



The Future of Medical Education in Canada

Undergraduate and Postgraduate Projects

A Health Canada Funded Project



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OF CANADA



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MÉDECINS DE FAMILLE
DU CANADA


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COLLÈGE ROYAL
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FMEC MD & PG

The Future of Medical Education in Canada (FMEC): *A Collective Vision for MD Education*



An AFMC project



THE FUTURE OF
MEDICAL EDUCATION
IN CANADA
POSTGRADUATE PROJECT



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

A COLLECTIVE VISION FOR POSTGRADUATE MEDICAL EDUCATION IN CANADA



2012



THE COLLEGE OF
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MD Education

- AFMC led
- 10 recommendations & 5 enabling recommendations
- Examples of implementation activities



PG Education

- Consortium: AFMC, CFPC, CMQ, RCPSC
- 10 recommendations
- Specific action items, including transformative actions



MD Education 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



MD Education 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
-
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- A decorative horizontal bar at the bottom of the slide, consisting of a thick blue line on top and a thinner yellow line on the bottom.



FMEC PG Recommendations

1. Ensure the Right Mix, Distribution, and Number of Physicians to Meet Societal Needs
2. Cultivate Social Accountability through Experience in Diverse Learning and Work Environments
3. Create Positive and Supportive Learning and Work Environments
4. Integrate Competency-Based Curricula in Postgraduate Programs
5. Ensure Effective Integration and Transitions along the Educational Continuum



FMEC PG Recommendations

6: Implement Effective Assessment Systems

7: Develop, Support, and Recognize Clinical Teachers

8: Foster Leadership Development

9: Establish Effective Collaborative Governance in PGME

10: Align Accreditation Standards

Diverse learning and work environments

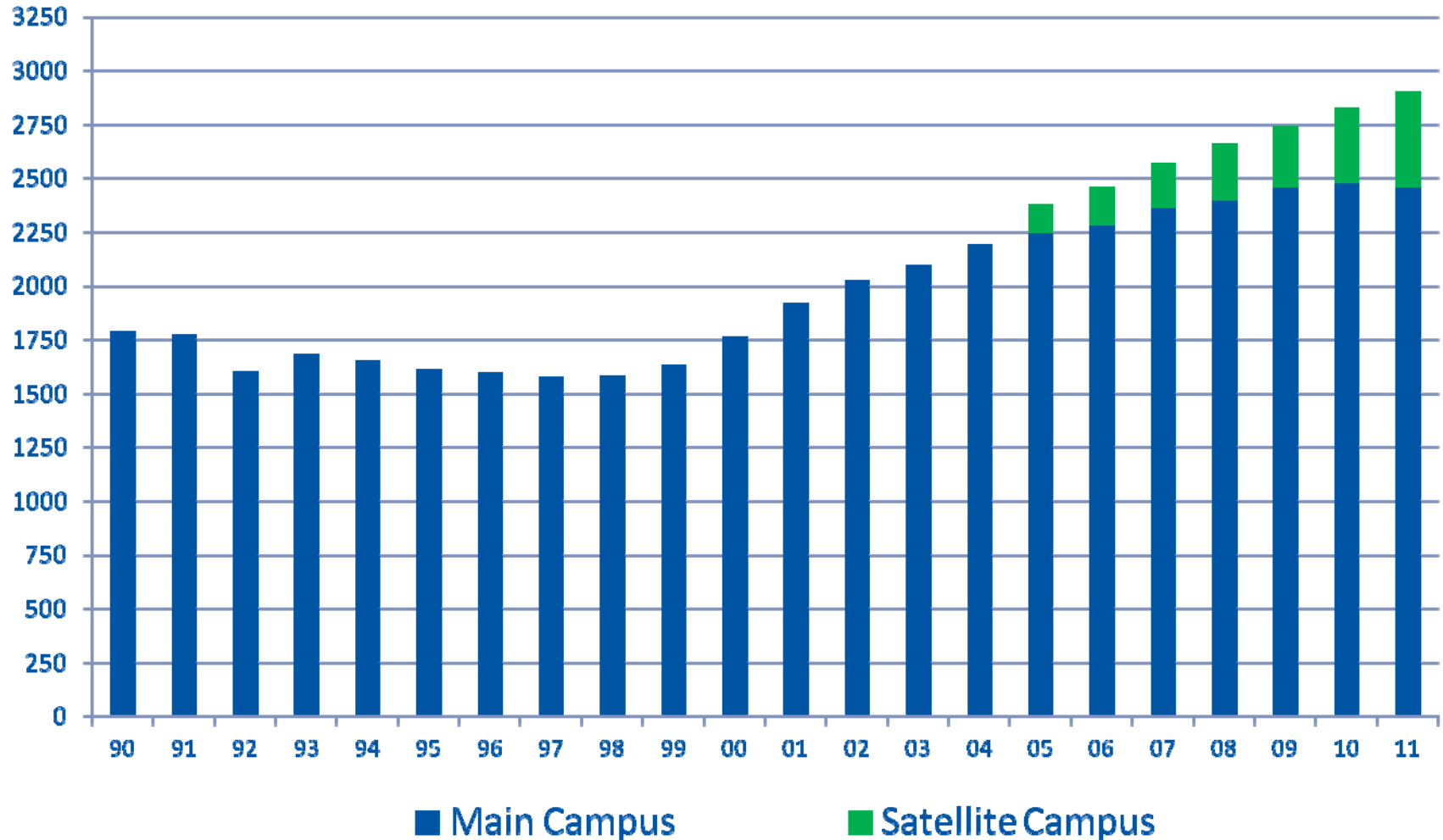
FMEC MD: Diversify Learning Contexts

Canadian physicians practise in a wide 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: Cultivate Social Accountability through Experience in Diverse Learning and Work Environments

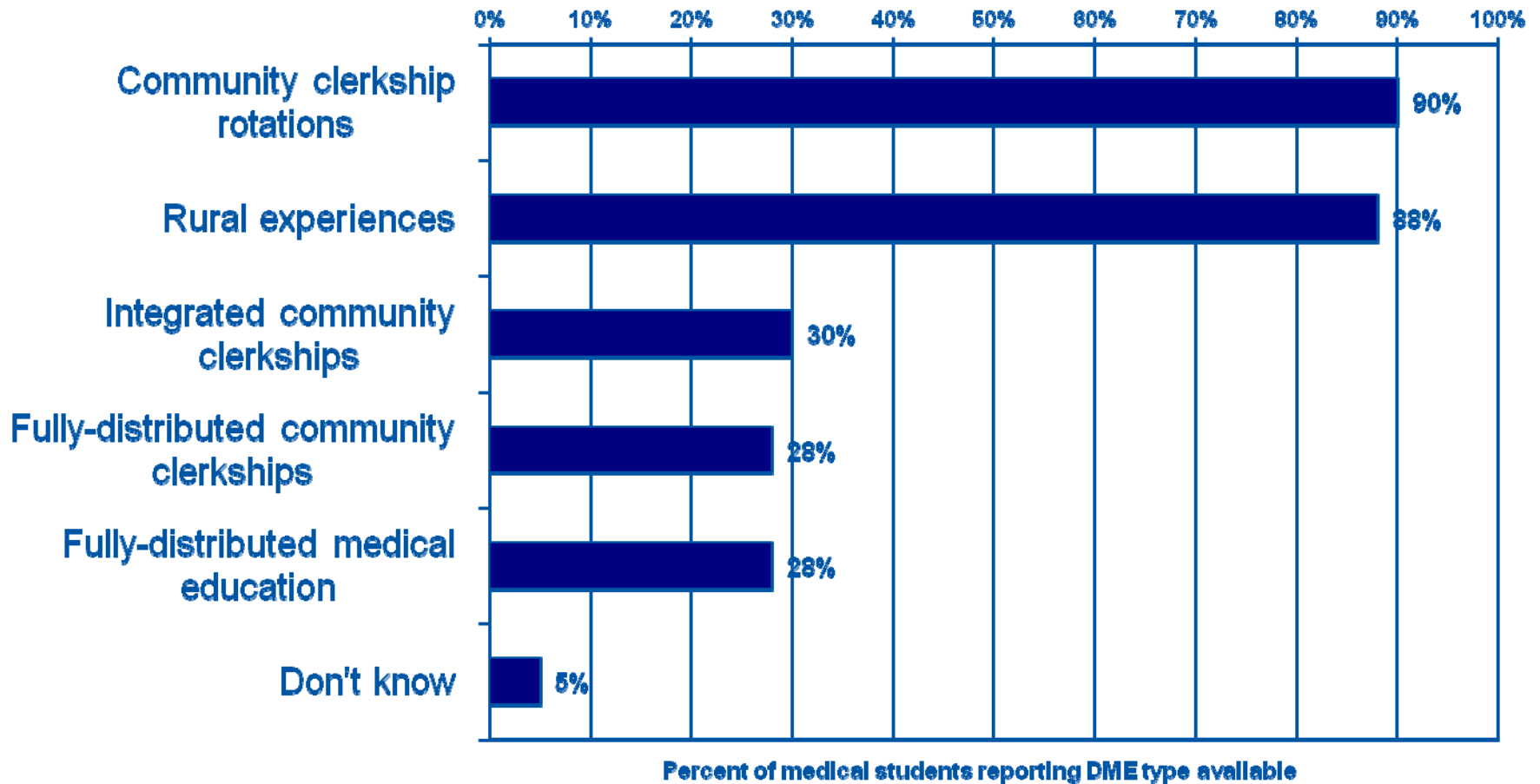
Responding to the diverse and developing healthcare needs of Canadians requires both individual and collective commitment to social accountability. PGME programs should provide learning and work experience in diverse environments to cultivate social accountability in residents and guide their choice of future practice.

First Year MD Program Enrolment, 1990 to 2011



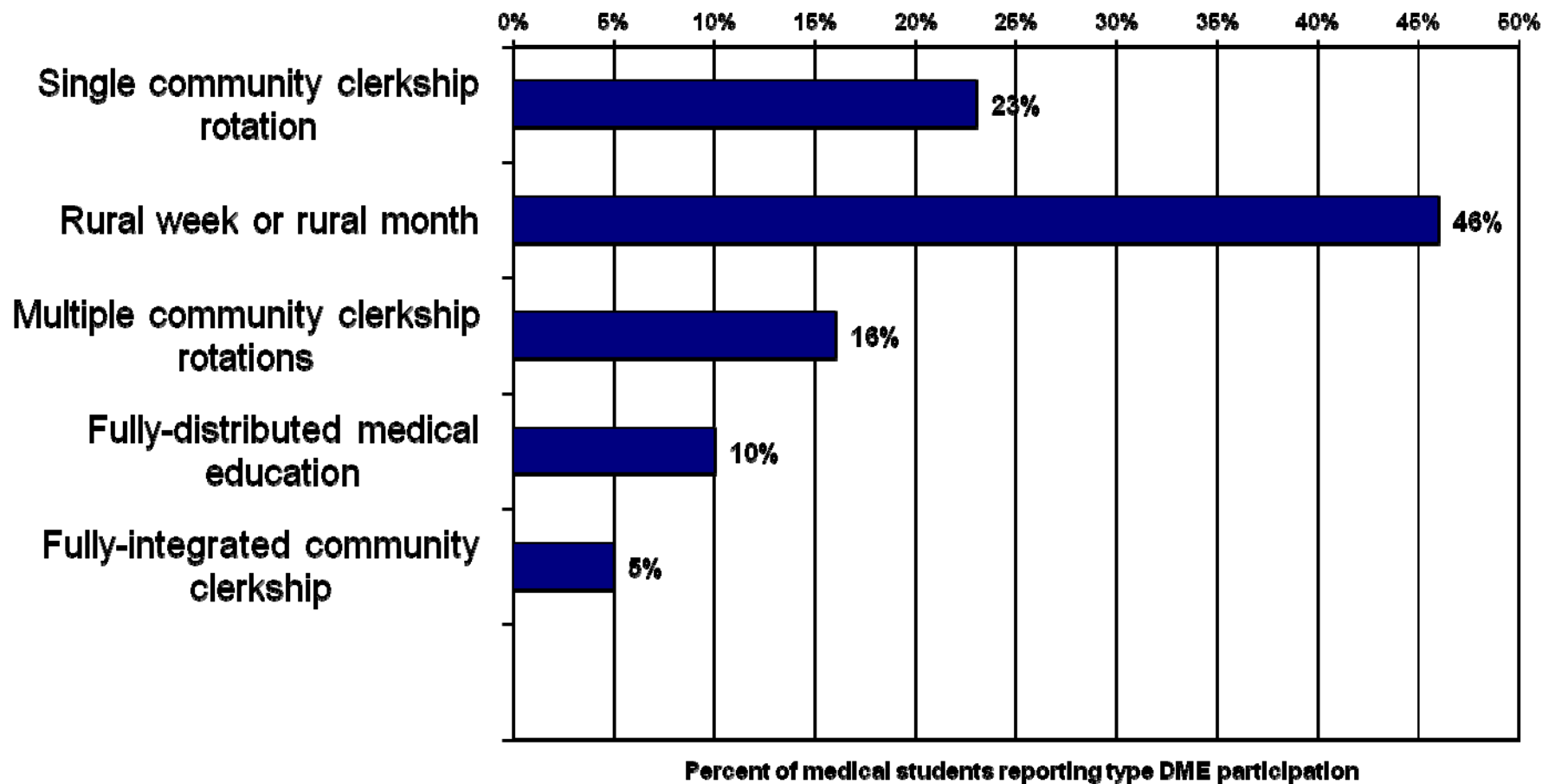
MD Program DME Offerings

Types of DME Offered, as Self-reported by Medical Students, Canada, 2008-09



Medical Student Participation in DME

Level of DME Participation, as Self-reported by Medical Students, Canada, 2008-09



Medical Education Map

Over 873 clinical teaching facilities
(conservative estimate)



Distance between clinical teaching facilities and
& main campuses varies:

- Mean = 187 km; Median = 98 km
- Most are about 100km away; some much further.

Develop, Support, and Recognize Clinical Teachers

FMEC MD: Enhance Faculty Development

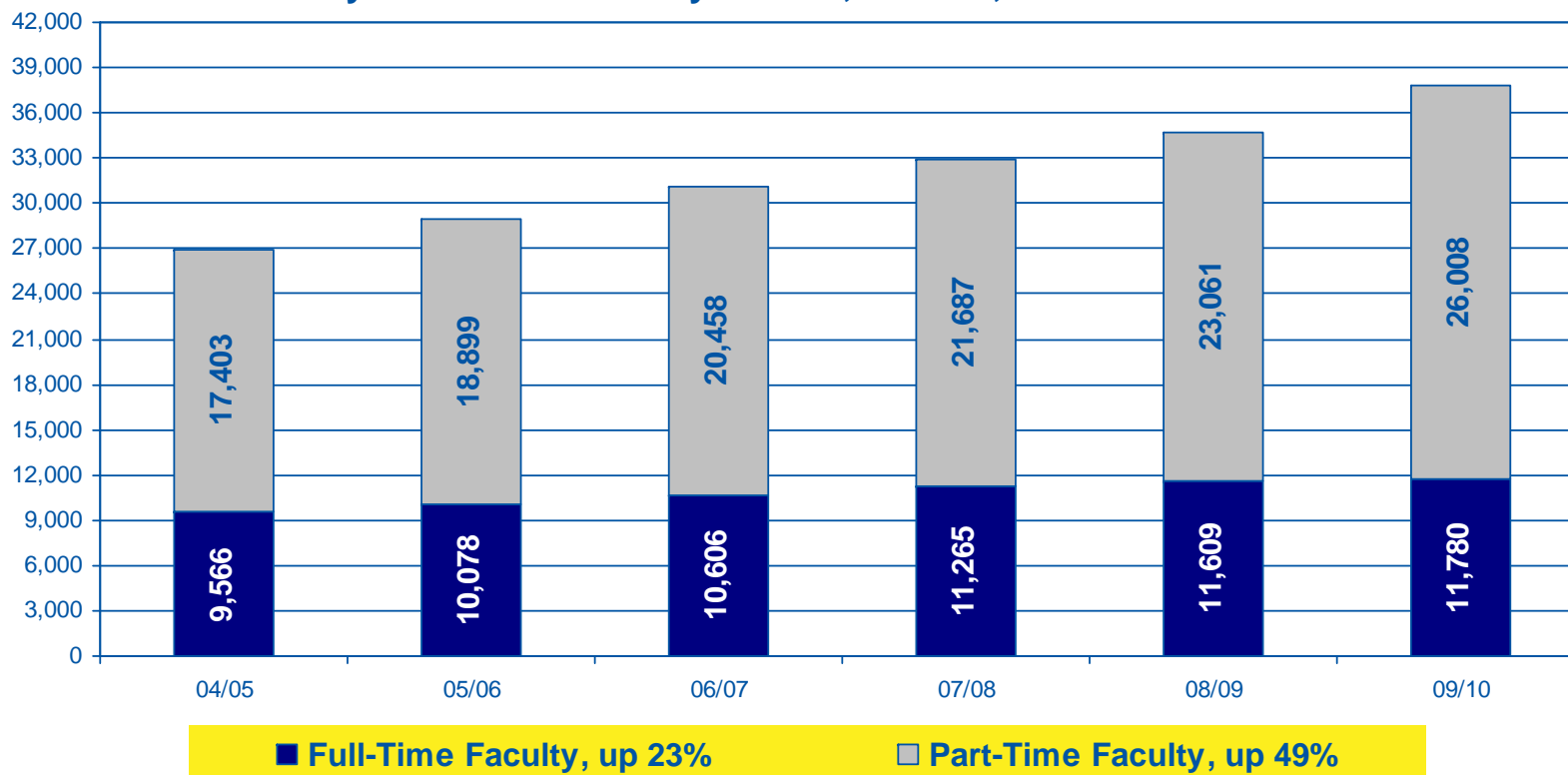
Recognizing that teaching, research, and leadership are core roles for physicians, priority must be given to faculty development, support, and recognition in order to enable teachers and learners to respond effectively to the recommendations in this report.

FMEC PG: Develop, Support, and Recognize Clinical Teachers

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

Full-time and Part-time Faculty Growth

Faculty of Medicine Faculty Counts, Canada, 2004-05 to 2009-10

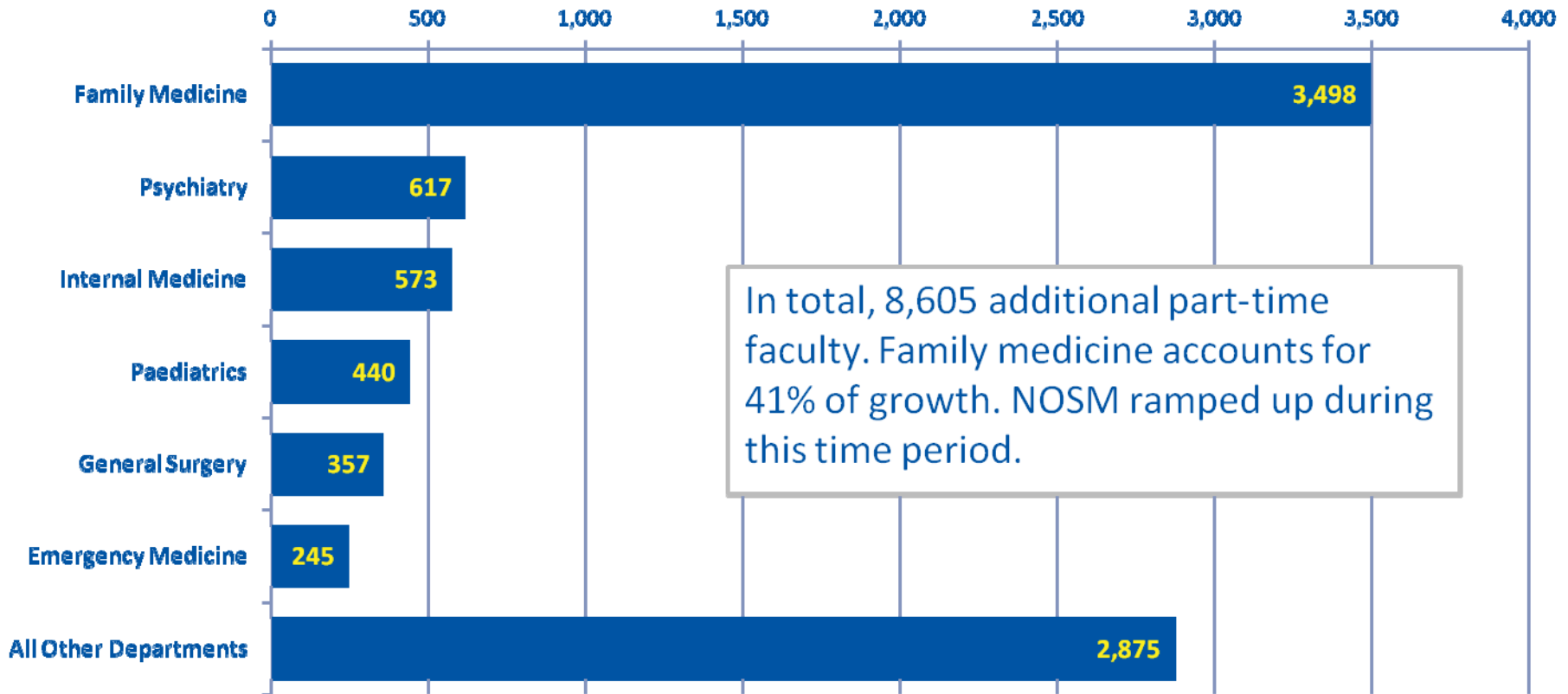


Source: AFMC ORIS, 2012

Note: Full-time faculty include professors, associate and assistant professors, instructors and other faculty. Part-time faculty includes paid and volunteer faculty members.

Faculty Growth by Department

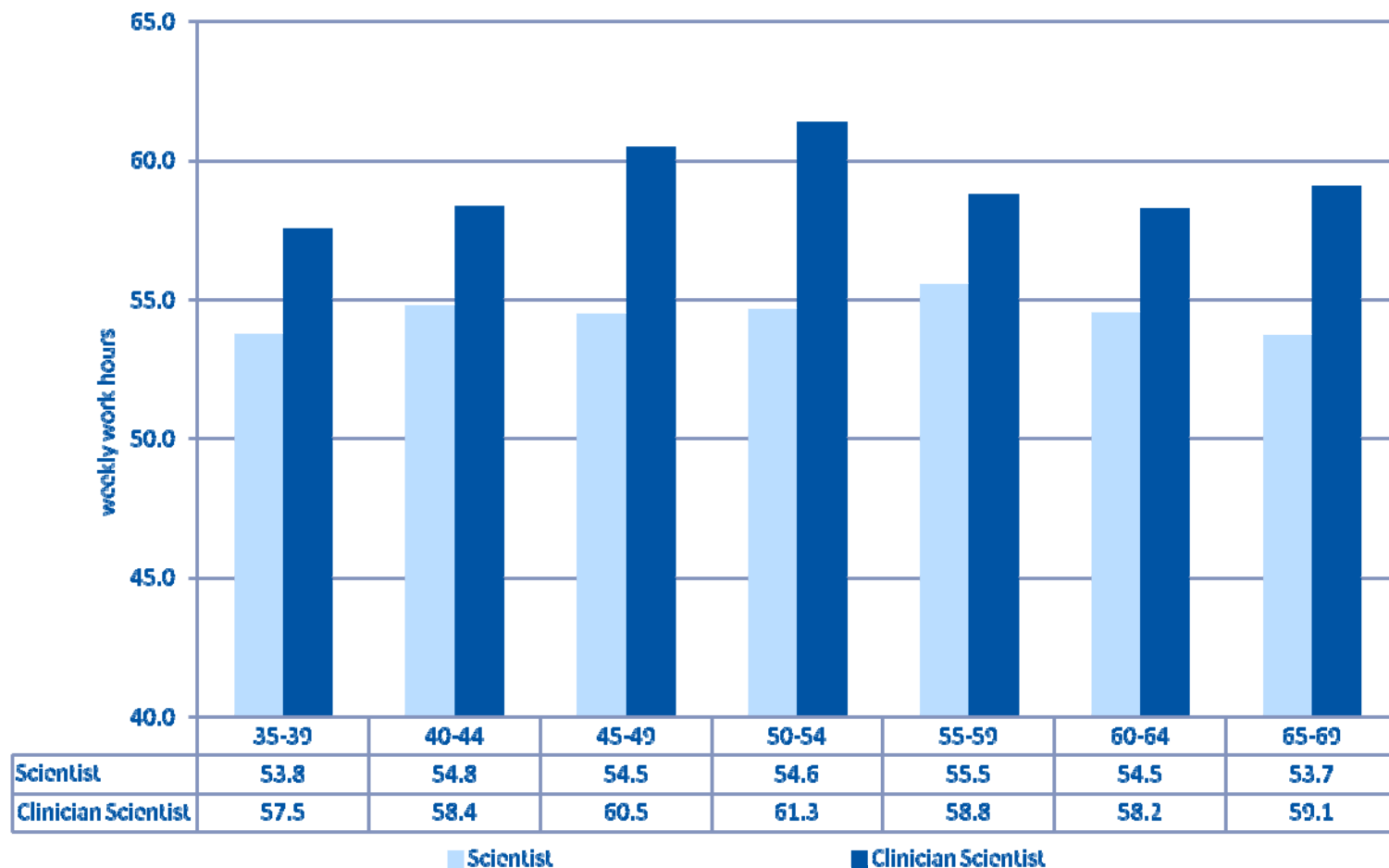
Growth in the Number of Part-Time Faculty of Medicine Faculty Members, Canada, 2004/05 to 2009/10



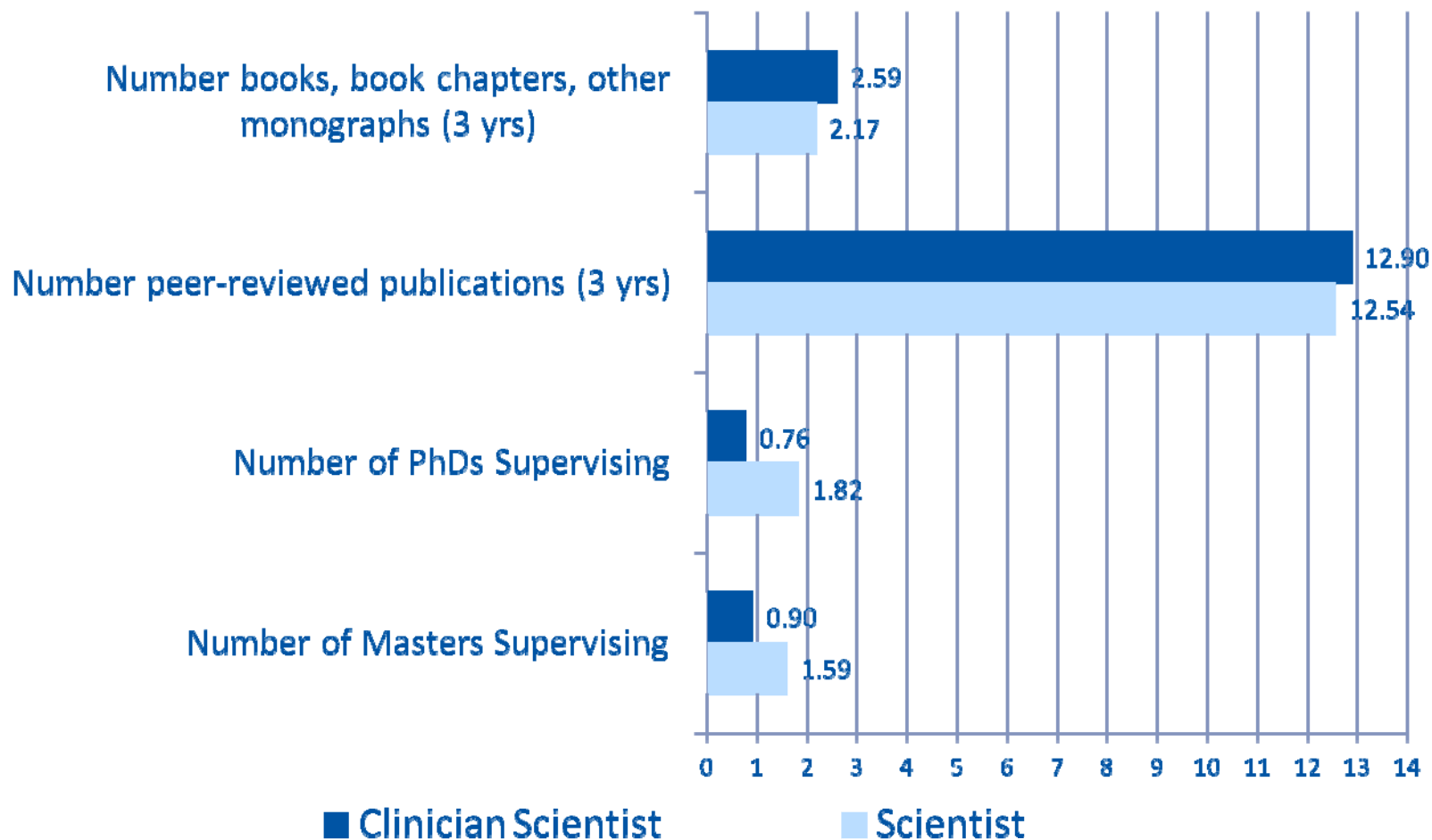
Source: AFMC, ORIS, 20112.

Note: Part-Time faculty includes paid and volunteer faculty members.

Health Researchers Average Weekly Work Hours, by Age Group and Scientist Type, Canada, 2010



Health Researcher Scholarly Activities, Canada, 2010



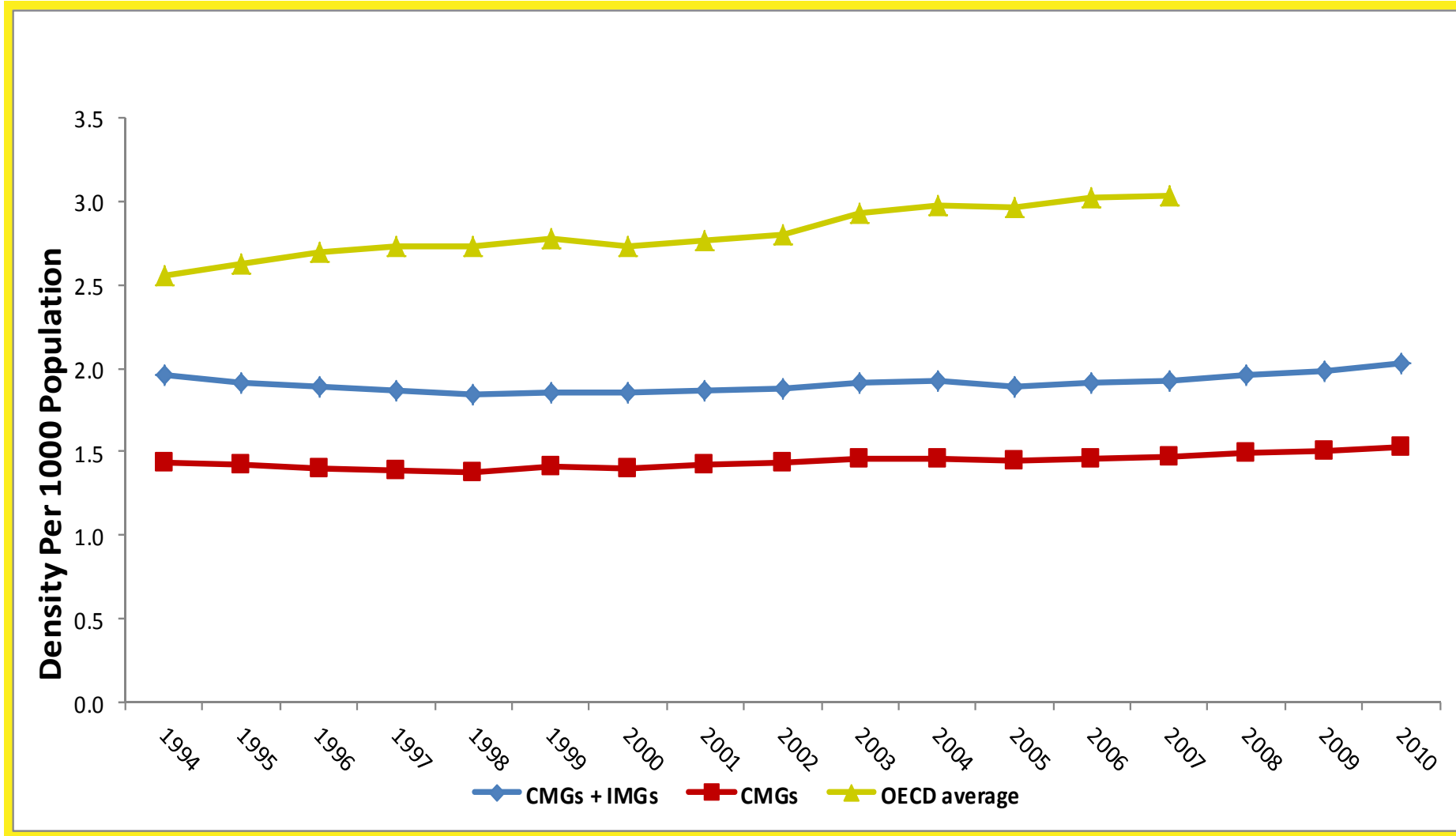
The Right Number, Mix and Distribution of Physicians

FMEC PG: 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.

The Right Number

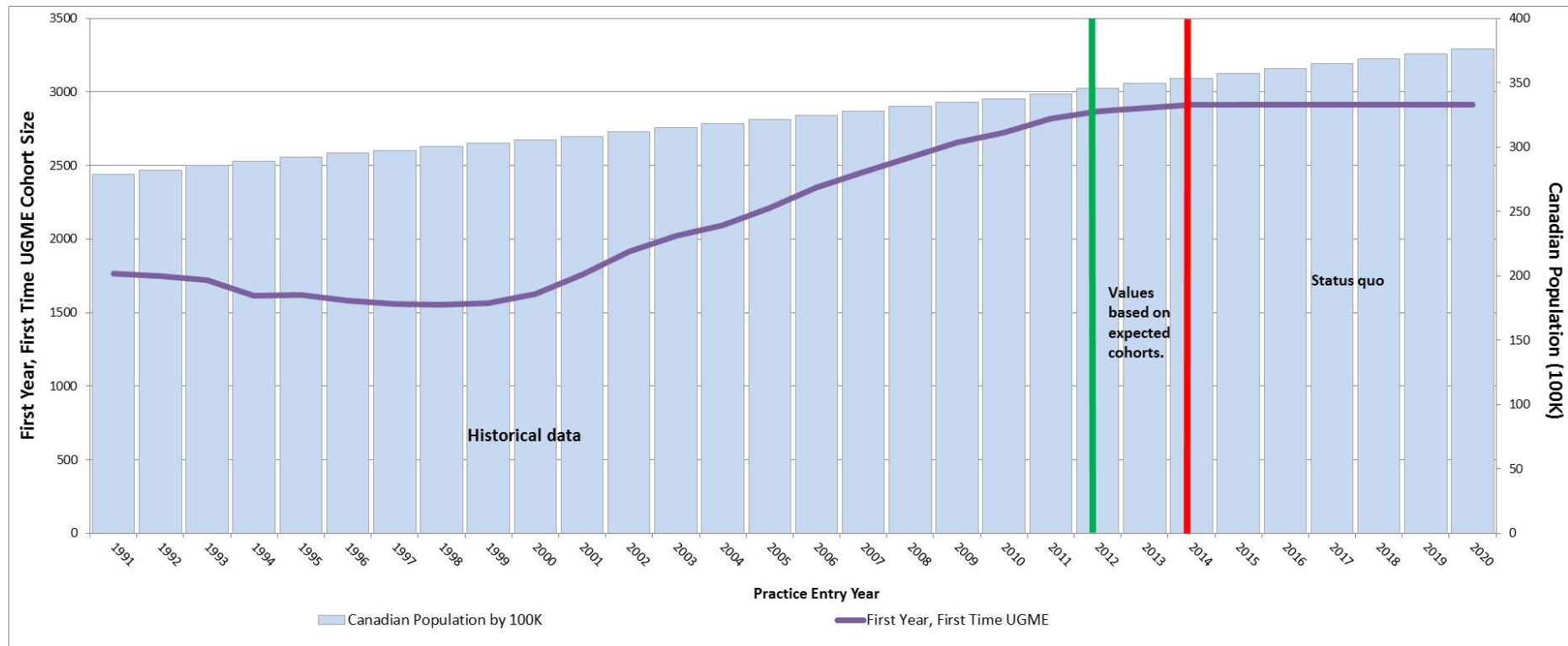
Physician to Population Ratio – Canada Vs. OECD Average





The Right Number

Population and First Year Medical Students, Canada,
1991-2011 Actual and 2012-2012 Estimates



Source: AFMC, 2012.

The online home of **MedicalPost**

resident unemployment

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Doctor unemployment? Really?

First-year medical school enrolment has almost doubled since the mid-1990s and now many young doctors say they are unemployed—or under-employed

WRITTEN BY JULIA BELLUZ ON JANUARY 27, 2012 FOR [THE MEDICAL POST](#)

Email Print Text size Comment



Dr. Dawn Ng, 31, who will soon complete her medical oncology residency, says she has been searching but has no job prospects.

Vagifem® 10 (estradiol vaginal tablets 10 µg) is indicated for the treatment of the symptoms of vaginal atrophy due to estrogen deficiency.¹

In a trial examining the health benefits and risks of oral combined estrogen-plus-progestin therapy compared to oral estrogen-alone therapy in postmenopausal women aged 50 to 75 years, there was an increased risk of stroke and deep vein thrombosis in hysterectomized women treated with CEE-alone (0.625 mg/day) for 6 years compared to those receiving placebo. Therefore, the following should be given serious consideration at the time of prescribing: estrogens with or without progestins should not be prescribed for primary or secondary prevention of cardiovascular disease; estrogens with or without progestins should be prescribed at the lowest effective dose for the approved indication; estrogens with or without progestins should be prescribed for the shortest period possible for the approved indication.²

Vagifem® 10 is a locally administered vaginal treatment that reduces the occurrence of the commonest irritation of above is less likely than with estrogen products used for systemic treatment. However, since Vagifem® 10 is a hormone replacement therapy product, these risks should be considered.³

Please refer to the Product Monograph for important information about contraindications, warnings, precautions, adverse events, dosing and patient selection.

Reference: 1. Vagifem® 10 Product Monograph, Novartis Canada, September 21, 2011

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Medical specialists not to be

Updated: Sep 27, 2011 12:35 PM ET

Oncology, orthopedics, cardiac surgery, nephrology, neurosurgery, plastic surgery, otolaryngology and public health and preventive medicine are all on the Royal College of Physicians and Surgeons' list of high-unemployment specialties.

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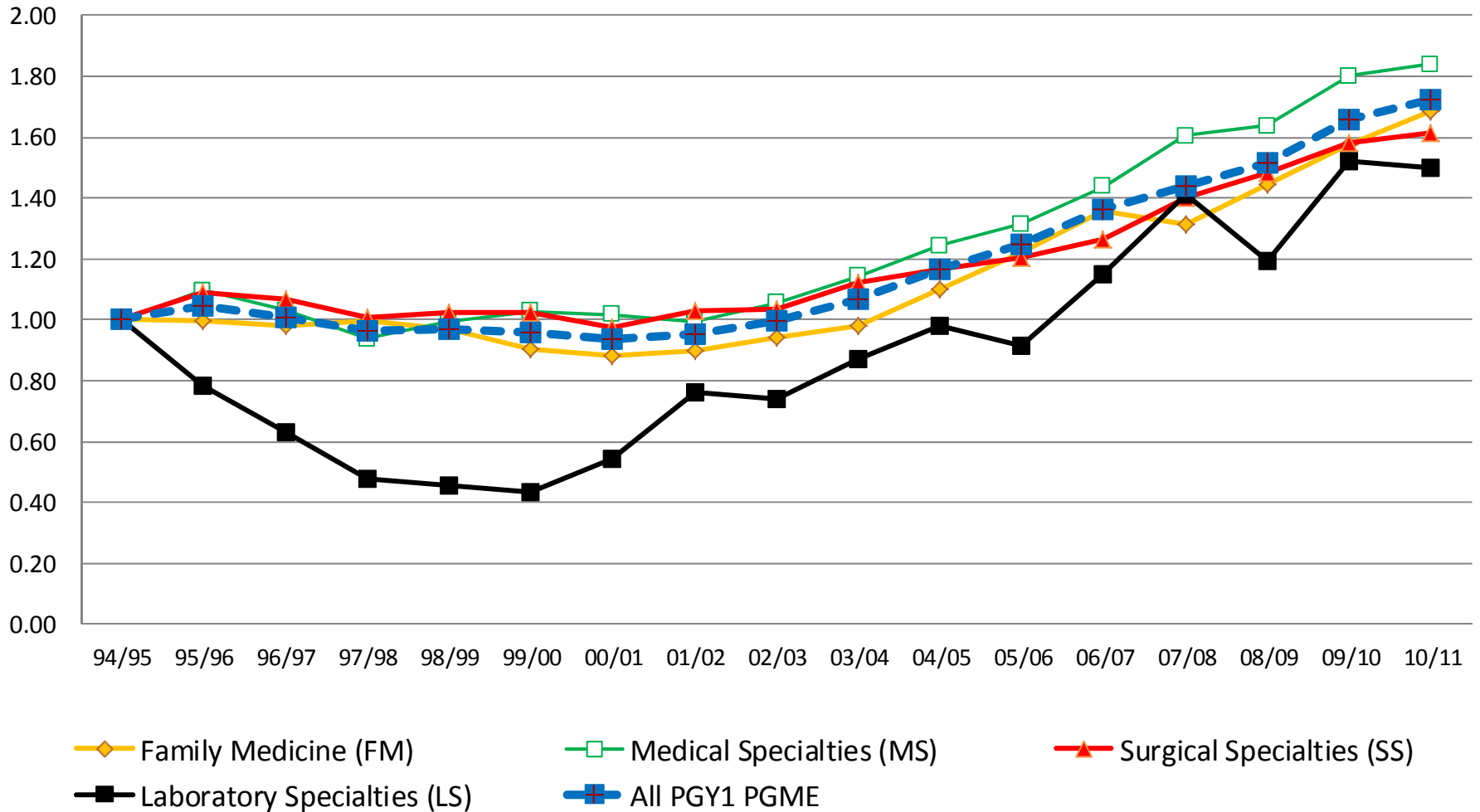
FRANK
Dude please give me a ride. DESPERATE!

ASHLEY
Door to Door valet. NO WORRIES!

2012 RX 350
Lease for \$498 per month †

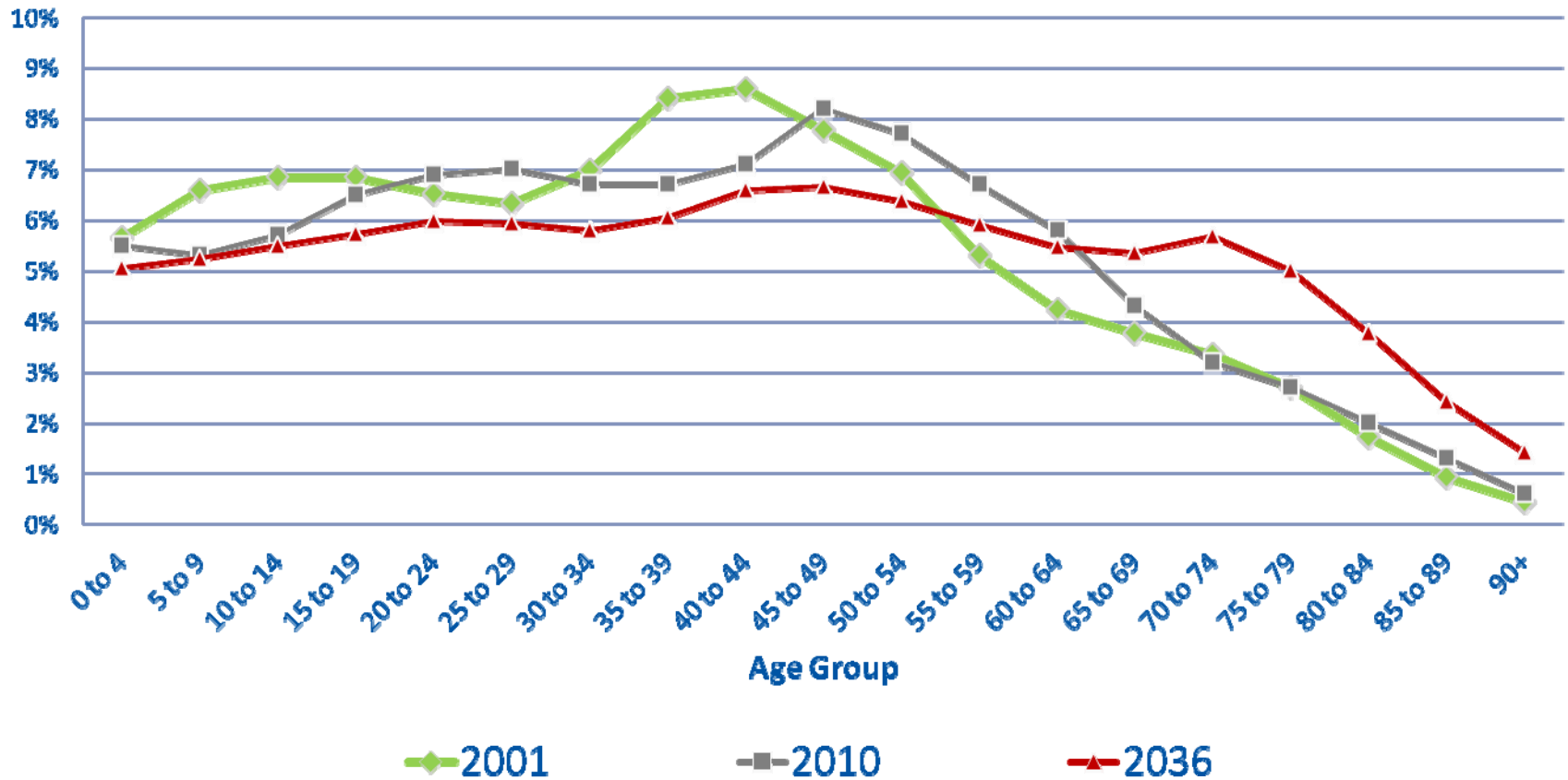
The Right Mix

Indexed Change in PGY1 PGME Enrolment, by Broad Specialty, Canada, 1994/95 to 2010-11



The Right Mix

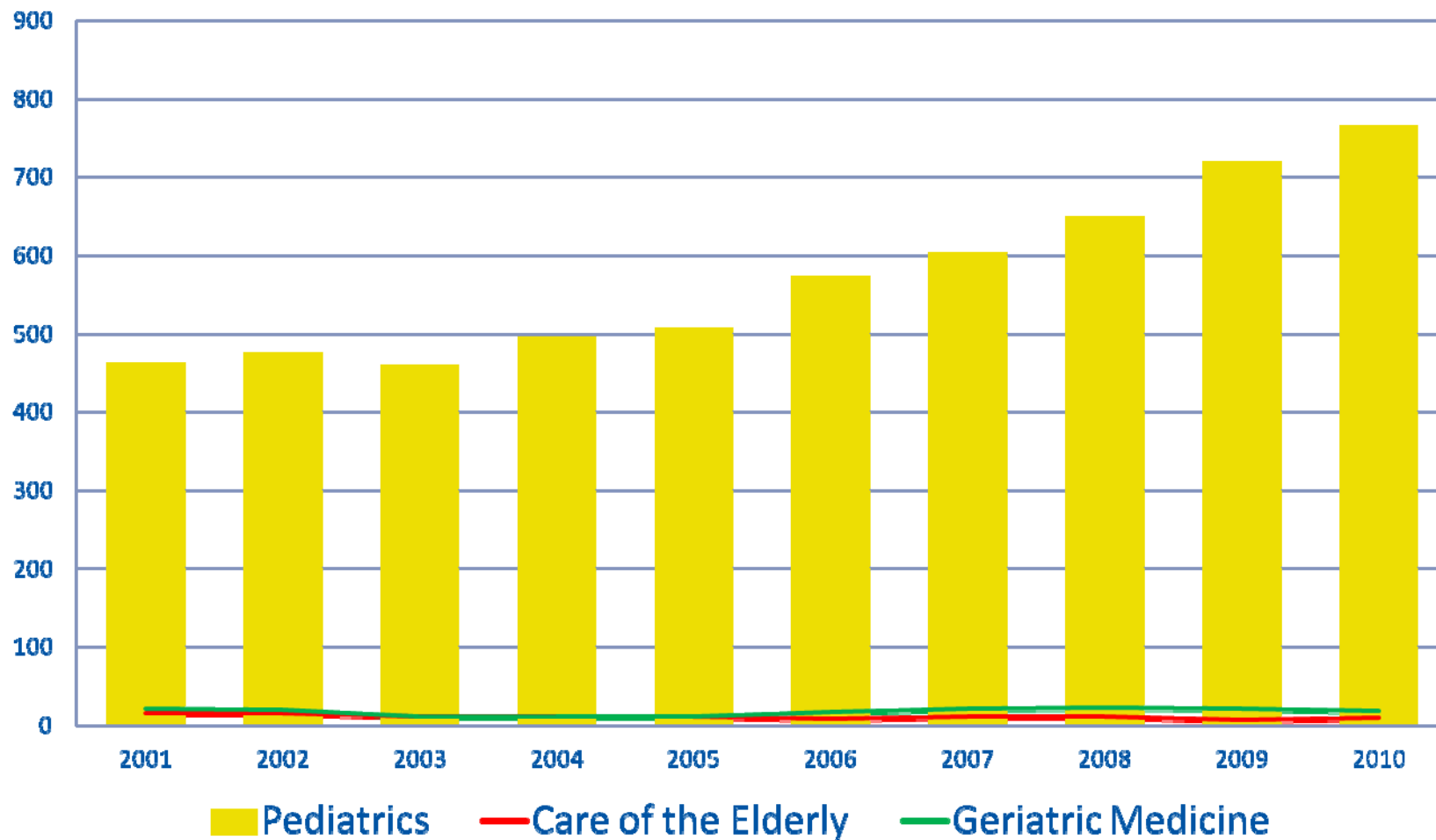
Estimated Population Distribution, Canada, 2001, 2010 and 2036





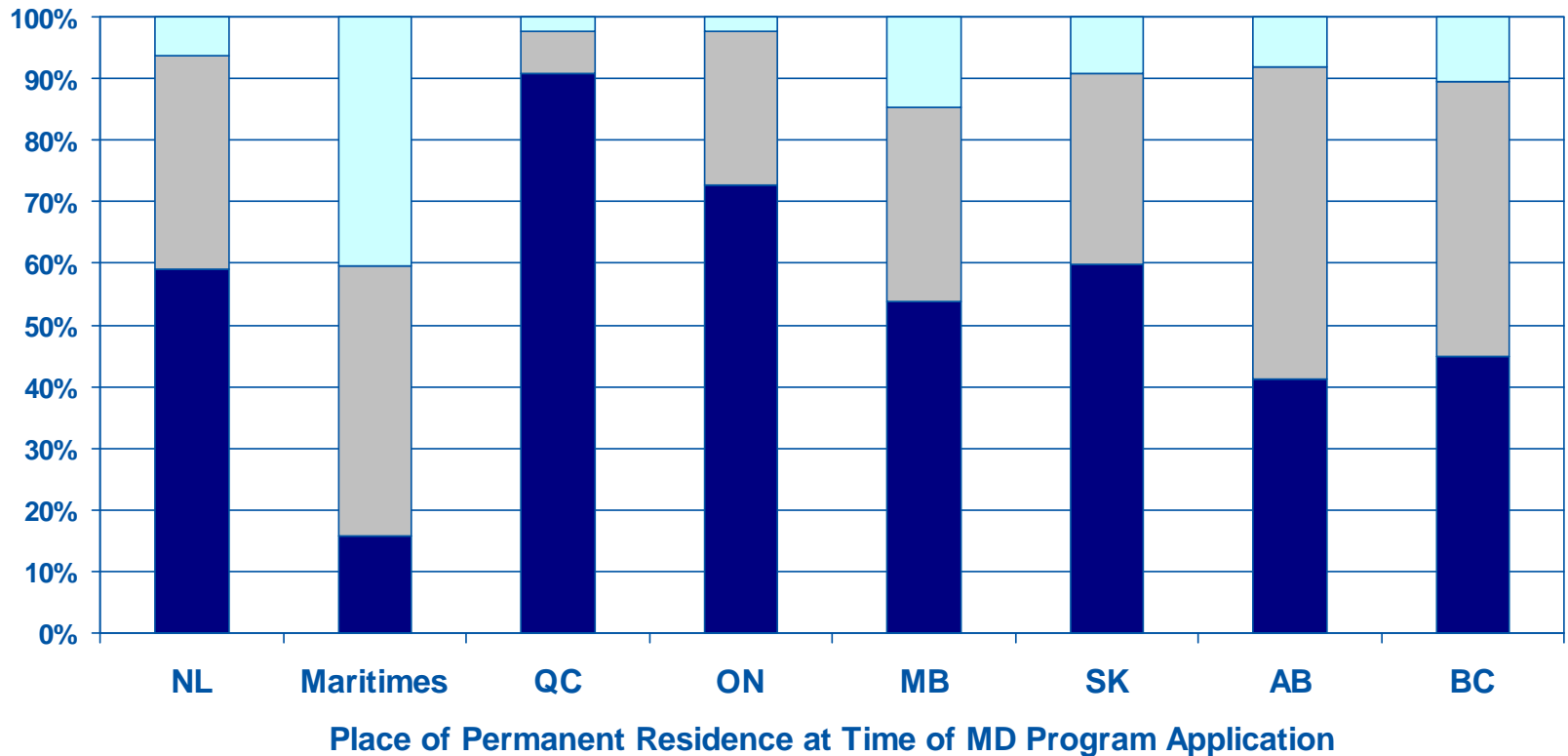
The Right Mix

PGME Enrolment in Paediatrics, Care of the Elderly and Geriatric Medicine, Canada, 2001-2010



The Right Distribution

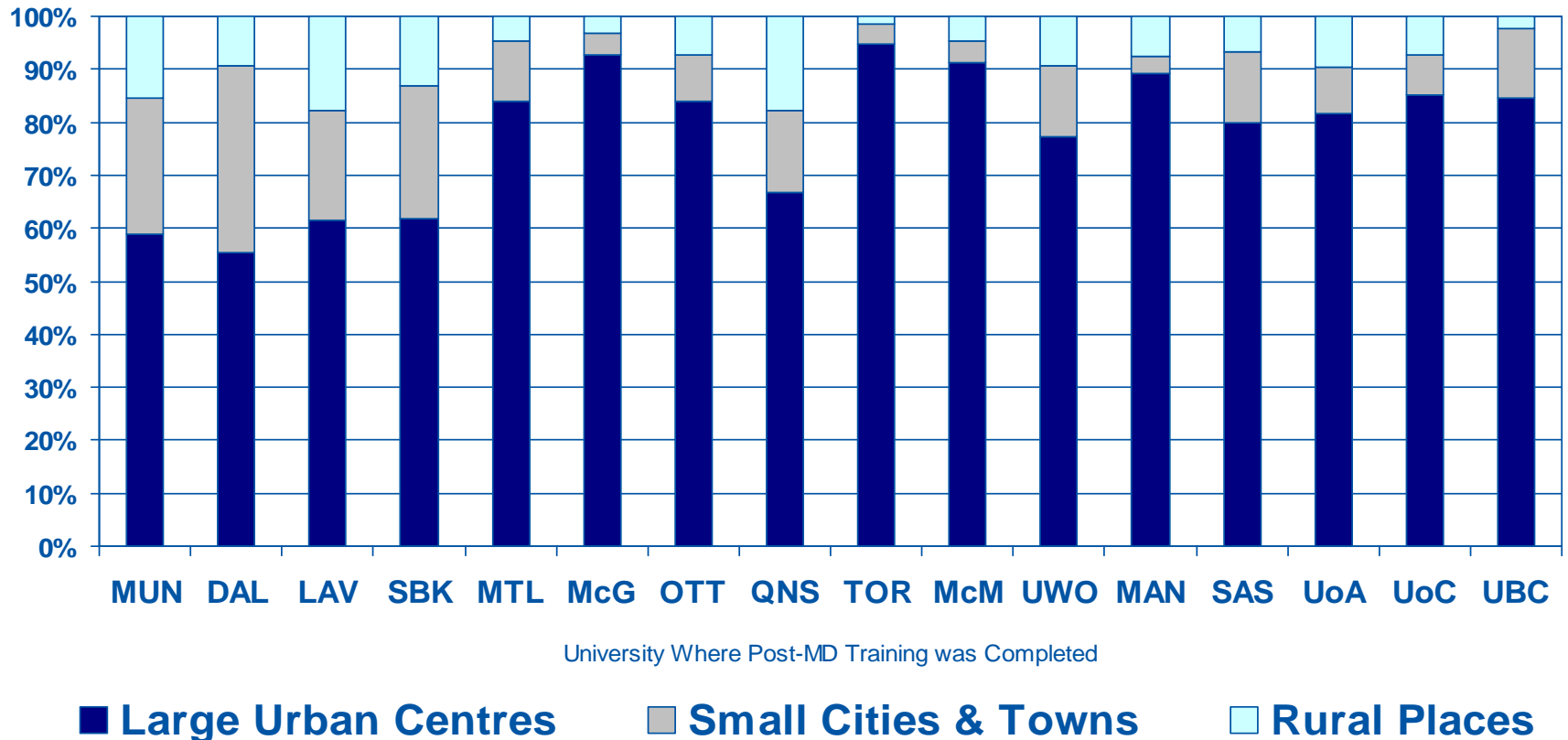
Provinces to Which MD Program Applicants Submitted Applications in 2008,
by Province/Region of Applicants Permanent Residence



■ Applied only within province ■ Applied within and outside province ■ Applied only outside province

The Right Distribution

Distribution of 2007 Practice Entry Cohort Across Large Urban Centres, Small Cities & Towns and Rural Places in 2009, by Faculty of Medicine Where Post-MD Training Was Completed



Source: CAPER, AFMC, 2010.



www.afmc.ca/fmecpg
