explore digitizing accreditation
• Language alignment / identification of common terminology
• Identify shared outcomes and data sources that will increase efficiency and streamline resource requirements
Success is dependent on significant collaborative leadership by all involved organizations.

For more information contact:

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www.fmec-aemc.ca
THANK YOU!