DEVELOPING A COLLABORATIVE GOVERNANCE STRUCTURE FOR CANADIAN PGME

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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 redundancies, and provide clarity on strategic directions and decisions.

Key Transformation Actions:
1) Identify organizations that have decision-making authority and define roles that could better streamline governance models and the implementation of the one that promotes the greatest efficiency and effectiveness.
2) Establish terms of reference, align strategic directions, and establish a collective governance process.

Guiding Principles:
– PGME is seen as a component of the broader system.
– The collaborative governance structure respects the autonomy and mandate of individual organizations while recognizing that compromises required to achieve joint goals.
– PGME is seen as a component of the broader medical education continuum that spans the professional life of the physician.

Activities of the Governance Committee:
– Environmental scan of best practices, including key informant interviews with US, UK, Australia.
– Promising practices identified by the Institute on Governance (IOG) related to Mandate, Legitimacy & Voice, Decision-making, Performance, Accountability and Fairness.
– Selection of a preferred collaborative governance structure for the Canadian PGME context.
– Development of Terms of Reference (ToR).
– Business case and test case identification in progress.
– All Committee decisions followed Guiding Principles which led to trust among partners.

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PGME GOVERNANCE COUNCIL

Selected model for PGME Governance Council:
– An informal collaborative governance structure that will employ a consensus-based decision-making process, situated under a Memorandum of Understanding (MOU) among participating organizations.
– Mandate: To advance a socially accountable PGME system in Canada, in line with the FMEC PG recommendations, working together in an ongoing collegial and coordinated manner to address a breadth of issues, notably those that cannot be resolved at other tables, including sensitive, controversial and often multi-faceted issues. When enacted, the Council will make recommendations and provide direction to the stakeholder organizations on the subsequent implementation of such recommendations.

Membership:
– Universities: AFMC (1 Dean, 1 PG Dean & 1 UG Dean). Health Sector Teaching Spaces: HealthCanada, SRPC, DME/RME sites.
– Certifying Bodies: CFPC, CMQ, MCC, Royal College; Regulatory Bodies: FMRQ; 1 observer each from CFMS and FMEQ; 1 public member; Government – 1 observer from each of Health Canada, F/P/T Committee on Health Workforce (CHW), provincial ministry of health (rotating), provincial ministry of education (rotating); Other groups, individuals, and perspectives as required.
– Decision-making process will be driven by consensus-based model of substantial agreement.

FMEC PG COLLECTIVE VISION

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KEY ACTIVITIES
– Guiding Principles:
  – Participants in the collaborative governance structure recognize that PGME is a complex adaptive system.
  – The governance structure is designed to be practical, effective and transparent, and to enable transformative change.
  – The roles, obligations and rights of each partner organization within the governance structure will be clearly stated.
  – Common and achievable goals will be defined.
  – Recommendations will be made by consensus and submitted for consideration and ratification by participating organizations.
  – The collaborative governance structure respects the autonomy and mandate of individual organizations while recognizing that compromises required to achieve joint goals.
  – PGME is seen as a component of the broader medical education continuum that spans the professional life of the physician.

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