Global Needs Assessment for Practicing Physicians in the Maritimes

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Continuing Professional Development & Medical Education
Faculty of Medicine
Dalhousie University

Prepared by,

Tanya MacLeod, Evaluation Specialist
Anne Mahalik, Evaluation Specialist

Executive summary

Dalhousie Medical School's Continuing Professional Development and Medical Education office (CPDME) global needs assessment summarizes current perceived and unperceived learning needs to guide curriculum development, instructional methods, and evaluation tools to ensure alignment with evolving healthcare practice needs. We use the CanMEDS physician competency framework to guide this research, which includes six domains: medical expert, communicator, collaborator, leader, professional, advocate and scholar. **An internal review of learning objectives from roughly 400 CPDME accredited programs (2020-2022)** found that our programs addressed all six CanMEDS domains, with the greatest emphasis on medical expert content (75%), followed by health advocate competencies (19%), collaborator and professional (16%), leader (14%), and scholar and communicator (12%).

Methods

We used a multifaceted approach to assess learning needs of physicians in the Canadian Maritimes. The research included the following data sources:

- **Perceived learning needs** were identified through surveys of physicians to identify preferences for educational topics and formats.
- **Unperceived learning needs** were assessed through patient feedback, provincial regulatory organizations, national healthcare organizations, and Canadian medical education research projects.

Results

Physicians identified **perceived** learning needs that spanned all CanMEDS roles, with a significant focus on medical expert content. Key areas of interest included **mental health, chronic disease management, geriatrics, end-of-life care, women's health, gender-affirming care, culturally and socially based care, ADHD (in both adults and children), and hands-on skills training.**

Patients expressed concerns about **communication** issues with physicians and emphasized the need for **empathetic** and **compassionate** communication. They also highlighted the importance of addressing complex and chronic issues **collaboratively**, improving **professionalism**, advocating for health and wellness, discussing mental health concerns, and addressing racism. Many concerns were related to systems issues in healthcare. Data and reports from healthcare institutions and regulatory bodies identified learning needs in **mental health care, end-of-life care, gender-based medicine, medico-legal requirements,** and specific medical expert topics. **Communication** was again highlighted, emphasizing the importance of ensuring patients understand information and incorporating **cultural humility.**
National healthcare organizations' recommendations for physician learning included topics such as **antibiotic stewardship, reducing unnecessary testing, and evidence-based care.**

CPDME internal projects focused on perceptions of bias in accredited CPD, academic leadership in planetary health, anti-oppression and systems change, and learning needs for international medical graduates. The implications of these findings for CPD providers and other stakeholders are discussed in this report as "spotlight" topics.

Faculty development programs aimed to address professional development, teaching skills, and tutor development. Topics of interest included **medical humanities, anti-oppressive practices, cultural humility, and the intersection of these ideas** with healthcare. Faculty members expressed a

need for strategies to **reduce burnout, create psychological safety, and enhance professionalism in teaching and clinical settings**.

Physician suggestions for **program delivery** found preferences for in-person *and* virtual formats, although there is a strong preference to continue with virtual and/or hybrid offerings going forward from the pandemic restrictions. Participants desired more diversity and practical tools in presentations. The formula for effective CPD has remain largely unchanged, with a preference for smaller breakout sessions, practical content, interactivity like chat polls and case-based learning. Our findings emphasize a need for moderator and speaker training in the use of technology and engagement techniques, particularly for virtual learning.

Conclusions

The priority learning needs identified by practicing physicians span all CanMEDS roles, focusing on medical expert content, while patients emphasized empathetic communication and addressing systemic healthcare issues. Recommendations from national healthcare organizations and efforts to confront bias and anti-oppression in medicine will further enrich our programs. The survey of International Medical Graduates (IMGs) identified clinical learning needs, and faculty development programs address a wide range of topics, from medical humanities to psychological safety. The feedback on program delivery underscores the importance of inclusivity, interactivity, and technology training. These findings provide strategic direction to support CPDME's commitment to evolving and enhancing its offerings in response to the diverse and dynamic needs of the medical community.

Priority Areas

Based on our findings, we have identified the following priority areas for Dalhousie CPDME for the years 2023-2026.

1. **Balance program content** to strike a balance between established and emerging topics, reflecting the diverse suggestions from all sources.
2. Develop educational programs that cover all aspects of the **CanMEDS competency framework**, integrating medical humanities into teaching and medical practice.
3. Promote **effective communication and collaboration** among healthcare professionals and patients, leading with empathy.
4. Support initiatives to **address systems change** and optimize the provision of care, focusing on healthcare disparities and oppressive practices.
5. Provide **faculty development** opportunities including incorporation of EDIA principles, academic leadership, clinical and classroom teaching, and reducing burnout.
6. Enhance **program delivery** to include engagement and active learning opportunities across all participants.

Introduction

Background

Dalhousie Medical School's Office of Continuing Professional Development and Medical Education (CPDME) programs provide an opportunity for physicians and other health care providers in the Maritimes to participate in current, high value, evidence-based education opportunities close to home. We currently offer virtual, in-person and hybrid learning formats on a breadth of topics to help practicing physicians stay up-to-date and sustain expertise. We also offer faculty development for physicians to further develop their teaching and research skills. Please refer to our website for up-to-date information on the programs we offer. https://medicine.dal.ca/departments/core-units/cpd.html

CPDME Mission

Our mission is to provide innovative, inclusive, responsive, and evidence-based learning to health professionals that advances excellence in medical education and research with translation into practice. (Draft, to be finalised Dec 2023)

CPDME Vision

Our vision is to provide excellence in transformative continuing professional development and educational research that builds healthier communities that we serve. (Draft, to be finalised Dec 2023)

Primary goal and objectives of the Global Needs Assessment

The primary goal of the Dalhousie CPDME global needs assessment is to identify the perceived and unperceived physician learning needs to inform the strategic direction for future CPDME program development. Our approach to the global needs assessment is guided by the criteria described by the Committee on Accreditation of Continuing Medical Education (CACME) Accreditation Standard 2.1:

> *An accredited CPD provider organization assesses the perceived and unperceived needs of each target audience identified in its mission statement. Perceived and unperceived needs are used in developing its **overall programming** and its individual educational activities. For each educational activity, the scope of practice for the identified target audience(s) is considered in the needs assessment(s).*

Objectives

The objectives of this needs assessment were to:

1. identify perceived learning needs for maritime physicians
2. identify unperceived learning needs for maritime physicians
3. identify faculty development needs
4. identify suggestions to enhance program delivery/content

CanMEDS Framework

The CanMEDS competency framework defines the abilities needed by physicians across the educational continuum of undergraduate, postgraduate, enhanced skills training, and continuing professional development, and serves an essential role in guiding the delivery of medical education and practice in Canada. (http://www.royalcollege.ca/rcsite/canmeds/about-canmeds-e)

The Dalhousie CPDME global needs assessment process is guided by the CanMEDS framework. This nationally recognized framework describes the expected competencies for practicing physicians and includes the following domains: medical expert (integrating role), communicator, collaborator, leader, health advocate, scholar, and professional. The framework is undergoing review to ensure that the competencies align with current medical needs, support medical education providers, and the implementation needs of healthcare organizations. The updated competencies are expected in 2025 and will improve how medical education providers:

- Support the goals of anti-racism and anti-oppression
- Support the goal of equity, diversity, inclusion, and accessibility
- Respond to current societal needs and those expected in the next 10 years, including the Truth and Reconciliation Commission recommendations as well as new themes such as planetary health, which will be addressed with the addition of new competencies

While the 2025 CanMEDS updates are still under development, this needs assessment will include a summary of the current evidence available on the social accountability learning needs for medical education faculty and physician learners based on feedback from earlier CPDME programs and research.

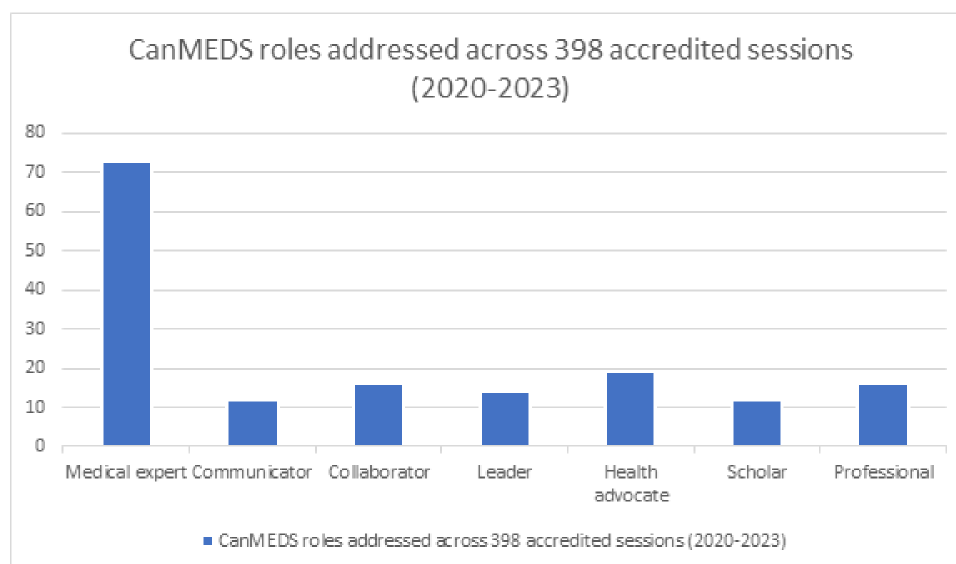
Methods

What we did

We conducted an internal review of the 2020-2022 CPDME programs to capture the frequency of physician competencies addressed by these programs. Next, we conducted a multisource needs assessment using physician and patient surveys; program evaluation survey data; published health care reports; patient feedback to physician regulatory Colleges in the Maritimes; and recent medical education research and evaluation projects. Data were analysed using mixed methods, including descriptive statistics, observation, content analysis, and thematic analysis.

Internal review of 2020-2022 programs

We conducted an internal review of CPDME program content according to the CanMEDS physician competencies. To capture session content, we analyzed the learning objectives from 398 individual sessions representing nine CPDME accredited programs delivered in the previous needs assessment cycle (2020-2022). The content analysis of the learning objectives was guided by the CanMEDS framework. Our analysis revealed that the learning objectives for CPDME programming addressed all six competency domains, with the greatest number of learning objectives focused on medical expert content (3 out of every 4 sessions used learning objectives that addressed clinical topics), followed by health advocate competencies (19%), collaborator and professional competencies (16% respectively), leader (14%), and scholar and communicator competencies (12% respectively). See Appendix 1 for the raw data summary.



Data sources

To gain a comprehensive view of physician learning needs, we adopted the CACME recommendation to use a multisource needs assessment strategy to identify perceived and unperceived learning needs.

Perceived

Perceived learning needs are self-identified. We assessed physicians' perceived learning needs using survey evaluation data from existing databases and a maritime-wide survey of current needs.

Program evaluation survey data (secondary data): We summarized qualitative evaluation data on suggested topics, program improvement suggestions) from 2020-2023 accredited CPDME programs. The evaluation survey includes items on respondent demographics, satisfaction with program content and delivery, speaker effectiveness, perceptions of bias, additional learning needs and future topic suggestions. (Appendix 2. CPDME Evaluation Survey Template)

Needs assessment survey for maritime-based physicians: In Winter 2023, all practicing Maritime-based physicians were invited to complete an online survey regarding their learning needs. The results of this survey are primarily used to inform the upcoming Refresher programs. The survey questions were developed using the CanMEDS framework to capture physician needs for the competencies of medical expert, communicator, collaborator, leader, health advocate, scholar, and professional (Appendix 3. Survey of practicing physicians)

Unperceived

"Unperceived learning needs" refer to gaps in knowledge/skills that physicians may have but are not (commonly) recognized by them. These gaps could be due to changes in medical practices, advancements in technology, or evolving patient needs. Generally, unperceived needs often emphasize 'softer skills' like communication and collaboration with other health professionals. We assessed unperceived learning needs for practicing physicians using data and reports from: patients, families and other caregivers; national healthcare related organizations and initiatives; and Canadian-based Medical Education and internal CPDME evaluation and research projects.

Patients, families, and other caregivers: Patients and families were invited to provide feedback through various avenues. Individuals registered with Dalhousie Mini Medical School and the Nova Scotia Health Patient Advocacy Network were invited to complete an online survey (Appendix 4. Patient Survey). Patient feedback to the Colleges of Physicians and Surgeons are published on their website. Disciplinary decisions of the Colleges; the subject of complaints to Maritime health authorities; reports and recommendations published online by the government agencies listed above were reviewed for relevance to physician learning needs.

Provincial and national health-related agencies providing data, education support and recommendations: There are national, provincial and local healthcare-related organizations that provide rich sources of data to inform current physician learning needs.

Medical Education Evaluation, Research & Guidelines: Medical education faculty and professional staff conduct evaluation and research as part of the scholarly activities of accredited CPD providers. Over the past needs assessment cycle, our internal CPDME work has focused on physician well-being, interactivity in hybrid settings, perceptions of bias, leadership in academic medicine including planetary health, anti-oppression and systems

change topics, as well as a number of funded medical education research studies that address topics across the continuum and beyond the scope of the current report. We also pull in relevant guidelines on the future directions of the delivery of CPD in Canada, including new CFPC regulations for accredited CPD programs.

How will these results be used?

CACME criteria will be used to guide the implementation and monitoring of recommendations arising from this global needs assessment. The results will be shared with CPDME program directors and used to inform strategic decision-making over the next 1-3 years. The recommendations will be used to drive curriculum development, enhance instructional methods, and ensure that assessment and evaluation tools align with the office mission to meet the evolving needs of healthcare practice. This approach contributes to the ongoing improvement of our medical education programs and, ultimately, the quality of patient care.

The results of this needs assessment are supplemental and complimentary to the individual program needs assessment processes for the CPDME units. The needs assessment processes used combine feedback from various sources, including attendees, coordinators, specialists, and detailed planning committees. Continuous refinement based on feedback is a key feature across all programs. The challenges faced, such as speaker recruitment, are acknowledged, emphasizing the need for ongoing improvement in planning processes. A full description of the needs assessment processes used by each program/unit are described in Appendix 5.

Changes to accreditation criteria for accredited programs

The new criteria for accredited CPD programs for family physicians will come into effect by the end of 2025. An overview of these changes is described here, with more details in Appendix 6. The new standards will impact planning, development, delivery, and evaluation of CPD programs with an increased emphasis on the inclusion of Equity, Diversity, Inclusivity and Accessibility concepts, increased interactivity for live, virtual and hybrid programs, and the use of optional enhanced learning activities (e.g., goal setting, self-audit, reminders) for single-credit programs, and mandatory certified assessment activities. Perhaps the biggest change for Dalhousie CPDME will be meeting the need for certified assessment activities as per the mandatory requirements for family physicians to obtain a minimum of 10 certified assessment credits per licensing cycle (5-years). These new criteria have implications for CPD accreditation professionals, CPD planning committees, speakers and learners. There will be a need to review current processes and programming to support these changes.

Findings

Overall

Perceived and unperceived learning needs for practicing physicians in the maritime provinces were identified across all CanMeds competencies. (see **Table 1**)

Table 1. CanMEDs roles identified by source for perceived and unperceived learning needs

SOURCE of Learning Needs	Medical expert	Communicator	Collaborator	Leader	Health Advocate	Scholar	Professional
PERCEIVED							
CPD conference evaluations	X	X	X	X	X	X	X
Direct survey practicing physicians	X	X	X	X	X	X	X
Faculty Development	X	X	X	X	X	X	X
UNPERCEIVED							
Patients direct survey	X	X	X				X
Patient feedback (hospital & regulatory college)	X	X	X		X		X
Academic Detailing Service	X						
Choosing Wisely Canada (CWC)	X	X	X	X	X		X
Cdn Medical Protective Association (CMPA)	X	X	X				X
Cdn Inst for Health Information (CIHI)	X				X		X
Evaluation & Research		X	X	X	X	x	X

Participant characteristics

The CPDME office offers a range of programming targeted primarily toward Family Physicians (Spring & Fall Refresher Conferences; Academic Detailing Service; Community Hospital Program; Clinical Webinars) as well as Academic & Clinical Faculty (Faculty Development, Academic Leadership). Please see **Table 2** for an overview of participants attending refresher conferences from Fall 2020 to Fall 2022, focusing on Family Medicine. We have maintained the number of participants throughout this needs assessment cycle,

with a minimum of 82% family physicians in attendance, and participants located across Canada.
9112 from our Community Hospital and Webinar Programs.

Table 2. Summary of Refresher Conference Participants 2020-2022

Events	2020 Fall Refresher	2021 Spring Refresher Fall Refresher	2022 Spring Refresher Fall Refresher
Total number of participants	308	348	531
Number of family medicine physicians (% of total)	265 86%	290 83%	437 82%
Number of participants from each location	AB=1 NB=67 NL=4 NS=199 NT=1 ON=8 PE=24 QC=1 International=1	NB=69 NL=9 NS=246 NT=1 ON=5 PE=17 SK=1 International=1	MB=3 NB=94 NL=15 NS=348 ON=9 PE=54 QC=6 SK=1 International=2

Perceived Learning Needs

Physicians have multiple opportunities to identify learning needs for themselves and their colleagues, directly contributing to future programs offered through CPDME. These contributions are typically collected through program evaluation data and direct survey. Across all data sources, our summary suggests balancing program content between repeat/refresher topics and emerging/rare/acute subjects based on the diverse list of suggestions. Learning needs were identified across all CanMEDS roles, with the greatest emphasis on medical expert content and a focus on key areas of mental health, management of chronic conditions, geriatrics and end of life care, women's health, gender affirming care, culturally and socially based care, ADHD (adult and childhood), and hands-on skills training.

A summary of perceived learning needs across these sources, organised by CanMEDS competencies, is included in **Table 3**. (See also Appendix 7)

Refresher conference topic suggestions: Findings from the program evaluation for the therapeutic Refresher Conferences from 2020 to 2023 revealed diverse learning needs across various medical domains. Noteworthy themes included COVID-19 management, chronic diseases, geriatric medicine, mental health, specific medical conditions, pharmacology, dermatology, occupational health, cultural humility, emerging health topics, practical skills, paediatrics, technology and telemedicine, public health, palliative care, legal and ethical issues, systems issues, and gender medicine.

Table 3. Summary of *perceived* learning needs by CanMEDS roles

Medical expert	• Managing mental health concerns in primary care • Management of chronic conditions, e.g., obesity, diabetes, pain • Geriatrics, e.g., capacity assessment, deprescribing, end of life care • Women's health topics, e.g., hormone replacement therapy, menopause • ADHD, e.g., diagnosis and management • Hands-on skill development, e.g., POCUS, joint and tendon injections, BCP insertions, dermatoscopy, suturing
Communicator	• Advanced care planning • Engagement of family physicians in discussions of MAid • English as a second language • Addressing wait times • Responsible use of antibiotics, diagnostic imaging, and lab testing
Collaborator	• Navigation of the health care system, e.g., streamline referral process, support home-based care • Recognition of what other health care providers can do for patients • Acknowledgement of (sometimes) overlapping/complementary scopes of practice, e.g., nurse practitioner, pharmacist, occupational therapist
Leader	• Distribution of and access to care in communities across the province • Managing access to health care system • Continuous quality improvement
Health Advocate	• Provision of comprehensive care, particularly in context of SDOH • End of life care & MAiD • Effective government advocacy • Addressing systems issues • Gender affirming care
Scholar	• bringing emerging research into clinical practice
Professional	• Effective use of EMR, data management • Reducing low value health care • Medicolegal concerns, e.g., documentation, virtual care, using text for sharing of information Physician wellness

Maritime-wide needs assessment: Physicians were also surveyed as part of the needs assessment process undertaken to identify relevant topics to be included the the Family Medicine Fall Refresher 2023 (n=75). Suggestions were dominated by medical expert topics and hands-on skills, however, respondents also identified specific learning needs under each of the seven CanMEDS roles (excepting the role of scholar). Highlights include address long wait times for specialist appointments; end of life care in the community; MAiD; low value health care; initiating and practicing collaborative care; advocacy around the impacts of the social determinants of health

(SDOH) and comprehensive family practice; equitable distribution of health services and navigating the health care system; medicolegal requirements; and effective use of electronic medical records (EMR).

CHP/Webinar topic suggestions: The Community Health Program (CHP)/Webinar series also solicited topic requests, with clinical themes dominating suggestions. Recommendations encompassed sleep apnea, thyroid disease, irritable bowel syndrome, eczema, chronic pain management, ADHD, osteoporosis, diabetes, mental health disorders, procedural sedation, vaccinations, electronic medical record tips, women's health, STI screening/treatment, hepatitis C treatments, hematological malignancies, and a wide array of other medical topics.

Unperceived Learning Needs

Unperceived learning needs were identified using multiple and varied data sources. These included: (1) patients, families and other caregivers; (2) national healthcare related organizations and initiatives; (3) provincial (NS) government program; and (4) recent CPDME evaluation and research projects.

The unperceived learning needs reflected the diverse perspectives of patients, healthcare professionals, and faculty. Key themes include the importance of effective communication, collaboration, addressing healthcare disparities, medico-legal concerns, and advocating for health equity. Patients emphasized the need for better communication, empathy, and understanding in physician-patient interactions, as well as the importance of shared decision-making and professionalism. National healthcare organizations highlighted topics such as reducing unnecessary medical interventions, medico-legal issues, and stewardship of healthcare resources. The provincial government's Academic Detailing Service addressed specific learning needs related to diabetes and acute pain management. Our review also highlights current priority areas in medical education including the diverse learning needs of International Medical Graduates (IMGs) and educational priorities to ensure successful integration into the Canadian healthcare system, the detection and mitigation of bias, the need to address anti-oppression in academic medicine and planetary health as a key competency. There is an urgent need for multifaceted interventions, including education, to raise awareness and motivate change in response to these areas.

A summary of the needs identified for each data source is described here and the complete data is available in Appendix 8.

1. **Patients, families and other caregivers**

Patient, family, and caregiver input were gathered from the following data sources:

- Patient survey of physician learning needs
- Patient feedback to hospitals in NSHA, IWK, Health PEI
- Patient feedback to Colleges of Physicians and Surgeons for NS, NB, PEI

Patient survey of physician learning needs

Participants of the Volunteer Patient Program and Mini Medical School at Dalhousie were asked to provide their input via a direct survey. This survey was also shared with the Patient Advisory Program and Community Health Teams for Nova Scotia Health. In addition to the learning needs of physicians, we asked for their experience with physicians over the past year, thoughts on virtual care delivery, and involvement of patients in their own care. (n=43)

Communication was a concern. Patient respondents indicated they often did not feel “heard”.

> “Some physicians need a reminder of how to listen and how to speak so patients understand – without using technical language and making assumptions about what the patient does and does not understand. It would be helpful to explain the full context of decision making, next steps, and potential outcomes of these decisions.”

They suggested learning to communicate with empathy and compassion -

> "Suspending judgement and just providing information, with empathy and compassion, considering the whole person, what matters to them, what kinds of social supports they have (or not). Please do not focus only on body parts! Compassion & empathy."

Participants indicated some physicians need to better understand that treatment of complex and chronic issues often requires **collaboration** with other health professionals as well as with the patient themselves. Principles of shared decision making may help with this. Many physicians would benefit from accurate knowledge of referral processes, and when specific services would be most appropriate. End of life care is one such example.

Professionalism continues to be an area of opportunity for learning. Some participants suggested additional learning regarding running a small business, management of staff, adoption of technology to improve efficiencies, billing, scheduling and using digital tools like MS Teams to meet virtually with patients. They also suggest further education and opportunities to engage in self-reflection and awareness of one's own values and how influence practice and inform choices, and robust support for physician wellness and prevention of burnout.

Respondents indicated that physicians need to learn to become better **health advocates**, both in their understanding/awareness and their actions. Key areas of concern included:

- taking a wellness approach to keep people healthy
- understanding of their role as a health advocate
- learning about health care experiences of underserved populations, how they contend with medical issues, and access care
- being more open to discussing mental health concerns
- addressing racism

Although not directly related to learning needs of physicians, there were a number of concerns noted that reflect concerns with the **healthcare system in Nova Scotia** and not gaps in individual physician competence. These concerns likely influenced their responses relating more directly to physician learning needs and CPDME programming.

Patient feedback to Hospitals and Colleges of Physicians and Surgeons for NS, NB, PEI
Patient feedback to hospitals in NSHA, IWK, Health PEI Patient feedback to regulatory colleges and hospitals in Nova Scotia, Prince Edward Island, and New Brunswick was requested and examined for references to physician learning needs. No feedback was provided for hospitals in NB (declined). Generally, feedback suggested additional learning needs regarding the approach and management of patients with mental health concerns, end of life care in family practice, gender-based medicine, and medico-legal requirements for documentation. Several concerns were noted re specific medical expert topics, possibly indicating an individual need for education on that topic.

As per previous needs assessments of unperceived needs, **communication** featured strongly in patient feedback. Specific learning needs were related to "hearing" patients, ensuring they understand the information they are being told, and to include the individual and/or their family/SDM in the conversation. Respondents noted that physicians need to relay information with

more attention to how, when and what (tone/attitude, timeliness) they say, for example, when breaking bad news. Some participants noted a lack of cultural knowledge and an unwillingness to use interpretation services. There was a suggestion for physicians to learn more about receiving care in a language that is not your own, and to learn how to provide better to care with potentially disadvantaged populations (Indigenous, African Nova Scotian, unhoused/financially disadvantaged, obese/overweight, LGBTQIA2S+) with empathy and clear communication.

Fellow physicians felt that some of their colleagues needed to review appropriate **documentation**, especially as it relates to handover, and to learn how to practice and **collaborate** as a member of a team.

Concerns related to **professionalism** were also noted. These included professional boundaries with patients (relationships, prescribing, treating); patient consent for exams; prescription of controlled substances; management of own mental health and substance use concerns; and medical record keeping were noted. The need for greater health advocacy action & learning included unconscious bias and systemic racism in medicine.

As a result of patient feedback made to Colleges of Physicians and Surgeons for NS, NB, PEI, in some cases, specific courses were cited as required learning to maintain their license to practice, and in others, to regain their licence. These may be topics to be explored for future CPDME programming. Some examples included,

- PROBE: Ethics and Boundaries program, with an unconditional pass
- Appropriate medical record keeping course for a family physician such as the online course offered by Dalhousie Medical School
- Negligence and Civil Liability, by CMPA or similar
- Best practice guidelines for management of patients with specific conditions, such as type 2 diabetes and borderline personality disorder, for the general practitioner

2. National healthcare related organizations and initiatives

We focused on the family medicine related topics identified by major national healthcare initiatives. Each organization has a specific focus, which may include stewardship of health care resources; medico-legal resources; and compilation of health statistics. For the current needs assessment, we reviewed reports from national organizations, including:

- Choosing Wisely Canada – Family Medicine & Emergency Medicine Recommendations (CWC)
- Canadian Institute for Health Information (CIHI)
- Canadian Medical Protective Association (CMPA)

CWC is a national initiative to reduce unnecessary and potentially harmful medical interventions across all medical specialities. For this needs assessment, we identified specific recommendations for Family & Emergency Medicine practitioners, for example, antibiotic stewardship (viral-borne illness, uncomplicated acute otitis media); reduction in advanced testing for asymptomatic patients (annual Pap testing, Xray for low back pain); reduction in annual office visits and testing without clear indication; and long-term opioid analgesia beyond the immediate postoperative period or other episode of acute, severe pain.

CMPA is a national body providing support to physicians with medico-legal issues and educational resources and data to enhance patient safety. The CMPA has the largest collection of physician medico-legal data in the world, and uses these to identify gaps that affect patient safety and inform quality improvement initiatives. In 2021, the Association modernized its research focus to provide timely insights into sepsis, 'never events' and rural health, among other areas. Current recommendations focus on building safer systems to enhance clinical care delivery; leveraging the power of collaboration to foster safe care; integrating professional duties, societal expectations and personal wellbeing; and understanding and responding to medico-legal challenges. In 2022, the CMPA published their findings from four years of medico-legal cases (n=6175) involving family physicians in primary care. The study found that the most common patient complaints arise from deficient assessment, diagnostic errors, unprofessional behaviour, inadequate office procedures, communication breakdowns and failure to perform tests or interventions. The most frequently misdiagnosed conditions included GI cancer, back disorder, breast cancer, ischemic heart disease and secondary/ill-defined cancer. (https://www.cmpa-acpm.ca/en/research-policy/know-your-risk/primary-care-by-family-physicians-and-general-practitioners)

The Canadian Institute for Health Information provides actionable data and information used to improve health system performance and population health across Canada. Recommendations for physician learning include, virtual care in Canada & remote and rural health; value of race-based data and importance of Black & Indigenous representation; children and youth with medical complexity, including mental health issues; frailty among hospitalised seniors.

3. CPDME evaluation and research projects

Spotlight on Bias in Medical Education

CPD providers in Canada assess learner perceptions of program bias, including both traditional commercial bias and newer forms of recognized bias such as racial and other forms of implicit bias. Program speakers are required to disclose conflicts of interest, and learners are invited to identify bias in end of program evaluation surveys.

In 2021, four Canadian medical schools, including the Dalhousie CPDME office, expanded the evaluation response options to capture specific types of bias, including speaker funding, pharmaceutical brands and products, personal opinions, and other forms of bias.

This case study found low reports of individual bias (1-2% of physicians reported bias across 188 programs) but overall, 34% of sessions had at least one report of bias. Commonly reported biases included personal opinions, "other" forms of bias, pharmaceutical influence, and funding.

Qualitative analysis revealed concerns about financial conflicts, bias being labelled as appropriate, and concerns about the scientific integrity of information shared. For instance, respondents were worried about bias stemming from speakers' opinions lacking empirical basis and limited recognition of other perspectives.

The study suggests that CPD program planning should focus on topic cohesion, diverse perspectives, evidence-based content, and handling uncertainty. Further research is needed to better understand bias in CPD, including physician perceptions and motivations for reporting bias, especially when it can harm medical decision making and ultimately, patient care.

"I am troubled by the use of the integrated chronic care as the follow up - this unit has a Hx of utilization of quackery and non evidence based, often quite non scientific methods"

"a large issue for family physicians"

"But this [specific mention of drug brand] reflects reality, inhalers generally referred to by their brand name, made it easier to follow"

Spotlight on Anti-Oppression in Academic Medicine

Serving and engaging society holds a prominent position in the strategic plan of the Dalhousie Faculty of Medicine and remains a priority for CPDME. Since 2019, our commitment to actively confront anti-oppression in our educational programs has made steady strides. We have undertaken a multifaceted approach, encompassing several initiatives, such as faculty development leadership training, proactive communication with speakers to ensure the incorporation of EDIA principles in their lectures and materials, monitoring and reporting of participant feedback of perceived bias and inclusivity, and research aimed at exploring evaluation methods and conceptualizations of bias that might support mitigation of undue influence in medical education.

In 2022, our FEAR Memorial Conference for academic medicine leadership took a significant step forward by offering a two-day retreat on anti-oppression in medicine. The primary focus of this event was to explore historical perspectives and best practices that foster anti-oppression, both within the classroom and clinical settings. A follow-up evaluation was conducted to capture anticipated changes and to identify barriers and enablers to change.

As we look ahead to the next 1-3 years, our efforts in this domain will be further guided by the CFPC (College of Family Physicians of Canada) criteria for accredited programs. We will continue to promote social justice and accountability through the following:

- Diverse representation in the planning committee, including individuals with lived experience and/or input from patients and their families.
- Ensuring a diverse array of speakers.
- Structuring program content and delivery to align with the principles of EDIA and cultural safety, while avoiding, or explicitly acknowledging, the limitations of stereotypes and bias.
- Implementation of robust evaluation processes for EDIA within programs and providing support for our speakers.

CPDME has initiated several steps to address these critical areas, and our commitment to advancing anti-oppressive practices in academic medicine is ongoing. We are dedicated to fostering an inclusive and equitable environment in medical education while actively working to dismantle systemic biases and ensure the highest standards of healthcare.

Evaluation of Academic Medicine Leadership Series in Planetary Health, Anti-Oppression and Systems Change

The Thomas and Alice Morgans Fear Memorial conference is dedicated to the advancement of medicine through the engagement of health leaders and advocates in our medical community. This conference brings together scholars, practitioners, learners, decision makers and the public to advance our collective knowledge and actions on pertinent healthcare issues. Over the course of the last needs assessment cycle, the conference themes addressed topics in planetary health, anti-oppression and health systems change. Conference attendees were invited to complete a post-

survey of their additional learning needs, including goals for change following the conference. We used the consolidated framework for implementation research to guide survey development to identify anticipated barriers and enablers. Below is a summary of the ongoing learning needs for these areas.

Planetary Health

Integrating planetary health into continuing medical education will ensures that healthcare professionals are equipped to address the growing environmental and health challenges of our time while also promoting sustainable, equitable, and resilient healthcare systems. Planetary health has been identified as a key competency for family physicians and will be included in the revised 2025 CanMEDS roles. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10042797/) In 2021, Dalhousie CPDME co-hosted a virtual conference on planetary health in Academic Medicine. Almost all (95%) participants agreed that climate change presents a threat to human physical and mental health. Participants reported recycling waste materials (74%), using paperless systems (61%), and voting for politicians with aggressive climate change policies and plans (48%). Seventy-seven percent plan to reduce carbon emissions over the next 12 months. At the institutional level, only 38% agreed that their department views climate change as a priority. The most cited reasons for a lack of individual and institutional engagement were poor awareness/knowledge and uncertainty about how to take meaningful action. Despite recognition of the need to address climate change, participants reported limited personal and institutional action. Given the perceived lack of awareness and knowledge of planetary health, there is an urgent need for multifaceted interventions, including education, to raise awareness of actionable items and address motivation for change. There are opportunities for academic medicine leadership to lead initiatives in the academic and clinical settings.

> *Can we develop examples of annual goals departments/ institutions can establish and be accountable to reach in order exemplify ways to engage with behaviour change and illustrate that barriers can be overcome? – Medical student*

> *I think we have to show people that we are willing to sacrifice our water bottles, that we cycle to work, that we recycle, that we have reduced our holiday travel - not that we are always telling others to do these things without also doing them ourselves. – Faculty (Family Medicine)*

> *We need to engage much more strongly on this issue. The voice of medical professionals has been absent and that cannot continue. Public and politicians are looking to us for leadership on this issue. –Faculty (Medicine)*

Anti-Oppression

In 2022, Dalhousie CPDME co-hosted an in-person conference on anti-oppression in Academic Medicine. Almost all (90%) of conference attendees who completed the evaluation intended to make changes. The greatest opportunities to disrupt oppression in medical education were continued education, more inclusive admission and leadership positions, changing attitudes and taking action to address micro-aggressions in clinic and teaching, advocating for change to address anti-oppression, improved use of terminology and language, assessment methods and continued education. Participants were very motivated to change, but only 68% felt confident about their ability to change which was reflected in comments about the current culture that is resistant to change and upholding the current status quo, and a lack of monetary and human resources to

support change. However, respondents felt that current academic medicine leaders were engaged, committed, and accountable for leading initiatives to address anti-oppression in medical education. Areas for faculty development and continued education including mandatory anti-oppression education as part of new student, faculty and staff orientation, remediation for clinicians who are perpetrators of micro aggressions, and ways to incorporate equity, diversity, inclusion and accessibility concepts into teaching and assessment.

> *"Learning more about universal design for education accessibility"*
> *"Be more confident in calling out oppressive and discriminatory behaviour and practices."*
> *"There is joy in being a disrupter."*

Faculty development for planning committees and speakers to incorporate EDIA in program development, content and delivery, and evaluation/follow-up with speakers and planning committees.

Resilient and Responsive Health Systems

In 2023, Dalhousie CPDME co-hosted an in-person conference on building and supporting resilient and responsive health systems. Many respondents (78%) intended to make changes following the conference and common themes were:1) acting for change (e.g., networking, collaboration, demonstration projects), and 2) furthering professional development. Perceptions of the greatest opportunities for change varied greatly, from engaging leadership, fostering intersectoral collaboration, to using evidence-informed practices and implementation. Participants reported the main enablers as a relative priority, understanding current needs, and leadership engagement. The main barriers were a lack of monetary and human resources, and incompatibility with existing workplace processes.

Everyone says the right things, but when push comes to shove there are few people who really want to stand up and admit that the way we do business often hurts people. There are few people who are willing to admit that we are behind in Nova Scotia as compared to other places.

The academic and clinical environments are opposing systems.

There are A LOT of people and groups across Canada who are reaching the same tipping point at the same time. I am optimistic real sustained good change is in the works

Future topics

Across the FEAR conferences offered this past cycle, the prominent themes were disruption of traditional paradigms and advocating for change. The areas for greatest continued learning were focused on opportunities for leadership, professionalism and inclusivity in teaching, learning, assessment and clinical practice. Areas for future topics over the next 1-3 years might include:

- Indigenous health and exploring the impact of the Indian Act on indigenous peoples.
- Practical guidance for allyship and addressing anti-oppressive behaviours.
- IMG healthcare providers' integration to practice.
- Expanding on organizational rebels' dynamics:
    1. Individual motives and egos.
    2. Workplace discord and bullying.
    3. The role of management and workplace influence.

Spotlight on International Medical Graduate (IMG) Learning Needs

In August 2023, Dalhousie CPDME conducted a survey to assess the learning needs of International Medical Graduates (IMGs). The survey gathered responses from 20 IMGs with diverse backgrounds, including permanent residents born outside Canada (47%), visa-sponsored residents (40%), and graduates of non-accredited medical schools (13%). On average, they had 4.7 years of practice experience in various roles.

Clinical learning needs for IMGs entering practice included orientation to community-specific challenges, adapting to the Canadian healthcare system, understanding medical ethics and legal aspects within their specialty, and familiarity with women's health guidelines and birth control options. Respondents identified gaps in clinical skills, indicating a need for training in areas such as suturing wounds, laryngoscope training, essential skills for family medicine, venous cut-down, and CHEB examination training.

Learning needs extended beyond clinical expertise to non-medical expert CanMEDS roles, emphasizing communication skills for addressing end-of-life goals, family dynamics, and cultural diversity. Other areas of concern included communication skills for sensitive topics like sexual health and substance abuse, understanding local antibiotic use, approaches to smoking cessation, nutrition, and mental health, as well as fostering the preceptor-learner relationship and providing effective feedback.

Interprofessional learning was deemed valuable, with suggestions for well-baby and diabetic visits involving various healthcare professionals. Medical ethics dilemmas were also identified as important for interprofessional education.

Feedback on educational program delivery included collaboration with the College of Physicians and Surgeons of Nova Scotia orientation program, offering programs as part of ongoing courses, and pre-residency orientation focusing on chart review, electronic medical records, and an introduction to CPD requirements.

The survey underscores the importance of addressing the diverse learning needs of IMGs through comprehensive educational programs and interprofessional learning opportunities to facilitate their successful integration into the Canadian healthcare system. See Appendix 9 for a full study description.

Faculty development

All participants in faculty development programs are asked to complete an evaluation following each session, focusing on future learning needs. Since 2020, additional presenters have been recruited and breadth of topics has increased. Evaluation of 135 education sessions yielded the data summarised below. Learning needs in faculty development focused on professional development; classroom/clinical teaching; and tutor skill development. Participants would like to learn more about Medical Humanities, EDIA and academic leadership.

Several **Professional Development** topics were included as well. They focused on both areas of practice and individual wellness. Some examples included how to incorporate fitness and volunteering into a busy clinical schedule; education sessions targeted at new graduates and early career researchers; career progression and academic promotion; and building research skills. Specific to wellness, faculty would like to know more about how to reduce burnout and to create psychological safety.

Classroom/clinical teaching and **tutor skill development** remain important topics to faculty development participants. Specifically, they would like to learn more about the case diversification process and facilitating respectful small and large group discussion. Clinically they would like to hear more about engaging effectively with various styles of learners; improving professionalism; providing effective feedback in a stressful environment; and the cultural influence on a healthy learning environment.

Many participants have some to see the value of the **Medical Humanities** and would like more information on how to incorporate the arts into teaching; to explore their own emotions and how it influences their practice; and how to use arts-based medicine to improve their patients' quality of life.

Faculty would also like to learn more about **Equity, Diversity, Inclusion and Accessibility (EDIA)**; anti-oppressive practices; allyship; cultural humility; and the intersection of these ideals with health. They suggested that they would appreciate opportunities to practice communication in responding to daily microaggressions; confronting systemic oppression; identifying internal unconscious bias; and the importance of language in changing contexts (e.g., intergenerational norms, chestfeeding vs breastfeeding).
Data included in Appendix 10.

Enhancing program delivery

CPDME Refresher Conferences
Participants in various refresher conferences (Fall 2020, 2022 Fall, 2022 Spring, and 2021 Fall) generally appreciated the virtual format, citing improved inclusivity, effective Q&A sessions, and real-time chat. They valued concise presentations but expressed concerns about limited time for questions, fast pacing, and occasional technical issues. Some attendees requested more diversity in perspectives, expert speakers, and practical tools for diagnosis and treatment recommendations. Suggestions for improving the program delivery included providing presentations in advance, addressing technical issues, and maintaining a balance in content. Some concerns were raised about biased content, inappropriate language, and the need for inclusivity in topics. Overall, participants expressed gratitude to the organizing teams while offering constructive feedback for improvements.

Selected quotes

> "Excellent pace and content of presentation. Not too much squished into the 20 mins I wish more of the presentations were like this- focus on a concise topic to convey, not blast through as much as possible in 20 mins Excellent."

> "My hope is that most family physicians are at the point that they won't just take regurgitated guidelines as the place for education and hold specialists up to actually giving evidence, if there are competing guidelines expressing why they picked one and guideline creep."

> "At the end of the presentations, suggesting more clear summary of action / guidelines that are helpful to family physician specifically."

> "More update for ER MD in the rural hospitals where the most common presentation in the Fall/Winter time is a cough."

> "Keep the virtual option going - it greatly improved inclusivity of those in rural areas, those with family commitments and those with home call requirements during conference time."

Community Hospital & Webinar Programs
Community Hospital and Webinar program (2020-2022) participant feedback was highly positive, and participants also shared suggestions to enhance the learning experience of these formats. Participants recommend considering breakout sessions to facilitate smaller, more focused discussions and urge speakers to avoid slides with too much content to maintain attendee engagement. They emphasize a preference for sessions centered on therapeutics, with a practical and applicable focus. Attendees expressed a preference for physician speakers, while also encouraging collaboration if non-MD experts are involved.

Additionally, there was a desire to explore different technology formats and reveal participant names online for networking purposes. Interactive elements, such as chat polls, were highly valued, and case-based discussions were seen as a way to make the content more relevant and practical. Finally, participants suggested hosting conferences more frequently, with a preference for two sessions per month.

Faculty Development

Faculty development participants (2020-2022) noted their preferences around **education delivery** and **format**, highlighting the suggestion to incorporate more active learning strategies (virtual breakout groups & small group discussion, use of polls to stimulate critical thinking and reflection, collaborative sessions to work through clinical examples as a small/large group), additional information on how to give effective presentations virtually, and time management (ensure adequate time is allowed for content delivery prior to large group discussions). Some participants would also like to see more follow up sessions to provide additional opportunities for interaction and/or discussion.

We also conducted a needs assessment to inform faculty development programming specific to academic leadership skills with a focus on the delivery and format for these programs. In the Spring 2023, current leaders within Dalhousie FoM, all of whom have participated in CPDME leadership development programs, were asked about their learning needs related to their leadership role(s).

Respondents were very clear about the utility of professional development opportunities focused on their leadership role as well as their need for **protected time** and convenient access to programming, specifically **hybrid options** occurring during work hours. There were mixed reviews on whether faculty development should be **mandatory for academic leaders**. There was a suggestion that mandatory learning should be levelled to meet individuals' experience and would need to be highly engaging and meaningful to leaders.

> "The key is creating the context that is meaningful and presenting it as an opportunity. ... perhaps saying "here is a great opportunity for you, we have developed this for you, as a valuable teacher, to help you in your teaching. I have done it, and strongly encourage you to, as well..."

The majority of respondents favoured leadership development with a peer group and requested that some opportunities were offered beyond what is available at CDPME in the FoM and Dalhousie. Some examples of this could include individual counselling sessions to be offered through FoM, engagement of leadership courses through CMA or similar existing programs.

> *"Not all leadership development should come from in-house (no offense), it is good to have outside training and network with leaders beyond Dal."*

This feedback will not only inform the content of future programs but will also influence how leadership development opportunities are presented.
Data available in Appendix 11.

Spotlight on Virtual and Hybrid Programming (Post-pandemic)

In response to the COVID-19 pandemic's in-person restrictions, all Dalhousie CPDME programs transitioned to virtual delivery in March 2020. Subsequently, in 2022, as pandemic-related restrictions eased, we adopted a hybrid model for many of our programs, while some have continued in a virtual format. To shape the future of program formats, we conducted comprehensive evaluation studies to discern learner preferences for virtual, in-person, and hybrid programming. Our evaluation efforts encompassed various data collection methods, including observation, focus groups, interviews, and surveys. These evaluations primarily aimed to explore:

- Sound quality and IT support.
- Opportunities for engagement and interaction in virtual and in-person settings.
- Participants' perceptions and experiences of both virtual and in-person formats.

- Preferences regarding future virtual and in-person conference formats.

In one study, we used evaluation data from two hybrid conferences, namely the Fall 2022 Refresher and the Spring 2023 Refresher. The response rate for both conferences combined was 34% (143 out of 422 participants). Interestingly, virtual attendance accounted for a higher proportion (60%) compared to in-person attendance (40%) for both hybrid conferences, and virtual attendees were 1.5 times more likely to be first-time participants. Notably, overall conference ratings were consistently high for both formats. Furthermore, a compelling pattern emerged: the format of the current conference significantly influenced attendees' plans for future attendance. In-person attendees overwhelmingly expressed a desire to attend future events in person (95% planned to do so), while virtual attendees showed a preference for attending future events virtually (83% planned to attend virtually).

Observational field notes from the hybrid conference format underscored the vital role of moderators in facilitating engagement, both virtually and in person. The moderators effectively engaged virtual participants through strategies like welcoming them via chat, initiating the "first question" during Q&A sessions, sharing resources, and offering to follow up with speakers. Virtual participants benefitted from enhanced audio-visual experiences, including improved visibility of speakers, slides, and live Q&A sessions.

In response to these study findings, we compiled a resource for hybrid conference moderators, informed by evidence, aimed at enhancing the learning experience for both virtual and in-person participants. This resource equips moderators to increase opportunities for engagement and interactivity, ultimately improving the learning experience. Effective Strategies for Hybrid Conference Moderators.

Transition to Virtual Academic Detailing amid COVID-19

The COVID-19 pandemic also necessitated a transition from in-person to virtual delivery of academic detailing sessions. Our study of the transition to virtual academic detailing transition was explored as a research case study. Findings support offering a blended model moving forward, integrating previous concepts and elements of AD, leverages strengths of both virtual and in-person delivery, and considers logistics, efficiencies and participant preferences. (Executive summary on transition to virtual academic detailing)

To summarize our findings regarding virtual and hybrid program delivery, several key areas deserve attention to enhance the delivery of CPD:

- Continue offering virtual, and hybrid formats whenever possible.
- Invest in faculty development and resources to empower speakers and moderators to create active learning opportunities, including the effective use of technology to enhance engagement and learning for both in-person and virtual audiences. Utilize pedagogical strategies to foster reflection and active learning.
- Explore avenues to enhance active learning opportunities for both in-person and virtual learners, such as assessments, polling, quizzes, and small group work in breakout rooms.
- Review virtual learning platforms to identify opportunities for increased engagement, including virtual networking possibilities, providing chat access for both in-person and virtual participants, enabling the upvoting of comments/questions, and facilitating resource sharing.

Conclusions

The current needs assessment consulted multiple sources of information to compile a comprehensive list of learning needs for physicians practicing in the Maritime provinces. Sources included practicing physicians, patients and families, provincial government programs and various national organisations. We identified both perceived and unperceived learning needs that span the CanMEDS competency framework, as well as several areas of focus for faculty development. From program evaluation data we identified participant suggestions for overall program improvement and enhanced delivery of programming using both active learning methods and optimising use of technology.

Overall, our findings reveal diverse learning needs across all CanMEDS roles for the maintenance of physician competence and advanced expertise for new or expanded skills. In addition to the findings from this needs assessment cycle, these ideas will be further guided by new guidelines for physician competencies within the CanMEDS framework and updated CFPC criteria for the accreditation of continuing education programs (anticipated launch 2025).

The conclusions are summarized by the report objectives below.

1. identify perceived learning needs for maritime physicians

Across all data sources, our summary suggests balancing program content between repeat/refresher topics and emerging/rare/acute subjects based on the diverse list of suggestions. Learning needs were identified across all CanMEDS roles, with the greatest emphasis on medical expert content and a focus on key areas of mental health, management of chronic conditions, geriatrics and end of life care, women's health, gender affirming care, culturally and socially based care, ADHD (adult and childhood), and hands-on skills training.

2. identify unperceived learning needs for maritime physicians

The diverse needs and perspectives of patients, healthcare and patient safety organizations, and current research in medical education priorities emphasized the importance of effective communication, collaboration with other health professionals, and addressing healthcare disparities. Medico-legal concerns were highlighted, including appropriate documentation and record keeping; adopting stewardship of resources, for example, forgoing low value healthcare for evidence-informed; addressing systems change to optimise provision of care, and confronting oppressive practices.

3. identify faculty development needs

Learning needs in faculty development focused on professional development such as personal wellness, reducing burnout, and creating psychological safety; classroom/clinical teaching to effectively engage with diverse learners; and tutor skill development, particularly navigating the case diversification process and subsequent small group facilitation. Faculty would like to learn more about how to incorporate the arts into teaching (Medical Humanities) and medicine to improve their patients' quality of life; the intersection of EDIA principles with health; and academic leadership development opportunities.

4. identify suggestions to enhance program delivery/content

Engagement in CPD is driven by how the program is delivered as much as it is by content. Coming out of the COVID-19 pandemic, many of our programs continued to be offered in a hybrid format while others are offered virtually only. Through meaningful evaluation we determined that delivery of CPD will be enhanced by an investment in faculty development resources for speakers and moderators focused on the use of technology and to create active learning and engagement opportunities for all, including hybrid audiences.

Priority Areas

Based on our findings, we have identified the following priority areas for Dalhousie CPDME for the years 2023-2026.

1. **Balance Program Content**:

- Develop educational programs that strike a balance between covering well-established topics (repeat/refresher) and emerging or rare subjects (acute). This balance should reflect the diverse list of suggestions from various sources.
- Ensure programs are designed to include a balance of perspectives, this is particularly important for controversial and areas of uncertainty in medicine.

2. **Comprehensive CanMEDS Competency Framework**:

- Develop educational programs that cover all aspects of the CanMEDS competency framework.
- Programs that focus on the medical expert role should address learning needs in mental health, chronic condition management, geriatrics, end of life care, women's health, gender-affirming care, culturally and socially based care, ADHD, and hands-on skills training.
- Explore and encourage the integration of the arts into teaching and medical practice to enhance patient quality of life.

3. **Effective Communication and Collaboration**:

- Promote effective communication and collaboration among healthcare professionals.
- Communication of systems-based restrictions leading to longer wait times.
- Address the diverse needs of patients, especially communicating with empathy, shared decision-making and managing difficult patients.
- Communicating with people whose first language is not English.

4. **Systems Change and Anti-Oppression**:

- Encourage physician stewardship of scarce resources, appropriate use of tests and procedures, and evidence-informed medicine.
- Support initiatives to address systems change and optimize the provision of care, focusing on healthcare disparities and oppressive practices.
- Incorporate Equity, Diversity, Inclusion, and Accessibility (EDIA) principles in program planning, delivery, and content.

5. **Faculty Development:**

- Provide faculty training on how to incorporate EDIA principles in their teaching.
- Provide opportunities for faculty to develop their academic leadership skills, allowing them to take on leadership roles within the academic and healthcare community.
- Offer professional development opportunities for faculty, including programs that focus on personal wellness and reducing burnout

6. **Enhanced Program Delivery**:

- Recognize that engagement in CPD is influenced by how programs are delivered as much as their content.
- Invest in faculty development resources for speakers and moderators, with a focus on using technology effectively in program delivery.
- Create active learning and engagement opportunities for all participants, including hybrid audiences.

Appendices (available on request)

Appendix 1. Internal Review CPD Events (2020-2023)
Appendix 2. CPDME Evaluation Survey Template
Appendix 3. Practicing physician survey
Appendix 4. Patient survey
Appendix 5. Summary of needs assessment processes by unit
Appendix 6. New College of Family Physicians of Canada Certification Criteria for 2024
Appendix 7. Perceived learning needs by CanMEDS framework
Appendix 8. Unperceived learning needs by CanMEDS framework
Appendix 9. International Medical Graduate Learning Needs Survey Findings
Appendix 10. Faculty Development evaluation results
Appendix 11. Academic leadership needs assessment results