Training the Future Physicians for Canada: How to improve our medical education system

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Future of Medical Education in Canada
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The Future of Medical Education in Canada (FMEC):
A Collective Vision for MD Education

L’avenir de l’éducation médicale au Canada (AEMC):
Une vision collective pour les études médicales prédoctorales

An AFMC project

A project funded by Health Canada
Challenges & Reasons for change

- Scientific knowledge
- Societal changes
- Chronic diseases
- Health disparities
- Rural and remote challenges
- Safety
- Quality
- Efficiency
- Health care costs
- Social determinants of health
Life-long learner
Adaptable
Independent critical thinker
Professionalism
Team player
Range of competencies (e.g. CanMEDS roles)
1. Data Needs and Access Group
2. Young Leaders’ Forum
3. Blue Ribbon Panel
4. Deans/Blue Ribbon Panel
5. Stakeholder Interviews
6. Literature Reviews
7. International Comparisons
8. Undergraduate Consultations
9. Advisory Task Force on Implementation Strategy
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.
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 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.
Recommendation IV: Promote Prevention & Public Health

• 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.
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.

Recommendation V: Address the Hidden Curriculum
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 VII: Value Generalism

- 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.
Recommendation VIII: Advance Inter- and Intra-professional Practice

• 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.
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.
Recommendation X: Foster Medical Leadership

- 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
A COLLECTIVE VISION FOR POSTGRADUATE MEDICAL EDUCATION IN CANADA

2012
Four consortium partners

- Association of Faculties of Medicine of Canada (AFMC)
- College of Family Physicians of Canada (CFPC)
- Collège des médecins du Québec (CMQ)
- Royal College of Physicians and Surgeons of Canada (Royal College)
Guiding Principles

1. Align Physicians’ Learning around the Health and Well-Being of Patients and Communities
2. Ensure Patient Safety and Quality Patient Care
3. Value, Model, and Integrate Interprofessionalism and Intraprofessionalism into Resident Learning and Practice
4. Integrate State-of-the-Art Technology
FMEC PG Activities

• Consultation and Engagement
  – 112 stakeholder groups

• Environmental Scan
  – 24 commissioned papers
  – 27 key informant interviews

• National Survey of Program Directors
  – 56% of 41 CFPC Program Directors responded
  – 32% of 766 RCPSC Program Directors responded
FMEC PG Activities

- National Public Opinion Poll
  - 1,720 Canadians aged 18 and over
- International Consultations
  - United States, United Kingdom & France
- Public Panel
  - 21 members of “informed lay public”
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.
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.
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.
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.
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.
Recommendation 6

Implement Effective Assessment Systems

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

Questions

• If you have any questions or would like further information about the project, please email me at:

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