



# Recruit & Retain: The Canadian Recruit & Retain Conference

Thunder Bay, Ontario January 16-17, 2014

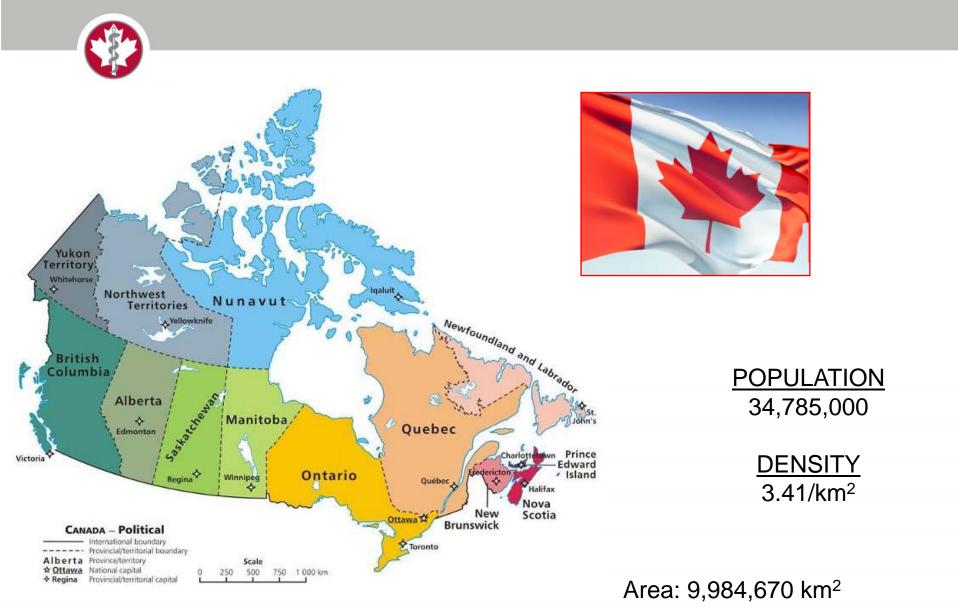
Nick Busing, MD Future of Medical Education (FMEC) Postgraduate Lead Consultant



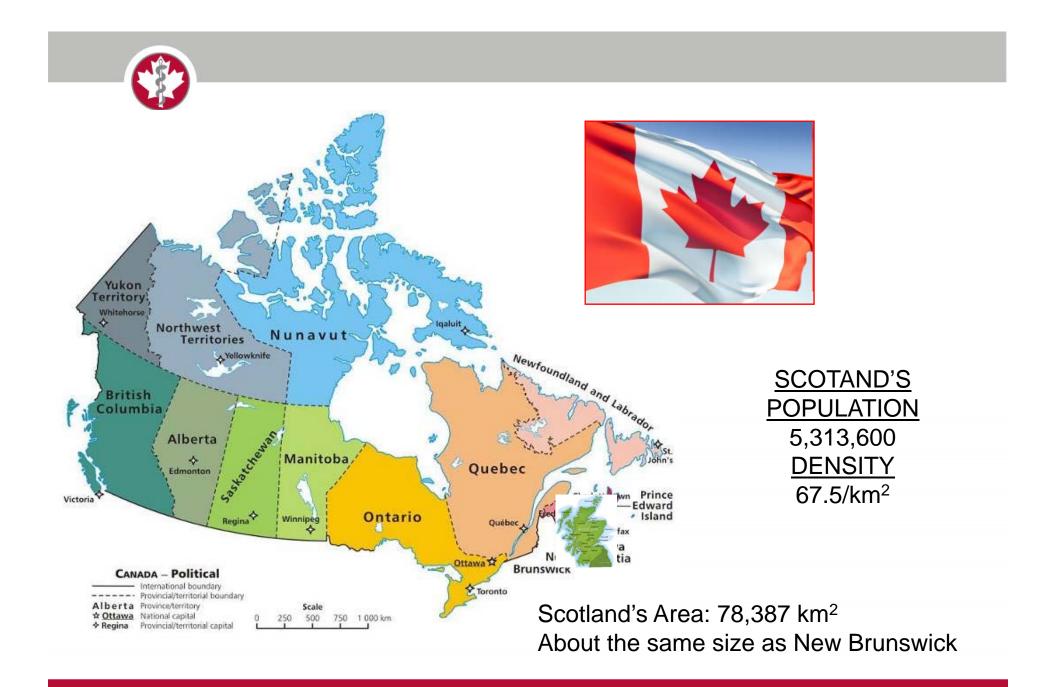


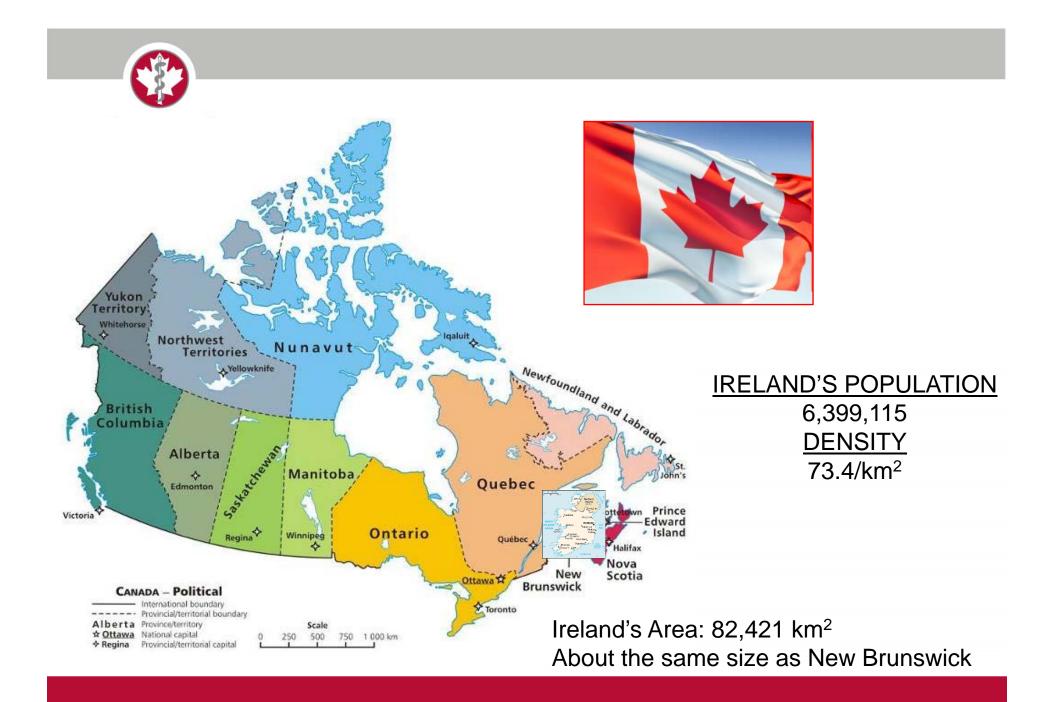


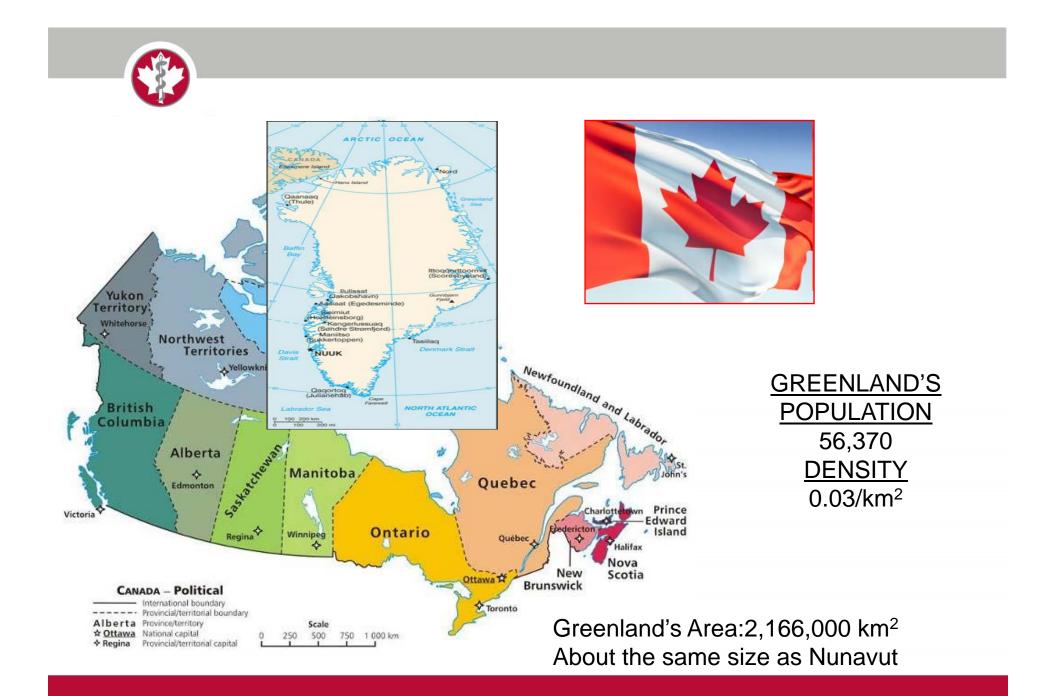


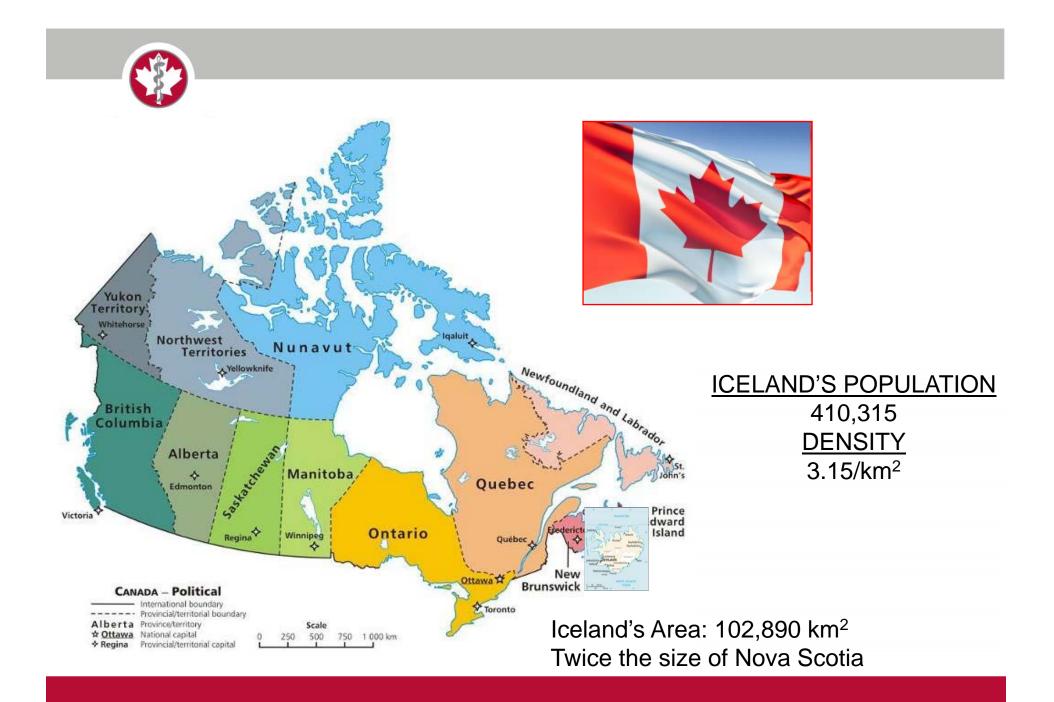


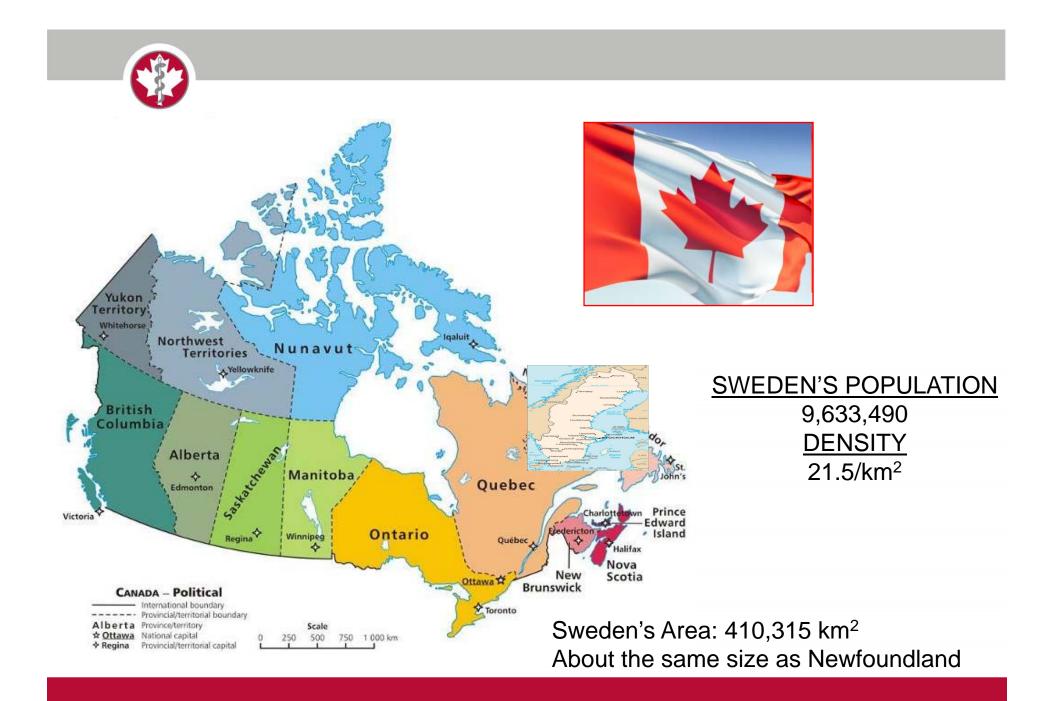
2<sup>nd</sup> only to Russia













### www.afmc.ca/fmec/



## **Future of Medical Education in Canada**

A project funded by Health Canada





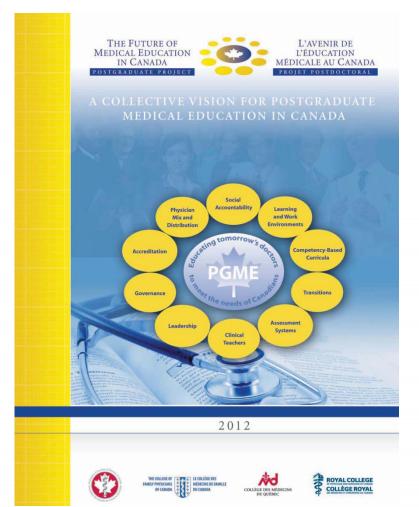
## "The Future of Medical Education in Canada- MD" Recommendations

- 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 Generalism
- 8. Advance Inter- and Intra-Professional Practice
- 9. Adopt a Competency-Based and Flexible Approach
- 10. Foster Medical Leadership



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

#### POSTGRADUATE PROJECT





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## **"The Future of Medical Education in Canada-PG" Recommendations**

- 1. Right Mix, Distribution and Numbers of Physicians
- 2. Diverse Learning and Work Environments
- 3. A Positive and Supportive Environment
- 4. Competency Based Curricula
- 5. Transitions along the Medical Educational Continuum
- 6. Effective Assessments Systems
- 7. Support Clinical Teachers
- 8. Foster Leadership Development
- 9. Collaborative Governance in PGME
- 10. Align Accreditation Standards



THE COLLEGE OF FAMILY PHYSICIANS OF CANADA



COLLÈGE DES MÉDECINS DU QUÉBEC





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### "The Future of Medical Education in Canada" **Recommendations**

#### FMEC MD Recommendation 1: Address Individual and Community Needs

Social responsibility and accountability are core values underpinning the roles of Canadian physicians and Faculties of Medicine. This commitment means that, both individually and collectively, physicians and faculties must respond to the diverse needs of individuals and communities throughout Canada, as well as meet international responsibilities to the global community.

#### **FMFC PG Recommendation 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.



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### **Total number of Doctors in Canada**

Figure 1 Number of Physicians, by Physician Type and Jurisdiction, Canada, 2012

Jurisdiction	Family Medicine	Specialist	Total Physicians
NL	648	585	1,233
PE	143	123	266
NS	1,206	1,161	2,367
NB	886	782	1,668
QC	9,294	9,696	18,990
ON	13,513	13,787	27,300
MB	1,305	1,157	2,462
SK	1,089	876	1,965
AB	4,326	4,204	8,530
BC	5,655	4,591	10,246
ΥT	56	11	67
NT	26	10	36
NU	9	3	12
Canada	38,156	36,986	75,142

Source: Scott's Medical Database, 2012, Canadian Institute for Health Information.











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### **Total number of Doctors in Canada**

		Canada					
Supply			2008 <sup>‡‡</sup>	2009 <sup>‡‡</sup>	2010 <sup>‡‡</sup>	2011 <sup>‡‡</sup>	2012 <sup>‡‡</sup>
Total Number of Physicians		65,440	68,101	69,699	72,529	75,142	
Family Medicine				35,366	36,769	38,156	
Specialists				34,333	35,760	36,986	
Place of MD Graduation <sup>§</sup>							
	Canadian		49,907	51,644	52,622	54,370	56,050
	Famil	y Medicine			26,090	26,843	27,580
Specialists				26,532	27,527	28,470	
	Foreign		15,358	16,248	16,809	17,800	18,592
Family Medicine Specialists				9,064	9,644	10,230	
				7,745	8,156	8,362	
Location**							
	Rural		5,790	5,927	6,060	6,247	6,389
	Family	Medicine			5,231	5,370	5,476
	Specia	alists			829	877	913
	Urban		59,597	62,128	63,616	66,253	68,602
	Family Medicine				30,126	31,384	32,581
	Specialists				33,490	34,869	36,021

Source: Scott's Medical Database, 2012, Canadian Institute for Health Information.









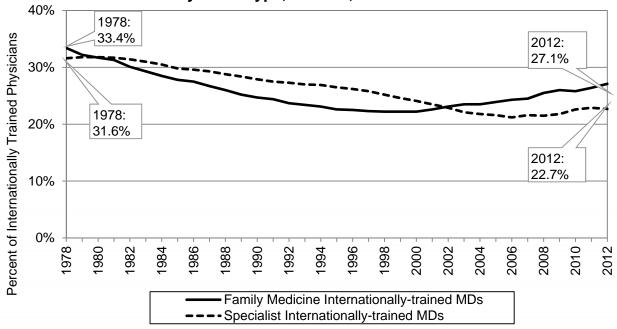
#### POSTGRADUATE PROJECT

Percentage of Internationally Trained Physicians, by Physician Type, Canada, 1978 to 2012

Year	Family Medicine Internationally- trained MDs	Specialist Internationally- trained MDs
1978	33.4%	31.6%
1983	29.3%	31.0%
1988	26.0%	28.8%
1989	25.2%	28.4%
1990	24.7%	27.9%
1991	24.4%	27.5%
1992	23.7%	27.3%
1993	23.4%	27.0%
1994	23.1%	26.9%
1995	22.6%	26.5%
1996	22.5%	26.2%
1997	22.3%	25.8%
1998	22.2%	25.2%
1999	22.2%	24.6%
2000	22.2%	24.1%
2001	22.6%	23.5%
2002	23.1%	22.9%
2003	23.5%	22.1%
2004	23.5%	21.8%
2005	23.9%	21.6%
2006	24.3%	21.2%
2007	24.5%	21.6%
2008	25.5%	21.5%
2009	26.0%	21.8%
2010	25.8%	22.6%
2011	26.4%	22.9%
2012	27.1%	22.7%

Figure 6 Percentage of Internationally Trained Physicians, by Physician Type, Canada, 1978 to 2012

PROJET



Source: Scott's Medical Database, 2012, Canadian Institute for Health Information.





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As with the rest of the country, rural area experienced a rise in physician numbers that outpaced population growth. Between 2007 and 2011, the number of physicians in rural areas increased by almost 10%. In comparison, the rural population grew by only 2 % between 2007 and 2011.

Source: CIHI News Release, *Physician supply still growing faster than Canadian population*, November 15 2012











### "The Future of Medical Education in Canada" Recommendations

• FMEC MD Recommendation 2: Enhance Admissions Processes

Given the broad range of attitudes, values, and skills required of physicians, Faculties of Medicine must enhance admissions processes to include the assessment of key values and personal characteristics of future physicians—such as communication, interpersonal and collaborative skills, and a range of professional interests—as well as cognitive abilities. In addition, in order to achieve the desired diversity in our physician workforce, Faculties of Medicine must recruit, select, and support a representative mix of medical students.









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

# **GLOBAL POLICY RECOMMENDATIONS** Increasing access to health workers in World Health Organization remote and rural areas through improved retention









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### World Health Organization: Increasing Access to Health Workers in remote and rural areas through improved retention

• Education Recommendations A-1

Use targeted admission policies to enrol students with a rural background in education programmes for various health disciplines, in order to increase the likelihood of graduates choosing to practise in rural area

Source: World Health Organization, *Increasing Access to Health Workers in remote and rural areas through improved retention*, 2010, p.3











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### "The Future of Medical Education in Canada" **Recommendations**

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#### FMEC MD Recommendation 6: Diversify Learning Contexts

Canadian physicians practise in a wide ٠ range of institutional and community settings while providing the continuum of medical care. In order to prepare physicians for these realities, Faculties of Medicine must provide learning experiences throughout MD education for all students in a variety of settings, ranging from small rural communities to complex tertiary health care centres.

#### FMEC PG Recommendation 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.

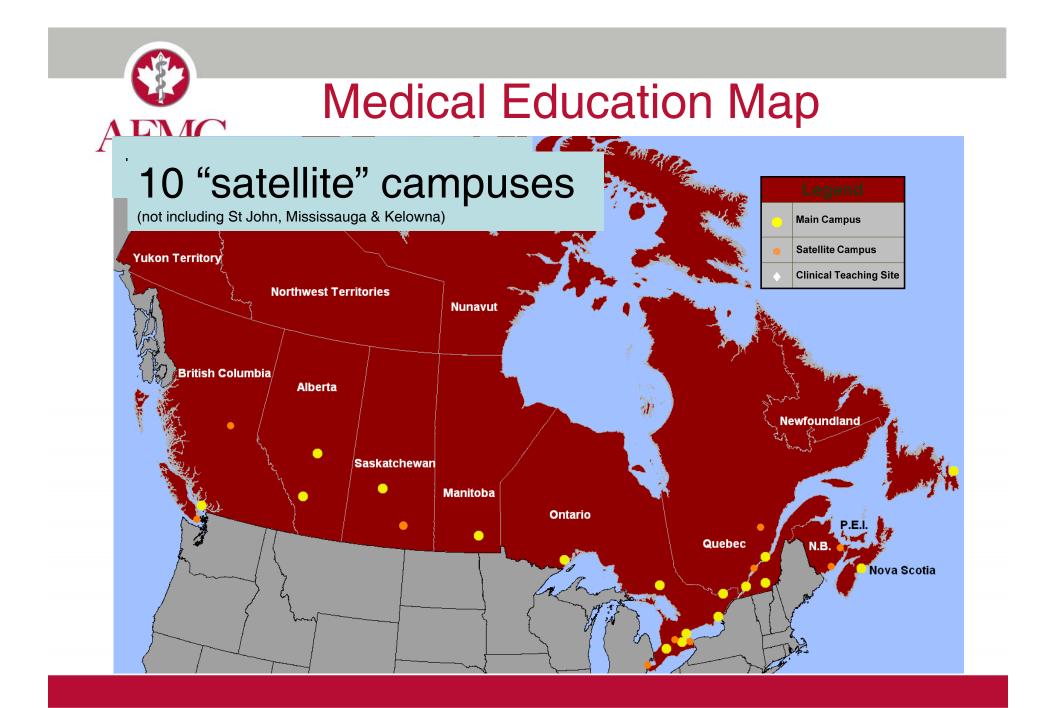


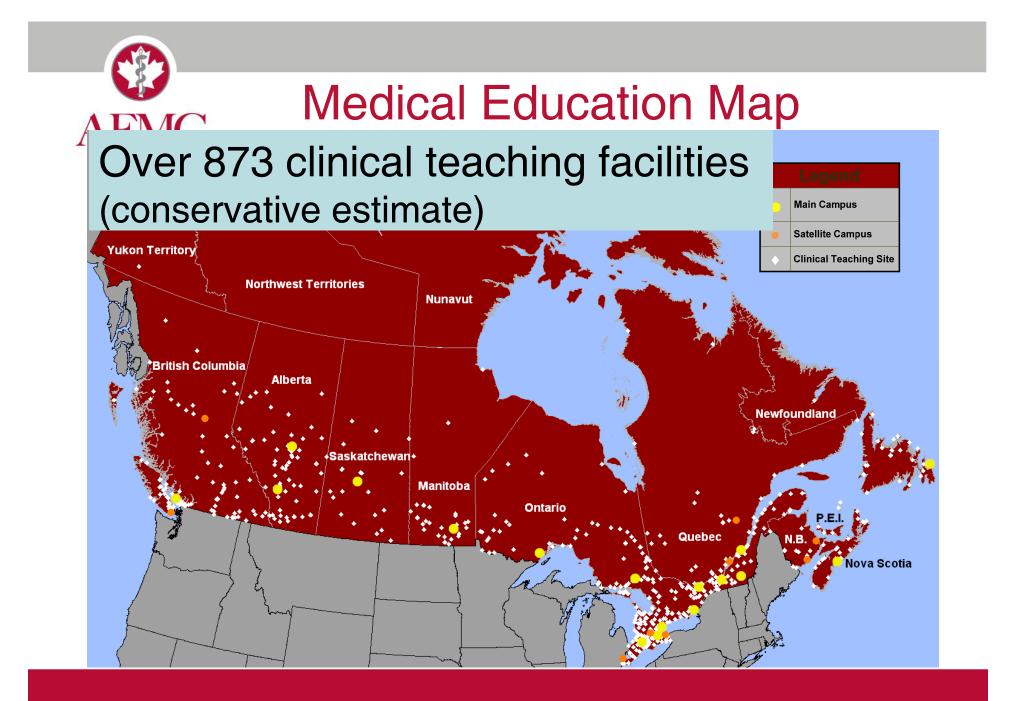
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[...] a long list of such supplementary opportunities scattered through the town is no substitute for the fundamental teaching and working hospital, on the existence of which even a fairly satisfactory use of additional and imperfectly controlled clinical material depends. Indeed, without such a teaching hospital, the school cannot even organize a clinical faculty in any proper sense of the term.

Source: FLEXNER, Abraham, *Medical Education in the United States and Canada: A report to the Carnegie Foundation for the advancement of teaching*, New York City, Merrymount Press, 1910, p.101











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### World Health Organization: Increasing Access to Health Workers in remote and rural areas through improved retention

World Health Organization: Increasing	World Health Organization: Increasing
Access to Health Workers in remote and	Access to Health Workers in remote and
rural areas through improved retention	rural areas through improved retention
Education Recommendation A-2	Education Recommendations A-3
Locate health professional schools, campuses and	Expose undergraduate students of various health
family medicine residency programmes outside	disciplines to rural community experiences and
of capitals and other major cities as graduates of	clinical rotations as these can have a positive
these schools and programmes are more likely to	influence on attracting and recruiting health
work in rural areas.	workers to rural areas.
Source: World Health Organization, <i>Increasing Access to</i> <i>Health Workers in remote and rural areas through</i> <i>improved retention</i> , 2010, p.3	Source: World Health Organization, <i>Increasing Access to Health Workers in remote and rural areas through improved retention</i> , 2010, p.3











### "The Future of Medical Education in Canada" Recommendations

• FMEC MD Recommendation 7: Value Generalism

Recognizing that generalism is foundational for all physicians, MD education must focus on broadly based generalist content, including comprehensive family medicine. Moreover, family physicians and other generalists must be integral participants in all stages of MD education.



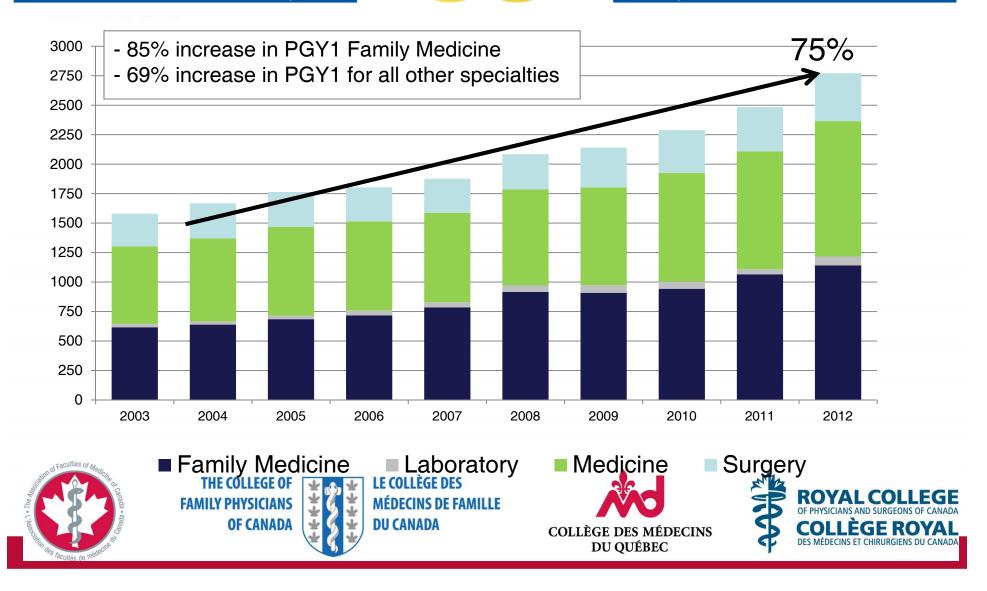






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### "The Future of Medical Education in Canada" Recommendations

• FMEC PG Recommendation 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.











### "The Future of Medical Education in Canada" Recommendations

• FMEC MD Recommendation 5: Address the Hidden Curriculum

The hidden curriculum is a "set of influences that function at the level of organizational structure and culture," affecting the nature of learning, professional interactions, and clinical practice. Faculties of Medicine must therefore ensure that the hidden curriculum is regularly identified and addressed by students, educators, and faculty throughout all stages of learning.











The Society of Rural Physicians of Canada (SRPC) developed a National rural health strategy

The Society of Rural Physicians of Canada (SRPC) developed a National rural health strategy, observing

- Medical schools teach skills for urban practices
- Medical schools promote specialist care
- Urban hospitals do not support rural physicians











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## "The Future of Medical Education in Canada" **Recommendations**

**FMEC MD Recommendation 8: Advance** Inter- and Intra-professional Practice

To improve collaborative, patient-centred care, MD education must reflect ongoing changes in scopes of practice and health care delivery. Faculties of Medicine must equip MD education learners with the competencies that will enable them to function effectively as part of inter- and intra-professional teams.

FMEC PG Recommendation 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.



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### What are the "The Future of Medical Education in Canada" MD & PG Recommendations and Conclusions

- 1. Train the right mix and number of doctors and distribute them to meet societal need
- 2. Ensure more broadly based admission criteria
- 3. Train more in the community
- 4. Emphasize generalism
- 5. Break down barriers that can be reinforced by the hidden curriculum
- 6. Promote inter and intra-professional practices











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# Thank you

# **Ouestions?** Comments?





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