Request for Proposals: Environmental Scan for the Future of Medical Education in Canada Project

Expressions of Interest due by 26 November 2007

Background

The overall goal of The Future of Medical Education in Canada project is to conduct a thorough review of medical education in Canada based on society’s present and future needs in order to promote excellence in patient care through reform of the medical education system (across the continuum) where necessary and essential.

Although the curriculum in Canadian medical education is constantly adapting to external forces, in recent years there has not been a comprehensive review analyzing these shifts in light of these major societal changes. The Future of Medical Education in Canada project will bring together key stakeholders to undertake a comprehensive review of the current status of medical education in Canada along with an international comparative dimension. The project will undertake to clearly delineate some of the important societal changes taking place that are, or should be, influencing medical education into the future, leading to recommendations for changes or adjustments to the system.

Main project activities will comprise a thorough environmental scan including a comprehensive review of peer-reviewed and grey literature as well as information gathered from key stakeholder interviews and international comparisons. Expert and public opinion will be integrated into the project via contributions from the AFMC Young Leaders Forum, a Blue Ribbon Panel and a Data Needs and Access Group. Current themes / societal changes will be actively considered at a national forum to develop high-level recommendations and next steps for the Canadian medical education system.

To carry this work forward, the Association of Faculties of Medicine (AFMC) is inviting proposals from consultants who are interested in undertaking various components of the environmental scan; namely, i. a literature review (peer-reviewed and grey), ii. key stakeholder interviews and/or iii. a synthesis piece. One or more consultant(s) may be engaged to undertake any/all of these pieces of foundational work. **Submissions should specify:**

a) component(s) of interest  
b) a detailed work plan  
c) a corresponding timeline/schedule of work  
d) contract value (based upon number of anticipated days of work / activity, number of researchers, etc.)

Submissions are due to the AFMC by 4:00 p.m. EST Monday 26 November, with work to begin week of 10 December.

Following is a more detailed description of each of the three respective components for which we seek consultants. Each section includes particular traits sought in successful candidates and scope of work.
To submit proposals for each/all of the components of the environmental scan, please electronically forward your complete proposal, including detailed work plan and corresponding fee quotation, to Catherine Moffatt, Project Manager at: cmoffatt@afmc.ca by 4:00 p.m. EST on Monday 26 November 2007. Submissions must not exceed 7 pages per component and must be in a font of no less than 12pt.

We thank all consultants for their interest; however, only those under consideration will be contacted.

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The Environmental Scan

The overarching aims of the environmental scan are threefold: to review the landscape of contemporary medical education in Canada; to identify stakeholders’ perceptions of major societal trends that impact upon, or should impact upon, medical education; and lastly, to identify innovative approaches to medical education in this country and in several other international contexts. The scan, and indeed the project itself, embody a vision of the future that is grounded in praxis for the present. Please refer to the attached documents to get a sense of potential directions.

Suggested dimensions for this environmental scan are not limited to but might include:

a. background/history of medical education in Canada (brief)
b. philosophy/ethos/approach
c. pedagogical model(s)
d. areas of focus in core curriculum
e. central issues/emerging themes, such as but not limited to:
   - generating a vision of the Canadian medical system/medical education, and the role of the physician, 20-30 years into the future
   - developing a socially accountable and responsive medical education system
   - examining how/if programs engage with and adapt to changing societal needs
   - addressing the culture within our medical schools and teaching hospitals, including physicians’ attitudes toward one another and other healthcare providers
   - emphasizing the need for safety first
   - enhancing the quality of care
   - considering health human resource planning, such as achieving and maintaining an optimum balance of family physicians and other specialists and the role of other health professionals
   - considering the importance of diversity issues within medical education, i.e. reflecting the cultural and socioeconomic diversity of our country
   - recognizing demographic shifts in Canadian population, i.e. aging, diversity
f. ongoing challenges/areas for improvement within our medical education system and medical education “hot topics” such as but not limited to:
   - considering important curricular changes, i.e. competency-based vs. time-based curriculum, the use of simulation to teach, changes in teaching methods (small groups, etc.), the shift towards community-based learning
   - becoming more patient-centred
   - addressing bioethics
   - fostering more ethical decision-making
   - cultivating an enhanced professionalism amongst teachers and learners
- enhancing communication skills
- developing core competencies in end of life training for all physicians
- focusing on chronic disease management
- taking a population health perspective
- attracting a diverse group of learners to become physicians; providing a wide range of training opportunities for them in a variety of settings
- addressing the ‘hidden curriculum’ in our medical schools, including developing curricula that is truly responsive to local as well as national needs
- responding to why it is that we need to undertake a review of medical education in our country when we are recognized to have an extremely well developed and rigorously accredited medical education system
- addressing increasing medical school class sizes and the subsequent need for additional resources (human and financial) in both our teaching hospitals and in a variety of less traditional community learning settings; this underlines the need for both development of expert faculty and support of community based teachers

Component I: Literature Review

For this component of the environmental scan, the successful candidate must be a senior academic medical educator(s) / consultant researcher(s) with extensive knowledge of the sector and solid academic research background. The candidate must be proficient in the use of spreadsheets, word processing, database and Internet tools, highly motivated and able to work independently.

Scope of Work:

The consultant will undertake a thorough review of the peer-reviewed and grey literatures (last 10 years) to generate an overview of the current landscape in Canadian medical education; current issues/trends that impact upon or should impact upon medical education; and how/if undergraduate medical school programs are engaging / responding to these societal shifts.

The consultant will solicit information from the project Steering Committee members as needed to complete project activities.

The main activities will include:

1. Conducting a general review of the curricula of all 17 Canadian undergraduate medical education programs
2. Conducting a general review of the peer-reviewed and grey literatures (last 10 years)
3. Identifying emerging social trends/changes that are documented in the relevant grey literature and impact upon medical school education
(4) Beginning to identify gaps, if any, between emerging social trends/changes and Canadian medical school education

(5) Preparing a report summarizing findings and highlighting major themes

**Materials to be furnished to consultant(s):**

1. Project overview document;

2. Rough framework for literature review to provide direction on creating draft outline.

**Schedule, Review and Delivery:**

The time frame for completion of the literature review component of this project is approximately two and a half months (mid-December 2007 through February 2008) with an interim report due on 14 January 2008.

Each deliverable should be submitted to the AFMC in a draft form first, allowing time for feedback from the Steering Committee and possible revisions by the consultant(s) before the completion date of 29 February 2008.

a. Twenty-five percent of the contract total will be provided after the contract is signed with the AFMC and the consultant(s) provides an invoice for said amount.


c. After the contract is signed with the AFMC the Steering Committee will provide a rough framework for the literature review to provide direction. A teleconference between the consultant(s) and the project Secretariat/Steering Committee may be helpful to discuss ideas.

d. The consultant(s) will provide the AFMC with an interim report, including sample format for literature review, by 14 January 2008. A teleconference between the consultant(s) and the Steering Committee may be desired at this point.

e. The AFMC will provide the consultant(s) with another twenty-five percent of the contract value after the interim report has been accepted by the Steering Committee and the AFMC receives an invoice for said amount.

f. A draft version of the final literature review report (with proposed table of contents and brief discussion of emerging themes) to be submitted to the AFMC by 25 January 2008.

g. A final version of the report to be submitted to the AFMC by 29 February 2008.

h. Final payment (remaining fifty percent of contract value) will be made upon receipt of successfully completed deliverables, including presentation of findings to the Steering Committee. The consultant(s) will provide the AFMC with an invoice for said amount.
**Component II: Key Stakeholder Interviews**

For this component of the environmental scan, the successful candidate(s) must be a senior academic medical educator/consultant researcher with extensive knowledge of the sector and solid experience in stakeholder relations, primary research and analysis. The candidate must be proficient in the use of spreadsheets, word processing, database and Internet tools, highly motivated and able to work independently.

**Scope of Work:**

The main activities will include:

1. Together with the project Steering Committee, identifying the key stakeholders to be interviewed, developing a research framework and generating the questionnaire items. For interview context, please see the Environmental Scan description above.

2. Scheduling and conducting the key stakeholder interviews (by telephone; in person where feasible);


The consultant will solicit information from the project Steering Committee members as needed to complete project activities.

**Deliverables:**


b. A draft outline of final report with proposed table of contents and discussion of emerging themes on 4 February 2008.


**Materials to be furnished to consultant(s):**

1. Project overview document;

2. Rough framework for interview questionnaire to provide direction on creating draft outline stakeholder questionnaire.

**Schedule, Review and Delivery:**

The time frame for completion of this project is approximately two and a half months (mid-December 2007 through February 2008) with an interim report due on 7 January 2008.

Each deliverable should be submitted to the AFMC in a draft form first, allowing time for feedback from the Steering Committee and possible revisions by the consultant(s) before the completion date of 29 February 2008.
a. Twenty-five percent of the contract total will be provided after the contract is signed with the AFMC and the consultant(s) provides an invoice for said amount.

b. After the contract is signed with the AFMC the Steering Committee will provide a rough framework for the interview questionnaire. A teleconference between the consultant(s) and the project Secretariat/Steering Committee may be helpful to discuss ideas.

c. The consultant(s) will provide the AFMC with an interim report on 7 January 2008, including samples of work to date and confirmed interview schedule for January and early February 2008. A teleconference between the consultant(s) and the Steering Committee may be desired at this point.

d. The AFMC will provide the consultant(s) with another twenty-five percent of the contract value after the interim report has been accepted by the Steering Committee and the AFMC receives an invoice for said amount.

e. A draft of the report will be due to the Steering Committee by 4 February 2008.

f. A final version of the report will be due to the Steering Committee by 29 February 2008.

g. All deliverables outlined to be received by the AFMC no later than 29 February 2008.

h. Final payment (remaining 50% of contract value) will be made on receipt of successfully completed deliverables. The consultant(s) will provide the AFMC with an invoice for said amount.

Component III: Synthesis

For this component of the environmental scan, the successful candidate(s) must be a senior academic medical educator / consultant researcher with extensive knowledge of the sector and solid experience in research, analysis, synthesis and writing. The candidate must be proficient in the use of spreadsheets, word processing, database and Internet tools, highly motivated and able to work independently.

Scope of Work:

Starting in March 2008, the consultant(s) will prepare a synthesizing report which includes findings of the three other components of the environmental scan; namely, the final reports from the literature review, key stakeholder interviews and international comparisons.

The other main work activities are:

(1) Attending an in-person meeting with the Steering Committee to present the draft synthesis report and discuss findings (late March 2008);

(2) Together with the Steering Committee, reviewing the recommendations and input from the Blue Ribbon Panel and then undertake to develop draft principles for change (May 2008);
Together with one or two members of the Steering Committee, visiting each faculty of medicine to discuss the project and begin to develop consensus on the draft principles for change (consultations will take place from October 2008 through March 2009);

Facilitating an in-person presentation and discussion on the deliverables at the National Forum (February 2009).

The consultant will solicit information from the project Steering Committee members as needed to complete project activities.

**Materials to be furnished to consultant(s):**

1. Project overview document;

2. Rough framework for environmental scan to provide direction on creating draft outline;

**Schedule, Review and Delivery:**

The time frame for completion of the synthesis component of this project is approximately 12 months (from March 2008 through March 2009) with specific timelines throughout for each deliverable.

Each deliverable should be submitted to the AFMC in a draft form first, allowing time for feedback from the Steering Committee and possible revisions by the consultant(s) before the specified completion date.

- Twenty-five percent of the contract total will be provided after the contract is signed with the AFMC and the consultant(s) provides an invoice for said amount.

- Work to begin in March 2008.

- After the contract is signed with the AFMC the Steering Committee will provide a rough framework for the synthesis to provide direction. A teleconference between the consultant(s) and the project Secretariat/Steering Committee may be helpful to discuss ideas.

- Consultant(s) to receive the various reports from the environmental scan (literature review, key stakeholder interviews, international comparisons) on 29 February 2008.

- A draft version of the final environmental scan synthesis report (with proposed table of contents and brief discussion of emerging themes) to be submitted to the AFMC by 14 March 2008. A teleconference between the consultant(s) and the Steering Committee may be desired at this point.

- The AFMC will provide the consultant(s) with another twenty-five percent of the contract value after the interim report has been accepted by the Steering Committee and the AFMC receives an invoice for said amount.

- A final version of the report to be submitted to the AFMC by 24 March 2008.
h. The consultant(s) will make a presentation of interim findings to the Steering Committee at an in-person meeting to be held in late March 2008.

i. Together with the Steering Committee, the consultant(s) will review the recommendations and input from Blue Ribbon Panel and, in light of those recommendations, will undertake to collectively develop draft principles for change (May 2008).

j. The consultant(s) will visit each faculty of medicine to discuss the project and the draft of principles for change, setting the stage for faculty support (consultations will take place from October 2008 through March 2009).

k. The consultant(s) will facilitate an in-person presentation and discussion on the deliverables at the National Forum (February 2009).

l. Final payment (remaining fifty percent of contract value) will be paid on receipt of successfully completed deliverables, including presentation of findings to the National Forum. The consultant(s) will provide the AFMC with an invoice for said amount.