THE FUTURE OF MEDICAL EDUCATION IN CANADA
POSTGRADUATE PROJECT

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

FMEC PG Project
Draft Recommendations

Version 1: July 28, 2011

www.afmc.ca/fmecpg

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA
COLLÈGE DES MÉDECINS DU QUÉBEC
ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL DES MÉDECINS ET CHIRURGIENS DU CANADA

A Health Canada-funded project

Context

Medicine Faces New Challenges

Medicine in Canada and around the world is facing myriad challenges in the contemporary era. Substantial and fundamental change is affecting patients, their physicians, and the Canadian health care system as a whole.

- Canadians are living longer with the first baby boomers now reaching the age of 65 and aging. This demographic evolution significantly impacts the health needs of Canadians, the health care workforce, including physicians, and the health care system as a whole.
- The rapid development of medical technology is revolutionizing medical research, diagnosis and care. Remaining current with emerging technology offers significant opportunity and simultaneously presents continual demands on physicians.
- Changing health challenges and public health threats continue to surface, linked to a broad range of factors, including trade and travel patterns, agriculture, modern food processing and climate change.
- The Canadian population evolves through internal and external immigration and changing social demographics, creating a growing need for a medical workforce that not only reflects this diversity but also serves a diverse population.
- The expectations of Canadian patients, their families, and communities carry on changing, driven by individual shifts in health care needs, wellness interests and financial wellbeing. Similarly, societal changes impact Canadians' expectations of health care on an ongoing basis. For example, new technologies that offer greater access to information create patients who know more and want greater involvement in steering their wellness and treatment plans.
- Governments across Canada face significant fiscal challenges. Ever-rising health care costs add further strain on governmental budgets. With fixed resources, postgraduate medical education (PGME) and other players in health care education and services must work together to ensure equitable and responsible allocation of financial and human resources.
- PGME has a role to play in ensuring inclusivity in health care of individuals and groups that might otherwise be marginalized on the basis of race, national origin, ethnicity, sexual orientation, religion and socio-economic status.
- Evidence demonstrates the importance of effective interprofessional health care teams to deliver quality and safe patient care. PGME is poised to play a leadership role in furthering medical education and practice that integrates interprofessionalism as a core value.

Looking Back, Looking Forward

The Health Canada-funded Future of Medical Education in Canada Postgraduate (FMEC PG) Project is the second in a suite of projects reviewing the educational environments in the training of Canadian physicians. The project duration is currently set at 25 months (February 2010-March 2012). The goals of the FMEC PG Project are to conduct a thorough review of postgraduate medical education in Canada; to establish whether the structure, content and processes of the current system are designed for the best possible outcomes to meet current and future societal needs; and to formulate recommendations for change.

The FMEC PG Project links to and builds upon the success of the Future of Medical Education in Canada MD Education Project (August 2007-June 2010). In January 2010, the national launch of the project report, "*The Future of Medical Education in Canada: A Collective Vision for MD Education,*" spurred national, regional and international interest in the 10 recommendations for change to undergraduate medical education in medical schools. Various implementation initiatives are now in progress.

It is in the same spirit of collaboration, participation and continuous improvement that the Steering Committee of the FMEC PG Project has turned its collective attention to a review of postgraduate medical education.

A Collaborative Approach

The FMEC PG project is being jointly led by a consortium of organizations: The College of Family Physicians in Canada (CFPC), The Royal College of Physicians and Surgeons of Canada (RCPSC), le Collège des médecins du Québec (CMQ), and the Association of Faculties of Medicine Canada (AFMC), which has played a coordinating role as the consortium's Secretariat.

A collaborative approach is a central and distinguishing feature of the FMEC PG Project. In addition to the consortium partnership, this is exemplified by the in-depth involvement of the PGME Deans and extensive national consultation with all key stakeholders throughout the project.

The Process

The FMEC PG Project draft recommendations are grounded in a strong evidence base. A team of leading Canadian researchers completed an extensive environmental scan, including a comprehensive literature review, national key stakeholder interviews and a synthesis report. Innovations in Canadian Faculties of Medicine and comparable international contexts were actively explored. Hundreds of key stakeholders across the country have been and continue to be consulted via extensive liaison and engagement work. The Canadian public has been engaged through a Public Panel and national public opinion research. Hundreds of residency program directors from across the country contributed their unique insights by completing an electronic survey specific to their roles.

The project Steering Committee is comprised of representatives from:

- Consortium partners
- National organizations with a demonstrated commitment to postgraduate medical education
- Hospitals
- PGME Deans and other educational environments in the continuum of medical education
- Decanal team leaders from all educational environments in the continuum of medical education
- Government
- Medical regulatory authorities
- Learner and resident groups

This learned committee has carefully considered the previously-described evidence as they created a vision for the future of the Canadian postgraduate medical education system and formulated the draft recommendations for change in this document. In a spirit of mutual support, the recommendations for change emerging from the FMEC PG Project will be implemented in conjunction with the FMEC MD Education recommendations, where possible and appropriate.

This document includes seven evidence-based draft recommendations for changes to postgraduate medical education in Canada, each with an accompanying section on strategies and actions for addressing it. The seven draft recommendations touch upon all aspects of postgraduate medical education. They speak to the overall purpose of the PGME system; what medical educators will teach, including CanMEDS and CanMEDS-FM roles and physician wellness; how medical educators will teach; how medical educators will assess learners; provision of support for those who teach; postgraduate medical education working with others in the health care system to support the continuum of learning for physicians; and how to support the changes required in order to align governance standards and accreditation.

It cannot be overemphasized that these draft recommendations are a work in progress – they will be developed and refined through a major national consultation process over the coming months, leading up to a National Forum in January 2012. It is the sincere commitment of all consortium partners that this platform for action for Canadian postgraduate medical education will lead to major improvements in the way physicians are trained in Canada, for the benefit of Canadian society.

Recommendations, Strategies and Actions

Recommendation 1: Ensure the Right Mix of Physicians to meet Societal Needs

Both individually and collectively, physicians must address the diverse health and wellness needs of individuals and communities throughout Canada. The Postgraduate Medical Education (PGME) system must produce the right mix, distribution and number of generalist and specialist physicians, including clinician scientists and educators, to serve the public need and be accountable to the Canadian population.

Strategies and Actions for addressing this recommendation include:

1. Develop a pan-Canadian strategy for assessing and responding to societal health and wellness needs, factoring in health disparities related to geographic locations, ageing, socio-economic status and historical marginalization of Aboriginal communities, as well as other marginalized populations.

2. Advocate for and lead collaborative discussions among key health care stakeholders to develop and implement a health human resources planning process to effectively forecast the necessary mix and distribution of physicians (generalists and specialists) to provide the best quality health care to Canadians.

3. Advocate that family physicians and other generalists, providing broad-based comprehensive care, as well as other specialists, are valued and supported appropriately - through remuneration, allocation of resources, and other mechanisms - to be able to maintain the breadth of their practices.

4. Establish a national process for determining the number and type of specialties or focused training programs within and across Canadian residency programs that align with societal needs.

5. Ensure patient-centred training and support for family physicians and other specialists who provide broad-based comprehensive care.

6. Support state-of-the-art training (evidence-based and leading edge) for future academic physicians, aimed at providing an adequate supply of clinician scientists, clinician educators and clinician leaders to meet the evolving needs of Canadians.

7. Find a balance between the educational needs of Canadian Medical Graduates (CMGs) and International Medical Graduates (IMGs), and support effective and efficient integration of IMGs into the Canadian system.

Recommendation 2: Strengthen Postgraduate Residents' Commitment to Professionalism in Service to Patients and Society

Residents, as developing medical professionals, must orient their work, service and learning around the wellbeing of patients and communities within the context of a broader social accountability to all Canadians. To this end, PGME must foster a culture that values, encourages and rewards competency in, and integration of, *all* CanMEDS and CanMEDS-FM roles (medical expert, communicator, collaborator, manager, health advocate, scholar, and professional).

Strategies and Actions for addressing this recommendation include:

1. Ensure that resident training is patient-centred and community focused, emphasizing quality care, safety and accountability.

2. Ensure that residents, as part of the health care team, have responsible roles that develop their professional commitment to patients and communities.

3. Integrate all CanMEDS and CanMEDS-FM roles into residency training curricula, connecting the development of knowledge, skills and behavior to responsible, safe, and quality patient care.

4. Design curricula and assessment tools that promote residents' competencies in patient-centred communication to facilitate rapport, trust and respect within the doctor-patient relationship.

5. Design curricula and assessment tools that promote residents' competencies as collaborators within interprofessional and intraprofessional health care teams, with skills to manage and resolve conflict.

6. Design curricula and assessment tools that promote residents' competencies as managers, responsible for decision-making regarding resources and quality for optimal patient care.

7. Design curricula and assessment tools that promote residents' competencies as health advocates, applying their expertise and leadership to advocate for the health and wellness of their patients, populations and communities.

8. Actively encourage a practice of lifelong learning and identify opportunities to support residents in developing competencies as scholars, who create, apply and share medical knowledge and practices.

9. Design curricula and assessment tools that enhance residents' awareness of and a commitment to sustainable practice, ethical behaviour, and respectful engagement with patients, other professionals and society.

10. Develop, support and reward role models who demonstrate commitment to the wellbeing of patients and communities.

11. Support physician wellness by encouraging a healthy balance between work and family commitments and adherence to duty hours.

Recommendation 3: Align Curricula and Training Models to Evolving Health Care Needs

Integrate the Postgraduate Medical Education (PGME) system with Undergraduate Medical Education (UGME) and Continuing Medical Education (CME). Focus on innovative, learner-centred methods, technologies and approaches that enable educators to be flexible in adapting curricula content and training models to meet the evolving health care needs of Canadians and the best interest of society.

Strategies and Actions for addressing this recommendation include:

1. Develop ways to further demonstrate alignment of the College of Family Physicians of Canada (CFPC) and Royal College of Physicians and Surgeons (RCPSC) curricula with societal needs.

2. Together, the CFPC and RCPSC must address the blurring of borders among specialties, avoiding redundancy and transforming current specialties to meet today's realities.

3. Determine best practices in teaching and learning, incorporating the best in educational and information technology, all of which must be aimed at improving patient care and health outcomes.

4. Create innovative training models, encouraging new ways of teaching among and across specialties and health care professionals, which reflect patient expectations for interprofessional, patient-centred collaborative care.

5. Develop a system and a plan to share curricular innovations and best practices among faculties and residency training programs.

6. Review and determine the length and content of training, based on competencies required for readiness to practice, rather than traditional time-based models.

7. Create an evaluation and research process to monitor, translate, and help implement successful innovation in teaching and learning.

8. Ensure diversity of training sites (including community-based and ambulatory training) in recognition of evolving demographics and societal needs.

Recommendation 4: Create and Implement Effective Assessment Tools and Systems that Support Learners

Programs must ensure that assessments of residents are valid, fair and reliable, incorporating regular formative feedback. Faculty must be supported to provide honest and accurate feedback to residents, and to conduct assessments that ensure competence and readiness to practice.

Strategies and Actions for addressing this recommendation include:

1. Determine the specific needs of faculty to provide effective formative and summative assessments of residents.

2. Support faculty in learning how best to assess residents. Special attention should be paid to developing ways of assessing competency-based learning and mastery of knowledge, skills and behaviours.

3. Equip faculty with tools and practices to make fair and reliable judgments of resident competency.

4. Support faculty in delivering honest and timely assessments of residents, along with useful remediation tools.

5. Ensure adequate funding and flexibility of training for learners who require remediation.

6. Develop formative assessment methodologies for residency, including “forward feeding” of information, which supports learners’ growth and development.

7. Foster a reflective institutional culture in Canadian PGME programs that supports ongoing review as an asset, with consideration of faculty and student learning as a guide.

8. Develop summative assessment methodologies (including assessment tools) for the purpose of providing evidence of readiness for independent practice that reflect the integration of all CanMEDS and CanMEDS-FM roles.

9. Ensure that assessments of residents’ competency by clinician-teachers and in-training programs are equally weighted with college certification exams in determination of readiness to practice.

10. Develop a framework of assessment tools and methods which allows for reasonable accommodation for factors such as cultural diversity of residents, and particularly of IMGs, while still ensuring competency to practice.

11. Strengthen the importance of behavioral performance assessment measures, demonstrating competence within residency, in combination with national examinations to determine readiness to practice.

Recommendation 5: Support Clinician-Teachers through Professional Development

All physicians, in their dual roles as learners and teachers, should possess and exhibit the competencies outlined in the CanMEDS and CanMEDS-FM roles. In order to foster quality postgraduate medical education, clinician-teachers must be supported – through targeted professional development, including performance feedback – to provide excellent teaching and responsible role modeling.

Strategies and Actions for addressing this recommendation include:

1. Develop a national curriculum (based on CanMEDS and CanMEDS-FM roles) of teaching abilities and competencies for all clinical teachers.

2. Gather all partners currently responsible for CanMEDS and CanMEDS-FM-based competency training to develop a comprehensive, national, continuing professional development strategy that supports physicians to teach and learn each of the CanMEDS roles.

3. Create tools for teaching and assessing each of the CanMEDS roles, which are linked to the performance and certification and/or recertification of physicians within their regulatory colleges.

4. Identify effective incentives to encourage continuous professional development of physicians through systemic mechanisms such as licensing, certification, granting of hospital privileges and remuneration.

5. Devise specific professional development modules for clinician-teachers that both highlight the influence of the hidden curriculum in residency training and develop skills and behaviours for effective role modeling.

6. Assess the value of clinical teaching; consider and establish appropriate rewards, including remuneration linked to meeting identified and targeted competencies.

7. Train and support faculty to conduct effective resident assessments.

8. Develop valid, fair and reliable assessment tools with which residents can provide formative performance feedback to clinician-teachers to support ongoing professional development of faculty.

Recommendation 6: Promote Continuous Learning and Progressive Development of Competencies for Practice

Medical education occurs along a continuum, beginning with the MD program, progressing through to residency and into practice. PGME must prepare physicians for independent practice. The promotion of continuously graded, increasing responsibility and life-long learning is required throughout the medical education continuum with effective transitions from UG to PG and from PG to independent practice.

Strategies and Actions for addressing this recommendation include:

1. Develop an integrated system including assessment and credentialing that supports on-going learning throughout one's medical career.

2. Support lifelong learning that includes self-reflection and continuous mentorship.

3. Review current practices and systems to develop smoother and more effective transitions from undergraduate education to postgraduate training, and from postgraduate training to independent practice.

4. Ensure that MD programs prepare students for entry into residency by including a rigorous and flexible use of the final year of medical school.

5. Review and determine the length and content of training, based on competencies required for readiness to practice, rather than traditional time-based models.

6. Reassess the timing of national examinations, linking readiness to practice with demonstrated competencies.

7. Develop a pan-Canadian approach to orientation, as well as learning and assessment for IMGs, to ensure readiness to enter into postgraduate medical education.

8. Advocate for professional development processes that support ongoing practice-based professional development, aimed at physicians in their first five years of practice. This will enable further competency building specific to the patient and communities being served.

9. Support the design of relevant continuing competency in practice through professional development programs.

10. Develop an appropriate transition out of residency that equips trainees with the confidence and skills needed for entry to independent practice and to direct their future learning needs.

11. Develop short post-residency training modules for physicians who identify further specific training needs after entering practice.

Recommendation 7: Align Governance, Standards and Accreditation

Governance, standards and accreditation should be aligned across the learning continuum, designed within a social accountability framework and focused on meeting the health care needs of Canadians. This requires collaborative action among the credentialing colleges, MCC, MRAs, hospitals, teaching sites, universities, health authorities, governments, and other stakeholders, beginning with the MD program and continuing into professional practice.

Strategies and Actions for addressing this recommendation include:

1. Articulate how postgraduate medical education, through partnership, can best fulfill its social contract with Canadians. This process would likely include setting out commitments, accountabilities, and defined responsibilities.

2. Convene a meeting of medical education stakeholders - representing UGME, PGME and CME - to align accreditation processes, in order to facilitate and enable a more integrated medical education system.

3. Refocus accreditation standards to align with delivering health outcomes to meet societal needs; and, similarly develop competency milestones based on targets linked to addressing the health care needs of Canadians.