
Future of Medical Education in Canada: Undergraduate and Postgraduate

Orvill Adams

Orvill Adams & Associates B.V.

Orvill Adams, Orvill Adams & Associates B.V.

Forces driving medical education change

- New knowledge, science
- Changing patterns of illness
- Personalized therapeutics
- Changing health care systems
- Professionalism – ethics, communication
- Team work
- Life-long learning
- Address population and public health
- Critical thinkers
- Variety of learning paths
- Utilization of technology

Initiatives for future change in other jurisdictions

- UK- Consensus statement on the role of the doctor
- Fundación Educación Médica-Spain- The Physician of the Future
- AAMC-US- Scientific Foundations for Future Physicians
- Carnegie Foundation for the Advancement of Teaching-US- A Call for Reform of Medical School and Residency

A Call for Reform of Medical School and Residency (Carnegie Foundation)

1. Standardize learning outcomes and individualize learning processes
2. Integrate knowledge and clinical experiences, roles and responsibilities
3. Develop habits of inquiry and improvement
4. Address professional identity formation explicitly.

Responsibility of Medical Schools

[Medical Schools have] the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, healthcare organizations, health professionals and the public.

WHO 1995

Future of Medical Education in Canada

Process

- Supported by Health Canada
- Process led by the Association of Faculties of Medicine (AFMC)
- Steering committee of key stake holders
- Blue Ribbon Panel – Chief Executive Officers of Hospitals, Former Members of Parliament, Economic and Legal Experts, Social Commentators
- Research Team
 - Literature review
 - 30 key stake holder interviews
 - International interviews
 - National and International Consultations
 - A data needs and access group
 - Young leaders forum

The Educational System

- The educational system of the future should:
 - Ensure that key competencies are attained by every physician;
 - Provide a variety of learning paths and technologies;
 - Adapt to individual academic professional, and personal contexts of learners;
 - Keep pace with advances in information technology, and utilize such technologies, where beneficial, in both learning and practice

Recommendations for the future of medical education in Canada (The Association of Faculties of Medicine of Canada)

- 1. Address Individual and Community Needs
- 2. Enhance Admissions Processes
- 3. Build on the Scientific Basis of Medicine
- 4. Promote Prevention and Public Health
- 5. Address the Hidden Curriculum
- 6. Diversify Learning Contexts
- 7. Value Generalists
- 8. Advance Inter- and Intra-Professional Practice
- 9. Adopt a Competency-Based and Flexible Approach
- 10. Foster Medical Leadership

Enabling recommendations

- A. Realign Accreditation Standards
- B. Build Capacity for Change
- C. Increase National Collaboration
- D. Improve the Use of Technology
- E. Enhance Faculty Development

What will the physician of the future be?

Guided by current Physician Competency Framework

Can MEDS 2005 (Royal College of Physician and surgeons of Canada)

- Medical Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional

Future Physicians must be able to?

- Work in new and innovative ways
- Use ever emerging technologies
- Work as part of a team
- Committed to life long learning
- Responsive to changing demographic demands
 - Care of the elderly
 - Mental health issues
- Responsive to changing cultural demands

Future of Postgraduate Medical Education (PGME) in Canada

- Based on:
 - Social Accountability to inform physician training
 - Quality and patient safety
 - Patient – centred

Recommendations 1

- Ensure the right mix, distribution, the number of physicians to meet societal needs
- Cultivate social accountability through experience in diverse learning and work environments
- Create positive and supportive learning and work environments
- Integrate competency – based curricula in postgraduate programmes
- Ensure effective integration and transitions along the educational continuum

Recommendations 2

- Implement effective assessment systems
- Develop, support, and recognize clinical teachers (excellence in teaching)
- Foster leadership development – leadership skills in future development
- Establish effective collaborative governance in postgraduate medical education
- Align accreditation standards

Key References

- Collier R. “Postgraduate medical education under microscope”. Canadian Medical Association Journal, April 20, 2010: 182(7)
- The Association of Faculties of Medicine of Canada (AFMC). Future of Medical Education in Canada: A collective vision for MD education, 2009
- Association of Faculties of Medicine of Canada (AFMC). Future of Medical Education in Canada Postgraduate Project, 2012