November 2012 | FMEC PG Implementation Progress Update

THE FUTURE OF MEDICAL EDUCATION IN CANADA POSTGRADUATE (FMEC PG):
COLLECTIVE ACTION

We are pleased to provide the first of regular updates on the activities of the FMEC PG Implementation project. This newsletter will serve to inform the Canadian public, leaders in health professionals’ education, decision-makers, and policy makers on the activities of stakeholders affecting change in the postgraduate medical education system. The goal of the FMEC PG implementation project is to adapt the postgraduate medical education system to changing societal needs while improving efficiencies to support a more sustainable health care system.

Over the next three years, the consortium partners of the FMEC PG project – the Association of Faculties of Medicine of Canada (AFMC), le Collège des Médecins du Québec (CMQ), the College of Family Physicians of Canada (CFPC), and the Royal College of Physicians and Surgeons of Canada (RCPSC) – with collaboration from other key stakeholders have generously committed their support to driving the implementation activities of all recommendations in the FMEC PG report. In support of the FMEC PG implementation project, AFMC will act as secretariat, and oversight will be provided by the CEOs of the four partner organizations. A project coordinator has been hired with a 3-year commitment to advance all FMEC PG recommendations. The RCPSC will also hire a policy analyst to advance projects aligned with the recommendations of the FMEC PG report. Additional funding is now being sought from Health Canada that, if secured, will help with implementation of three key recommendations, namely, smoother and more effective transitions (5), collaborative governance (9) and accreditation alignment (10).

BUILDING MOMENTUM

Successful implementation of the FMEC PG recommendations is dependent upon uptake from the key stakeholders named as essential leaders in the FMEC PG report. As such, a strategic implementation group is being created and will meet regularly over the next three years, with membership from the consortium partners, governments, the Association of Canadian Academic Healthcare Organization, le Fédération des médecins residents du Québec, the Canadian Association of Internes and Residents, the Canadian Association for Medical Education, the Medical Council of Canada, as well as postgraduate and undergraduate deans, to oversee all aspects of the project. Many of the recommendations of the FMEC PG report link to those identified in the FMEC MD project and consistent changes across the educational continuum will be promoted through this inclusive oversight committee.
Implementation activities specific to FMEC PG recommendations are already underway, including:

**Transitions:** Expressions of interest from Dr. Kam Rungta and Dr. Jay Rosenfield have been received to promote and facilitate implementation of the recommendation to develop smoother and more effective transitions from medical school to residency and from residency into clinical practice. The review and redesign of current practices and systems (e.g., the entry-into-residency process) has been identified as a key activity to address over the next three years.

**Clinical Teachers:** The steering committee of the Canadian Collaborative for Clinical Teachers, comprised of 14-partner organizations of which AFMC is the secretariat, is ideally positioned to support implementation of the FMEC PG recommendation to support and recognize clinical teachers. This group met in September to discuss the definition of clinical teachers, a remuneration model assessment, and an [e-community on the Canadian Healthcare Education Commons](https://www.chec.ca) that will allow active engagement and discussions of clinical teachers. An FMEC symposium at the Canadian Conference on Medical Education in April, 2013 is planned to focus, in part, on clinical teaching. Stakeholders, including clinical teachers, students, residents, faculty of medicine deans and representatives, medical associations, and other stakeholders will be invited to participate.

**CMA Leadership Meeting:** An *FMEC Leadership Curriculum Development Day*, hosted by the Canadian Medical Association (CMA), was held on September 28th. Meeting participants included FMEC PG consortium partners, as well as Deans, PG Deans, UG Deans, students and residents from across the country. Discussions were held regarding competencies, curriculum content and delivery, as well as learner assessment and accreditation considerations for student and resident training. The group began to develop a list of the core competencies relating to leadership that all residents should graduate with.

**PG Deans Think Tank:** The RCPSC hosted a day-long meeting for PG Deans to participate in group discussion focused on identifying activities, resources and milestones to address FMEC PG recommendations 3, 4, 5 and 6. A report from the meeting will be created by Dr. Sarkis Meterissian and further discussion is planned for the next meeting of the PG Deans, in January.

**HHR Planning:** A working group of Deans of Medicine and the Deputy Ministers of Health, supported by the Advisory Committee on Health Delivery and Human Resources, has been struck to scope out the steps forward to implement recommendation #1 (physician mix and distribution). In addition, the Canadian Post-M.D. Education Registry (CAPER) hosted a workshop at the 2012 International Conference on Residency Education where panelists and participants discussed how to measure progress toward the right number, mix and distribution of physicians for Canada.
MAKING CONNECTIONS AND NEXT STEPS

Knowledge sharing of activities that further drive the implementation of FMEC PG recommendations is a vital process to facilitate learning from each other and aligning our efforts to support each other. This year, the consortium partners will engage stakeholders at conferences including the Association for Medical Education in Europe conference, the RCPSC International Conference on Residency Education and the CFPC Family Medicine Forum, as well as groups already supporting activities in-line with the recommendations set out in the report. Over the next three years, the FMEC PG Implementation project will act as an information hub, collecting and sharing information on the activities of individual stakeholders in order to break down silos and help coordinate more effective collective action.

Next steps for the FMEC PG Implementation project include, for all recommendations, mapping current activities of consortium partners, identifying leadership to drive implementation and building coalitions with critical players identified in the report.

For more information on the FMEC PG project, contact Melissa Shahin, Project Coordinator, the Association of Faculties of Medicine of Canada at mshahin@afmc.ca, (613) 730-0687 Ext. 243.