

THE FUTURE OF
MEDICAL EDUCATION
IN CANADA
POSTGRADUATE PROJECT



L'AVENIR DE
L'ÉDUCATION
MÉDICALE AU CANADA
PROJET POSTDOCTORAL

Future of Medical Education in Canada Postgraduate Project

Public Report



THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
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A Health Canada-funded project

Introduction

The Future of Medical Education in Canada Postgraduate Project (FMEC PG) was the second in a series of projects funded by Health Canada to create a vision for producing the types of physicians Canadians need, now and in the future.

Building on a previous effort that focused on the training of students going through undergraduate medical school, FMEC PG looked at ways to improve their postgraduate education as they moved through residency and into independent practice.

The FMEC PG project report, released in March 2012, sets out 10 recommendations for achieving the project's vision as well as the actions that must be taken in order to succeed. It is aimed at the many different groups and individuals who play a key role in medical education in Canada, as positive change cannot occur without their support.

The purpose of this public report is to provide an overview of FMEC PG, how and why it was carried out, and the reasoning behind its recommendations. More detail is available in the full report, which is available on the project website (www.afmc.ca/fmecpg).

Context

Canada and the world at large have experienced major social, economic, and environmental changes over the past century. These changes have posed both benefits and challenges to the delivery of health care in Canada.

Canada's population has grown dramatically. Thanks to scientific and technological advances and better ways of caring for and delivering services to patients, people are also living longer than before. In spite of these improvements, however, there are many ongoing challenges to our health care system, and new issues arise daily.

An aging population and a growing number of patients who live with multiple chronic diseases are putting added pressure on healthcare providers and facilities across Canada. This pressure is heightened by an increasing demand for timely and equitable access to health services and a limited amount of resources with which to provide them.

While the medical education system alone cannot solve all of these problems, ensuring that the nation's physicians are responsive to the changing needs and expectations of Canadians is a vital part of the solution and has been the prime motive behind this FMEC process.

The FMEC Process

Physician training in Canada is recognized worldwide for its high standards; however, there is more that it can and must do.

The last full review of medical education in North America took place was more than a hundred years old. Recognizing the need for a more timely assessment of the systems,

programs, and processes of physician education in Canada, the Association of Faculties of Medicine of Canada (AFMC) launched a thorough review of the first stage in a lifelong journey of learning that begins in medical school and continues through residency into practice.

From the outset, the FMEC process has been a collaborative, pan-Canadian effort. At its core is the vision that all physicians must possess, by the end of their training, the clinical competence and commitment to practice medicine based on the principles of quality, patient safety, professionalism, patient-centered and team-based care.

Central to this vision is the belief that social accountability must inform physician training, and that medical education must be focused on the health and well-being of patients and their communities.

The FMEC Medical Doctor Education Project (FMEC MD), which ran from 2007 to 2010, resulted in 10 groundbreaking recommendations—many of which have been or are in the process of being implemented in medical schools across the country. Even before it ended, efforts had already begun to address the second stage in the continuum: postgraduate medical education (PGME), in which students move through residency and into practice.

FMEC PG posed many new challenges compared to its predecessor—the major one stemming from the fact that residents not only are learners throughout their residency training but also provide care to patients and serve as teachers and role models to medical students and other trainees.

Because of these multiple roles, a complex network of group and individuals are involved in the delivery of PGME in Canada. They include not only the universities, but also the clinical places where training takes place, accrediting colleges, specialty societies, provincial regulatory licensing bodies and ministries of health and education, healthcare organizations, residents' associations, associations involved in healthcare care or medical-education issues, residents, faculty, clinical providers, patients, government, and policy-makers.

Recognizing the complexity of this endeavour and the need for influential and committed partners to help see it through, a consortium was formed to lead the project. It consists of AFMC, representing the medical schools in Canada, and Canada's three accrediting colleges—the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, and le Collège des Médecins du Québec.

Between February 2010 and March 2012, a substantial quantity of evidence was identified and assessed through a literature review, stakeholder interviews, and an examination of best practices in other parts of the world. A public panel highlighted 6 important areas to address: ensure life long learning, improve inter and intra-professional learning, address the hidden curriculum, redesign training, align MD supply and demand and enhance the learning environment. Recommendations and action plans were drafted and revised through extensive consultations with both experts and lay people.

The 10 recommendations in the FMEC PG report, many of which echo those in FMEC MD, encompass the collective wisdom of educational leaders and others who both affect and are affected by medical education Canada. Each and every one of them must be implemented in order to achieve effective and sustainable change in PGME.

Recommendations

The 10 recommendations in the FMEC PG report are listed below. For a brief explanation of the challenges they address and what they are intended to achieve and a complete list of action items for each recommendation and suggested leaders for implementing them, please refer to the full report, which is available on the project website.

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.

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.

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.

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.

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 undergraduate medical education into PGME, within PGME, and from PGME into practice.

6: Implement Effective Assessment Systems

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

7: Develop, Support, and Recognize Clinical Teachers

Support clinical teachers through faculty development and continuing professional development, and recognize the value of their work.

8: 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.

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.

10: Align Accreditation Standards

Accreditation standards should be aligned across the learning continuum (beginning with undergraduate medical education and continuing through residency and professional practice), designed within a social accountability framework, and focused on meeting the healthcare needs of Canadians.

Next Steps

Leadership to help implement each recommendation is critical. One thing that is certain is that leadership moving forward will be required of certifying/accrediting bodies, regulators, governments, hospitals, the AFMC, the Medical Council of Canada, educators, Faculties of Medicine, medical students and resident organizations if this initiative is to succeed.

It is hoped that the completion of the FMEC PG report will not only result in the successful implementation of its 10 recommendations but also lead to the next important step: a comprehensive examination of the continuing professional development and learning of practicing physicians in order to ensure that physicians continue to be up to date.

Such an effort, combined with the results of FMEC MD and FMEC PG, would round out an analysis of the entire medical education continuum and lend an overarching perspective to these three highly interrelated learning environments. It is only by reforming the medical education system from end to end and coast to coast that Canada will continue to ensure the capacity of its physicians to meet the needs of Canadians, now and in the future.