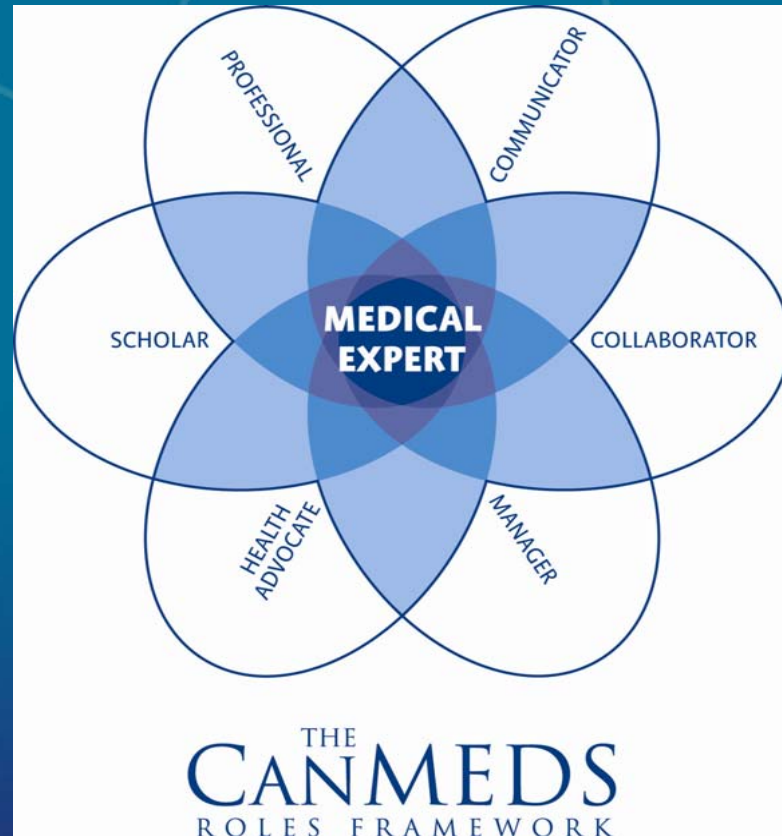


The CanMEDS 2005 Framework

BETTER STANDARDS. BETTER PHYSICIANS. BETTER CARE.



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1. CanMEDS Background

The 1996 Framework



*... a path to the best physicians,
the best care for Canadians*

The Profession

What are some of
the challenges
facing the medical
profession today?



Challenges: Physicians' Perspective

- Quality care
- Explosion of medical knowledge
- Technology
- Resources
- Workload
- Pay
- Regulation
- Medico legal
- Maintaining competence

Challenges for the Profession

- How shall we prepare physicians to thrive in this environment?
- What are the “ideal competencies”?
- How can we train & maintain the best possible clinicians for Canada?

CanMEDS Project Goal

- ✓ To identify the core competencies generic to all specialists to meet the needs of society

Methods: 1996 framework

- Expert panels
- Systematic literature review
- Focus groups
- Broad consultation
- Iterations

CanMEDS Phases

Methods and Phases of CanMEDS Development

Phase I – Development

Identification, development and validation of the CanMEDS Roles Framework (1993-1996)

Phase II – Experimentation & Pilot

Development of practical tools and methods to facilitate resident learning and evaluation of the CanMEDS competencies (1996-1997)

Phase III – Implementation

Implementation into Canadian specialty postgraduate medical education, including adoption into RCPSC accreditation, certification and examination standards (1997-2002)

Phase IV – Faculty Development

Systematic implementation with enhanced materials and faculty development (2002-present)

CanMEDS Roles

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

2. CanMEDS Phase IV: Faculty Development

CanMEDS Phase IV Goals

The activities of Phase IV are designed to meet the stated needs of educators for further support by **enhancing**:

- incorporation of the CanMEDS competencies into all Canadian specialty PGME program curricula
- effective evaluation methods for the CanMEDS competencies
- incorporation of CanMEDS into Royal College policies, structures, programs, and staff development

CanMEDS Working Groups: Rationale & Tasks

- Eight Working Groups comprised of Fellows and educators commissioned in 2003 to:
 - reexamine and update the overall CanMEDS competency framework;
 - address the issues that have arisen with each Role since its adoption by the RCPSC in 1996; and
 - prepare recommendations on such issues as wording, standards, teaching and learning, and evaluation.

CanMEDS Working Groups: Rationale & Tasks

- Intensive and rewarding process involving a tremendous amount of work that drew on hundreds of individuals.
- Peer reviewers and program directors who have examined the working group draft reports have been overwhelmingly enthusiastic about the changes.

3. CanMEDS 2005: Role by Role Changes

CanMEDS Medical Expert Role

- Emphasis as central Role
- Integration
- Consultant & consultation
- Hx, Px, procedural skills
- Core knowledge base
- Dx, Tx
- Maintenance of competence
- Ethical

Definition: Medical Expert 2005

As *Medical Experts*, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. *Medical Expert* is the central physician Role in the CanMEDS framework.

Key Competencies: Medical Expert

As Medical Experts, physicians are able to...

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care;
2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice;
3. Perform a complete and appropriate assessment of a patient;
4. Use preventive and therapeutic interventions effectively;
5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic;
6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

CanMEDS Communicator Role

- Updated for shared decision-making, patient-centred
- Focus on communication skills of before, during, and after clinical encounter
- Other communication skills moved to Collaborator, Manager, Scholar



Definition: Communicator 2005

As ***Communicators***, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Key Competencies: Communicator

As Communicators, physicians are able to...

1. Develop rapport, trust and ethical therapeutic relationships with patients and families;
2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals;
3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals;
4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care;
5. Convey effective oral and written information about a medical encounter.

CanMEDS Collaborator Role

- Updated with new interprofessional concepts & research
- Collaborative care & shared decision-making
- Conflict resolution
- Effective consultation
- Teams



Definition: Collaborator 2005

As Collaborators, physicians effectively work within a healthcare team to achieve optimal patient care.

Key Competencies: Collaborator

As Collaborators, physicians are able to...

1. Participate effectively and appropriately in an inter-professional healthcare team;
2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict.

CanMEDS Manager Role

- Emphasis on effectiveness in health care organizations
- Same focus on resource decision-making
- Updated for current health care context
- Sustainable practice
- “Team” competencies moved to Collaborator
- Leadership and administrative roles



Definition: Manager 2005

As *Managers*, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

Key Competencies: Manager

As Managers, physicians are able to...

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems;
2. Manage their practice and career effectively;
3. Allocate finite healthcare resources appropriately;
4. Serve in administration and leadership roles, as appropriate.

CanMEDS Health Advocate Role

- Clarified wording, same concepts
- Now more literature
- Advocacy for individual, patients, and communities
- Physician influence and health care system knowledge for patient care
- Mobilizing resources
- Determinants of health

Definition: Health Advocate 2005

As ***Health Advocates***, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Key Competencies: Health Advocate

As Health Advocates, physicians are able to...

1. Respond to individual patient health needs and issues as part of patient care;
2. Respond to the health needs of the communities that they serve;
3. Identify the determinants of health of the populations that they serve;
4. Promote the health of individual patients, communities and populations.

CanMEDS Scholar Role

- Updated wording, same concepts
- Lifelong learning, CPD
- Critical appraisal
- Research skills
- Teaching others
- Boyer's Scholarship

Definition: Scholar 2005

As ***Scholars***, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Key Competencies: Scholar

As Scholars, physicians are able to...

1. Maintain and enhance professional activities through ongoing learning;
2. Critically evaluate information and its sources, and apply this appropriately to practice decisions;
3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate;
4. Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices.

CanMEDS Professional Role

- Updated to address controversies and confusion
- Commitments to society, profession, and self
- Ethical practice
- Sustainable practice & well-being
- *Profession-led* regulation
- Professionalism

Definition: Professional 2005

As *Professionals*, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key Competencies: Professional

As Professionals, physicians are able to...

1. Demonstrate a commitment to their patients, profession, and society through ethical practice;
2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation;
3. Demonstrate a commitment to physician health and sustainable practice.

Summary and Conclusions

- ✓ Revised, improved framework
- ✓ Updated concepts
- ✓ Clarified wording
- ✓ Greater utility
- ✓ Positive peer reviews
- ✓ World leadership

References

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For more information...

The CanMEDS physician competency framework serves as a benchmark for high standards and are useful to:

- **Physicians in practice** (assessment of practice and maintenance of competence); and
- **Medical educators** (accreditation, credentialing, and examinations)

Visit us at

**<http://rcpsc.medical.org/canmeds> for
additional CanMEDS tools and resources**