The Review of PGME in Canada

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Canada

POPULATION
34,785,000

DENSITY
3.41/km² (8.3/sq mi)

Area: 9,984,670 km² (3,854,085 sq mi)

SCOTLAND’S POPULATION
5,250,000

DENSITY
65.9/km² (170.8/sq mi)

Scotland’s Area: 78,387 km² (30,414 sq mi)

About the same size as New Brunswick
Map of Canadian Medical Education

Faculties of Medicine
Regional Campus
Future Regional Campus

Persons per Square Kilometer
- >50
- 10 to <50
- 1 to <10
- 0.4 to <1

FM Training Sites 2009

[Map of Canada showing various training sites]

[Legend]

BC
University of British Columbia

AB
University of Alberta
University of Calgary

SK
University of Saskatchewan

MAN
University of Manitoba

ON
University of Ottawa
Queen's University
Northern Ontario School of Medicine
University of Toronto
McMaster University
University of Western Ontario

QC
Université Laval
Université de Sherbrooke
Université de Montréal

NS
Dalhousie University

PEI
Dalhousie University

NFLD
Memorial University of Newfoundland
Map of Canadian Medical Education

Legend

- **N** Main Campus
- **N** Satellite Campus
- **N** Clinical Teaching Site
Becoming a Doctor in Canada

1. Most students obtain undergraduate degree
2. 3 or 4 years in medical school
3. Medical Council of Canada exam at end of medical school (Part I)
4. CaRMS match to residency
5. 2+ years in residency for family medicine or up to 7+ for other specialties
6. Medical Council of Canada Exam (Part II) after 18 months of residency
7. Certification exam through College of Family Physicians of Canada or Royal College of Physicians and Surgeons of Canada
8. Licensing by provincial body
• Critical players include
  – 17 Faculties of Medicine
  – Royal College of Physicians and Surgeons of Canada (RCPSC)
  – College of Family Physicians of Canada (CFPC)
  – Collège des médecins du Québec (CMQ)
  – Medical Council of Canada (MCC)
  – Licensing authorities
  – Teaching hospitals
“Leadership is the capacity to translate vision into reality”

Warren G. Bennis
FMEC PG Project

- Consortium
- Funding - Health Canada
- Timeframe
FMEC PG Guiding Principles

1. Align Physicians’ Learning around the Health and Well-Being of Patients and Communities

2. Ensure Patient Safety and Quality Patient Care

3. Value, Model, and Integrate Interprofessionalism and Intraprofessionalism into Resident Learning and Practice

4. Integrate State-of-the-Art Technology
To conduct a thorough review of postgraduate medical education in Canada and establish whether the structure and processes of the current system are designed for the best possible outcomes to meet current and future societal needs.
Project Activities

• **Consultation and Engagement**
  - 112 stakeholder groups

• **Environmental Scan**
  - 24 commissioned papers
  - 27 key informant interviews

• **National Survey of Program Directors**
  - 56% of 41 CFPC Program Directors responded
  - 32% of 766 RCPSC Program Directors
Project Activities

• National Public Opinion Poll
  – 1,720 Canadians aged 18 and over

• International Consultations
  – United States, United Kingdom & France

• Public Panel
  – 21 members of “informed lay public”
1. SOCIETAL NEEDS

• Social Responsibility and Health Human Resources in PGME
  – Health disparities, social accountability and PGME
  – Generalism in PGME
  – Trends and issues in PGME: inputs, outputs & outcomes
  – Training residents to address the needs of a socially diverse population
  – International medical graduates - current issues
  – Future health care trends: Impact on PGME
  – Integrating patient safety and quality improvement with PGME
2. The PGME System

• The Structure, Function, and Governance of PGME
• Curriculum Design, Innovation and Implementation in PGME
  – Governance in PGME in Canada
  – Issues related to residents as workers and learners
  – Length of training in PGME in Canada
  – Accreditation of PGME
  – Distributed education and distance learning in PGME
  – Assessment in PGME: Trends and issues in assessment in the workplace
  – Information and educational technology in PGME
2. The PGME System (cont’d)

- Integration of CanMEDS expectations & outcomes
- Innovations in teaching and learning in the clinical setting for PGME
- Inter and intra-professional collaborative patient-centred care in PGME
- Simulation in PGME
- Innovations, integration and implementation issues in competency-based training in PGME
- Teaching, learning and assessing professionalism at the postgraduate level
- Faculty development for PG education: the road ahead
3. Needs of Individual Learners

• Support of Postgraduate Residents
  – The career decision-making process of medical students and residents and the choice of specialty and practice location: how does PGME fit in?
  – Resident wellness and work/life balance in PGME
  – Supporting the development of residents as teachers: Current Practices and emerging trends
Environmental Scan Themes

1. SOCIETAL NEEDS
   CPT-1 PGME programs are collectively responsible for meeting society's HHR needs
   CPT-2 The PGME system hinders nimble response to changes, needs and shifts
   KIT-1 Developing a more social responsible PGME curriculum
   KIT-2 Planning to meet the needs of Canadians
   KIT-3 Fostering collaborative practice to support patient centeredness and patient safety

2. THE PGME SYSTEM
   CPT-3 UGME, PGME and CME are interdependent and need a more integrated and collaborative approach
   CPT-4 Communication and collaboration across the PGME system are underdeveloped
   CPT-5 Emerging disconnect between the content and design of PGME and the outcomes we expect
   CPT-6 PGME best practice integrates competency-based education and assessments with apprenticeship
   CPT-7 Increasing expectations of clinical teachers
   KIT-4 Working effectively within complex structures and systems
   KIT-5 Broadening learning and assessment approaches in PGME
   KIT-6 Nurturing an effective and sustainable teaching workforce

3. LEARNER NEEDS
   CPT-8 Enhanced attention to enculturation and the development of professional identity recognized
   CPT-9 Tensions between the interests and needs of residents, societal needs and PGME structure
   KIT-7 Clarifying the physician's roles, function, and integration in the health care system
   KIT-8 Valuing and integrating all CanMEDS roles
   KIT-9 Fostering a healthy and sustainable physician workforce through PGME
1. **Ensure Lifelong Learning:** To ensure that postgraduate programs are training physicians to critically appraise their practices and use that appraisal to keep abreast of changes in medical knowledge, technologies, and the social environment throughout their professional careers.

2. **Improve Inter- and Intra-Professional Collaboration:** To foster a culture of inter- and intra-professional collaboration based on mutual respect and cooperation to the benefit of the health and treatment of Canadians.

3. **Address the Hidden Curriculum:** To work to align the hidden curriculum with the explicit goals of the formal curriculum.

4. **Redesign Training:** To redesign the education of residents to improve patient- and community- centred health and wellness.

5. **Align MD Supply and Demand:** To align the number and types of physicians trained with public need.

6. **Enhance the Learning Environment:** To inculcate professionalism in all levels of training and enhance the use and teaching of new technologies.
Many commonalities shared among program directors particularly:

- Competency based education
- Support for clinical teachers including recognition, rewards & faculty development
- Attention to service : education ratio
Recommendation 1

# 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.

• *Key Transformative Actions: 1. Create a national approach, founded on robust data, to establish and adjust the number and type of specialty positions needed in Canadian residency programs in order to meet societal needs; and 2. Establish a national plan to address the training and sustainability of clinician scientists.*
Recommendation 2

# 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.

• Key Transformative Action: Provide all residents with diverse learning environments that include varied practice settings and expose them to a range of service delivery models.
# 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.

• Key Transformative Action: Provide residents with adequate opportunities to learn and work in environments that foster respect among professions and are reflective of an interprofessional and intraprofessional, collaborative, patient-centred approach to care.
#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.

- **Key Transformative Action:** Develop and implement competency-based training programs.
Recommendation 5

# 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 UGME into PGME, within PGME, and from PGME into practice.

• *Key Transformative Action:* Develop smoother and more effective transitions from medical school to residency and from PGME into clinical practice:
  
  – a. Review and redesign current practices and systems (e.g., the entry-into-residency process);
  
  – b. Link the individual learner competencies developed in MD training with the educational objectives set for the resident;
  
  – c. Review the timing of national examinations;
  
  – d. Develop strategies to increase flexibility to switch disciplines while in training or when re-entering residency training.
Recommendation 6

#6. Implement Effective Assessment Systems

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

• Key Transformative Action: Provide residents with regular and adequate formative feedback from multiple sources on both their individual and team performance, including the identification of strengths and challenges, to support progressive attainment of competence along the learning continuum.
#7. Develop, Support, and Recognize Clinical Teachers

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

• Key Transformative Action: Develop a national strategy for faculty development and CPD that is accessible, comprehensive, and supports the spectrum of clinical teaching activities, including the teaching, assessment, and role modelling of CanMEDS and CanMEDS-FM roles.
#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.

- **Key Transformative Action:** Develop, in close collaboration with UGME programs, a national core leadership curriculum for all residents that is focused on professional responsibilities, self-awareness, providing and receiving feedback, conflict resolution, change management, and working as part of a team as a leader, facilitator, or team member.
# 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.

• **Key Transformative Action:** Identify organizations that have decision-making authority in PGME and define roles that could better streamline and enhance their collaboration through the study of governance models and the implementation of the one that promotes the greatest efficiency and effectiveness.
#10. Align Accreditation Standards

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

• **Key Transformative Action:** Facilitate and enable a more integrated PGME system by aligning accreditation standards and processes across the continuum of learning in the UGME, PGME, and CPD environments.
Next Steps

• Strategic Implementation Group

• Secretariat for Implementation

• Leadership from Postgraduate Deans
“Think little goals and expect little achievements.
Think big goals and win big success”.

David Joseph Schwartz
For more information...

www.afmc.ca/fmecpg