
The Draft CanMEDS 2015

Physician Competency Framework

Series I

Series II

Series III

Series IV

Editors

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March 2015

Competence
by Design

CanMEDS 2015



The Draft CanMEDS 2015 Physician Competency Framework – Series IV

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How to cite individual Roles

Medical Expert

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Communicator

Neville A, Weston W, Martin D, Samson L, Feldman P, Wallace G, Jamouille O, François J, Lussier M-T, Dojeiji S. Communicator. In: Frank JR, Snell L, Sherbino J, editors. *The Draft CanMEDS 2015 Physician Competency Framework – Series IV*. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Collaborator

Richardson D, Calder L, Dean H, Glover Takahashi S, Lebel P, Maniate J, Martin D, Nasmith L, Newton C, Steinert Y. Collaborator. In: Frank JR, Snell L, Sherbino J, editors. *The Draft CanMEDS 2015 Physician Competency Framework – Series IV*. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Leader

Dath D, Chan M-K, Anderson G, Burke A, Razack S, Lief S, Moineau G, Chiu A, Ellison P. Leader. In: Frank JR, Snell L, Sherbino J, editors. *The Draft CanMEDS 2015 Physician Competency Framework – Series IV*. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Health Advocate

Sherbino J, Bonnycastle D, Côté B, Flynn L, Hunter A, Ince-Cushman D, Konkin J, Oandasan I, Regehr G, Richardson D, Zigby J. Health Advocate. In: Frank JR, Snell L, Sherbino J, editors. *The Draft CanMEDS 2015 Physician Competency Framework – Series IV*. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Scholar

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Professional

Snell L, Flynn L, Pauls M, Kearney R, Warren A, Sternszus R, Cruess R, Cruess S, Hatala R, Dupré M, Bukowskyj M, Edwards S, Cohen J, Chakravarti A, Nickell L, Wright J. Professional. In: Frank JR, Snell L, Sherbino J, editors. *The Draft CanMEDS 2015 Physician Competency Framework – Series IV*. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

MEDICAL EXPERT

Medical Expert Role Expert Working Group

Chair: Farhan Bhanji

Core members: Kathy Lawrence, Mark Goldszmidt, Mark Walton, Kenneth Harris, David Creery, Jonathan Sherbino, Louis-Georges Ste-Marie, Antonia Stang

Advisory members: Ivy Oandasan

For further information about the deliberations of the CanMEDS Medical Expert EWG in revising this Role for CanMEDS 2015, please see their February 2014 [Report](#).

Definition

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Description

As Medical Experts who provide high-quality, safe, patient-centred care, physicians draw upon an evolving body of knowledge, their clinical skills, and their professional values. They collect and interpret information, make clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within their scope of practice and with an understanding of the limits of their expertise. Their decision-making is informed by best practices and research evidence, and takes into account the patient's circumstances and preferences as well as the availability of resources. Their clinical practice is up-to-date, ethical, and resource-efficient, and is conducted in collaboration with patients and their families,* other health care professionals, and the community. The Medical Expert Role is central to the function of physicians and draws on the competencies included in the Intrinsic Roles (Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional).

Key concepts

- Agreed-upon goals of care: 2.1, 2.3, 2.4, 3.2, 4.1
- Application of core clinical and biomedical sciences: 1.3
- Clinical decision-making: 1.4, 1.6, 2.2
- Clinical reasoning: 1.3, 1.4, 2.1, 3.1
- Compassion: 1.1
- Complexity, uncertainty, and ambiguity in clinical decision-making: 1.6, 2.2, 2.4, 3.2, 3.3, 3.4
- Consent: 3.2
- Continuity of care: 2.4, 4.1
- Duty of care: 1.1, 1.5, 2.4
- Integration of CanMEDS Intrinsic Roles: 1.2
- Interpreting diagnostic tests: 2.2

* Throughout the CanMEDS 2015 Framework and Milestone Guide, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

- Medical expertise: all ECs
- Patient-centred clinical assessment and management: 1.4, 2.2, 2.4, 3.1, 3.3, 3.4, 4.1, 5.2
- Patient safety: 1.5, 3.4, 5.1, 5.2
- Prioritization of professional responsibilities: 1.4, 1.5, 2.1, 3.3, 5.1
- Procedural skill proficiency: 3.1, 3.3, 3.4
- Quality improvement: 5.1, 5.2
- Self-awareness of limits of expertise: 1.4, 3.4
- Timely follow-up: 1.4, 2.2, 4.1
- Working within the health care team: 1.3, 1.4, 2.1, 2.4, 3.3, 4.1, 5.1

Key competencies	Enabling competencies
Physicians are able to:	Physicians are able to:
1. Practise medicine within their defined scope of practice and expertise	1.1 Demonstrate a commitment to high-quality care of their patients 1.2 Integrate the CanMEDS Intrinsic Roles into their practice of medicine 1.3 Apply knowledge of the clinical and biomedical sciences relevant to their discipline 1.4 Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner 1.5 Carry out professional duties in the face of multiple, competing demands 1.6 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice
2. Perform a patient-centred clinical assessment and establish a management plan	2.1 Prioritize issues to be addressed in a patient encounter 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion 2.3 Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation 2.4 Establish a patient-centred management plan

Continued on next page.

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1 Determine the most appropriate procedures or therapies
- 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3 Prioritize a procedure or therapy, taking into account clinical urgency and available resources
- 3.4 Perform a procedure in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances

4. Establish plans for ongoing care and, when appropriate, timely consultation

- 4.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

- 5.1 Recognize and respond to harm from health care delivery, including patient safety incidents
 - 5.2 Adopt strategies that promote patient safety and address human and system factors
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COMMUNICATOR

Communicator Role Expert Working Group

Chair: Alan Neville

Core members: Wayne Weston, Dawn Martin, Louise Samson, Perle Feldman, Gordon Wallace, Olivier Jamouille, José François, Marie-Thérèse Lussier, Sue Dojeiji

Advisory members: Judy Brown, Erin Keely, Suzanne Kurtz, Abigail Hain

For further information about the deliberations of the CanMEDS Communicator EWG in revising this Role for CanMEDS 2015, please see their February 2014 [Report](#).

Definition

As Communicators, physicians form relationships with patients and their families* that facilitate the gathering and sharing of essential information for effective health care.†

Description

Physicians enable patient-centred therapeutic communication by exploring the patient's symptoms, which may be suggestive of disease, and by actively listening to the patient's experience of his or her illness. Physicians explore the patient's perspective, including his or her fears, ideas about the illness, feelings about the impact of the illness, and expectations of health care and health care professionals. The physician integrates this knowledge with an understanding of the patient's context, including socio-economic status, medical history, family history, stage of life, living situation, work or school setting, and other relevant psychological and social issues. Central to a patient-centred approach is shared decision-making: finding common ground with the patient in developing a plan to address his or her medical problems and health goals in a manner that reflects the patient's needs, values, and preferences. This plan should be informed by evidence and guidelines.

Because illness affects not only patients but also their families, physicians must be able to communicate effectively with everyone involved in the patient's care.

Key concepts

- Accuracy: 2.1, 3.1, 4.2, 5.1
- Active listening: 1.1, 1.3, 1.4, 1.5, 2.1, 2.2, 2.3, 4.1, 4.3
- Appropriate documentation: 2.1, 5.1, 5.2, 5.3
- Attention to the psychosocial aspects of illness: 1.6, 2.1, 2.2, 4.1
- Breaking bad news: 1.5, 3.1
- Concordance of goals and expectations: 1.6, 2.2, 3.1, 4.3
- Disclosure of harmful patient safety incidents: 3.2

* Throughout the CanMEDS 2015 Framework and Milestones Guide, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardian, and substitute decision-makers.

† Note that the Communicator Role describes the abilities related to a physician–patient encounter. Other communication skills are found elsewhere in the framework, including health care team communication (Collaborator) and academic presentations (Scholar).

- Effective oral and written information for patient care across different media: 5.1, 5.2, 5.3
- Efficiency: 2.3, 4.2, 5.2
- Eliciting and synthesizing information for patient care: 2.1, 2.2, 2.3
- Empathy: 1.1, 1.2, 1.3
- Ethics in the physician–patient encounter: 3.2, 5.1
- Expert verbal and non-verbal communication: 1.1, 1.4
- Informed consent: 2.2
- Mutual understanding: 1.6, 3.1, 4.1
- Patient-centred approach to communication: 1.1, 1.6, 2.1, 3.1
- Privacy and confidentiality: 1.2, 5.1
- Rapport: 1.4
- Relational competence in interactions: 1.5
- Respect for diversity: 1.1, 1.6, 2.2, 4.1
- Shared decision-making: 1.6, 4.1, 4.3
- Therapeutic relationships with patients and their families: 1.2, 1.3, 1.4, 1.5, 1.6
- Transition in care: 5.1, 5.2, 5.3
- Trust in the physician–patient relationship: 1.1, 5.2, 5.3

Key competencies	Enabling competencies
Physicians are able to:	Physicians are able to:
1. Establish professional therapeutic relationships with patients and their families	1.1 Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety 1.3 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly 1.4 Respond to a patient’s non-verbal behaviours to enhance communication 1.5 Manage disagreements and emotionally charged conversations 1.6 Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances

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| 2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families | <ul style="list-style-type: none">2.1 Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information2.2 Provide a clear structure for and manage the flow of an entire patient encounter2.3 Seek and synthesize relevant information from other sources, including the patient’s family, with the patient’s consent |
| 3. Share health care information and plans with patients and their families | <ul style="list-style-type: none">3.1 Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding3.2 Disclose harmful patient safety incidents to patients and their families accurately and appropriately |
| 4. Engage patients and their families in developing plans that reflect the patient’s health care needs and goals | <ul style="list-style-type: none">4.1 Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe4.2 Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health4.3 Use communication skills and strategies that help patients and their families make informed decisions regarding their health |
| 5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy | <ul style="list-style-type: none">5.1 Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology5.3 Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding |
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COLLABORATOR

Collaborator Role Expert Working Group

Chair: Denyse Richardson

Core members: Lisa Calder, Heather Dean, Susan Glover Takahashi, Paule Lebel, Jerry Maniate, Dawn Martin, Louise Nasmith, Christie Newton, Yvonne Steinert

Advisory members: Amir Ginzburg, Ivy Oandasana, Sharon Switzer-McIntyre

For further information about the deliberations of the CanMEDS Collaborator EWG in revising this Role for CanMEDS 2015, please see their February 2014 [Report](#).

Definition

As Collaborators, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

Description

Collaboration is essential for safe, high-quality, patient-centred care, and involves patients and their families,* physicians and other colleagues in the health care professions, community partners, and health system stakeholders. Collaboration requires relationships based in trust, respect, and shared decision-making among a variety of individuals with complementary skills in multiple settings across the continuum of care. It involves sharing knowledge, perspectives, and responsibilities, and a willingness to learn together. This requires understanding the roles of others, pursuing common goals and outcomes, and managing differences. Collaboration skills are broadly applicable to activities beyond clinical care, such as administration, education, advocacy, and scholarship.

Key concepts

- Collaboration with community providers: 1.1, 1.2, 1.3
- Communities of practice: 1.3, 3.2
- Conflict resolution, management, and prevention: 2.2
- Constructive negotiation: 2.2
- Effective consultation and referral: 1.2, 1.3, 3.1, 3.2
- Effective health care teams: all ECs
- Handover: 3.1, 3.2
- Interprofessional: (i.e., among health care professionals) health care: all ECs
- Intraprofessional: (i.e., among physician colleagues) health care: all ECs
- Recognizing one's own roles and limits: 1.2, 3.1
- Relationship-centred care: 1.1, 1.2, 1.3, 2.1, 2.2, 3.2

* Throughout the CanMEDS 2015 Framework and Milestone Guide, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

- Respect for other physicians and members of the health care team: 2.1, 2.2
- Respecting and valuing diversity: 1.2, 2.1, 2.2
- Shared decision-making: 1.3
- Sharing of knowledge and information: 1.3, 3.1, 3.2
- Situational awareness: 1.1, 1.2, 2.2, 3.1, 3.2
- Team dynamics: 1.1, 2.2, 3.1
- Transitions of care: 3.1, 3.2

Key competencies	Enabling competencies
Physicians are able to:	Physicians are able to:
1. Work effectively with physicians and other colleagues in the health care professions	1.1 Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care 1.2 Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care 1.3 Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts	2.1 Show respect toward collaborators 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care	3.1 Determine when care should be transferred to another physician or health care professional 3.2 Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care

LEADER

Leader Role Expert Working Group

Co-chairs: Deepak Dath and Ming-Ka Chan

Core members: Geoffrey Anderson, Andrew Burke, Saleem Razack, Susan Lieff, Geneviève Moineau, Aaron Chiu, Philip Ellison

Advisory members: David Snadden, Hugh MacLeod, Sherissa Microys, Marie-Josée Bédard, Joshua Tepper, Louis-André Lacasse, Hema Patel

For further information about the deliberations of the CanMEDS Manager EWG in revising this Role for CanMEDS 2015, please see their February 2014 [Report](#).

Definition

As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Description

The CanMEDS Leader Role describes the engagement of all physicians in shared decision-making for the operation and ongoing evolution of the health care system. As a societal expectation, physicians demonstrate collaborative leadership and management within the health care system. At a system level, physicians contribute to the development and delivery of continuously improving health care and engage with others in working toward this goal. Physicians integrate their personal lives with their clinical, administrative, scholarly, and teaching responsibilities. They function as individual care providers, as members of teams, and as participants and leaders in the health care system locally, regionally, nationally, and globally.

Key concepts

- Administration: 4.1, 4.2
- Career development: 4.2
- Complexity of systems: 1.1
- Consideration of justice, efficiency, and effectiveness in the allocation of health care resources for optimal patient care: 1.1, 1.2, 1.3, 1.4, 2.1, 2.2
- Effective committee participation: 3.2
- Health human resources: 2.1, 4.2
- Information technology for health care: 1.4
- Leading change: 1.1, 1.2, 1.3, 1.4, 2.2, 3.2
- Management of personnel: 4.2
- Negotiation: 3.1
- Organizing, structuring, budgeting, and financing: 2.1, 2.2, 4.1, 4.2, 4.3
- Personal leadership skills: 3.1, 4.1
- Physician remuneration: 4.2
- Physician roles and responsibilities in the health care system: 1.1, 1.2, 1.3, 1.4, 2.2, 3.2

- Physicians as active participant-architects within the health care system: 1.1, 1.2, 1.3, 1.4, 3.2
- Practice management to maintain a sustainable practice and physician health: 4.1, 4.2, 4.3
- Priority-setting: 2.1, 3.2, 4.1
- Quality improvement: 1.1, 1.2, 1.3, 1.4, 2.2, 3.2, 3.3
- Stewardship: 2.1, 2.2
- Supervising others: 4.2
- Systems thinking: 1.1, 1.2, 1.3, 1.4, 2.1, 2.2
- Time management: 4.1, 4.2

Key competencies	Enabling competencies
Physicians are able to:	Physicians are able to:
1. Contribute to the improvement of health care delivery in teams, organizations, and systems	1.1 Apply the science of quality improvement to contribute to improving systems of patient care 1.2 Contribute to a culture that promotes patient safety 1.3 Analyze patient safety incidents to enhance systems of care 1.4 Use health informatics to improve the quality of patient care and optimize patient safety
2. Engage in the stewardship of health care resources	2.1 Allocate health care resources for optimal patient care 2.2 Apply evidence and management processes to achieve cost-appropriate care
3. Demonstrate leadership in professional practice	3.1 Demonstrate leadership skills to enhance health care 3.2 Facilitate change in health care to enhance services and outcomes
4. Manage career planning, finances, and health human resources in a practice	4.1 Set priorities and manage time to integrate practice and personal life 4.2 Manage a career and a practice 4.3 Implement processes to ensure personal practice improvement

HEALTH ADVOCATE

Health Advocate Role Expert Working Group

Chair: Jonathan Sherbino

Core members: Deirdre Bonnycastle, Brigitte Côté, Leslie Flynn, Andrea Hunter, Daniel Ince-Cushman, Jill Konkin, Ivy Oandasan, Glenn Regehr, Denyse Richardson, Jean Zigby

Advisory members: Marcia Clark, Sherissa Microys

For further information about the deliberations of the CanMEDS Health Advocate EWG in revising this Role for CanMEDS 2015, please see their February 2014 [Report](#).

Definition

As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Description

Physicians are accountable to society and recognize their duty to contribute to efforts to improve the health and well-being of their patients, their communities, and the broader populations they serve.* Physicians possess medical knowledge and abilities that provide unique perspectives on health. Physicians also have privileged access to patients' accounts of their experience with illness and the health care system. Improving health is not limited to mitigating illness or trauma, but also involves disease prevention, health promotion, and health protection. Improving health also includes promoting health equity, whereby individuals and populations reach their full health potential without being disadvantaged by, for example, race, ethnicity, religion, gender, sexual orientation, age, social class, economic status, or level of education.

Physicians leverage their position to support patients in navigating the health care system and to advocate with them to access appropriate resources in a timely manner. Physicians seek to improve the quality of both their clinical practice and associated organizations by addressing the health needs of the patients, communities, or populations they serve. Physicians promote healthy communities and populations by influencing the system (or by supporting others who influence the system), both within and outside of their work environments.

Advocacy requires action. Physicians contribute their knowledge of the determinants of health to positively influence the health of the patients, communities, or populations they serve. Physicians gather information and perceptions about issues, working with patients and their families[†] to develop an understanding of needs and potential mechanisms to address these needs. Physicians support patients, communities, or populations to call for change, and they speak on behalf of others when needed. Physicians increase awareness about important health issues at the patient, community, or population level. They support or lead the mobilization of resources (e.g., financial, material, or human resources) on small or large scales.

Physician advocacy occurs within complex systems and thus requires the development of partnerships with patients, their families and support networks, or community agencies and organizations to influence

* In the CanMEDS framework, a "community" is a group of people and/or patients connected to one's practice, and a "population" is a group of people and/or patients with a shared issue or characteristic.

† Throughout the CanMEDS 2015 Framework and Milestones Guide, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

health determinants. Advocacy often requires engaging other health care professionals, community agencies, administrators, and policy-makers.

Key concepts

- Adapting practice to respond to the needs of patients, communities, or populations served: 2.1, 2.2
- Advocacy in partnership with patients, communities, and populations served: 1.1, 1.2, 2.1, 2.2, 2.3
- Continuous quality improvement: 2.2, 2.3
- Determinants of health, including psychological, biological, social, cultural, environmental, educational, and economic determinants, as well as health care system factors: 1.1, 1.3, 2.2
- Disease prevention: 1.3, 2.1
- Fiduciary duty: 1.1, 2.2, 2.3
- Health equity: 2.2
- Health promotion: 1.1, 1.2, 1.3, 2.1
- Health protection: 1.3
- Health system literacy: 1.1, 2.1
- Mobilizing resources as needed: 1.1, 1.2, 1.3
- Principles of health policy and its implications: 2.2
- Potential for competing health interests of the individuals, communities, or populations served: 2.3
- Responsible use of position and influence: 2.1, 2.3
- Social accountability of physicians: 2.1, 2.3

Key competencies	Enabling competencies
Physicians are able to:	Physicians are able to:
<p>1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment</p>	<p>1.1 Work with patients to address determinants of health that affect them and their access to needed health services or resources</p> <p>1.2 Work with patients and their families to increase opportunities to adopt healthy behaviours</p> <p>1.3 Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients</p>
<p>2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner</p>	<p>2.1 Work with a community or population to identify the determinants of health that affect them</p> <p>2.2 Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities</p> <p>2.3 Contribute to a process to improve health in the community or population they serve</p>

SCHOLAR

Scholar Role Expert Working Group

Chairs: Denyse Richardson, Anna Oswald

Subgroup chairs: Denyse Richardson (Lifelong Learning); Anna Oswald and Ming-Ka Chan (Teacher); Eddy S Lang (Evidence-informed Decision-making); Bart J Harvey (Research)

Core members: Nathalie Caire Fon, Craig Campbell, Ian Goldstine, Jennifer Gordon, Jocelyn Lockyer, Karen Mann, John Parboosingh, Mithu Sen, Ivan Silver (Lifelong Learning). Karen Mann, Wayne Weston, Elisa Ruano Cea, Constance LeBlanc, Farhan Bhanji, James Goertzen, Jennifer Walton, Marcia Clark, Brian M Wong (Teacher). Martin Dawes, Roland Grad, Brian Haynes, Jim Henderson, Lorie Kloda, Susan Powelson (Evidence-informed Decision-making). Stacy Ackroyd-Stolarz, Tanya Horsley, Vivian R. Ramsden, David Streiner (Research).

Advisory members: Bob Bluman, Dave Davis, François Goulet, Brenna Lynn, Jamie Meuser, Brian M Wong (Lifelong Learning). Nick Busing, Sal Spadafora, Allyn Walsh, Chris Watling (Teacher). Lisa Calder, Julien Poitras, Kent Stobart (Evidence-informed Decision-making).

For further information about the deliberations of the CanMEDS Scholar EWG in revising this Role for CanMEDS 2015, please see their February 2014 [Report](#).

Definition

As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.

Description

Physicians acquire scholarly abilities to enhance practice and advance health care. Physicians pursue excellence by continually evaluating the processes and outcomes of their daily work, sharing and comparing their work with that of others, and actively seeking feedback in the interest of quality and patient safety. Using multiple ways of learning, they strive to meet the needs of individual patients and their families* and of the health care system.

Physicians strive to master their domains of expertise and to share their knowledge. As lifelong learners, they implement a planned approach to learning in order to improve in each CanMEDS Role. They recognize the need to continually learn and to model the practice of lifelong learning for others. As teachers they facilitate, individually and through teams, the education of students and physicians in training, colleagues, co-workers, the public, and others.

Physicians are able to identify pertinent evidence, evaluate it using specific criteria, and apply it in their practice and scholarly activities. Through their engagement in evidence-informed and shared decision-making, they recognize uncertainty in practice and formulate questions to address knowledge gaps. Using skills in navigating information resources, they identify evidence syntheses that are relevant to these questions and arrive at clinical decisions that are informed by evidence while taking patient values and preferences into account.

Finally, physicians' scholarly abilities allow them to contribute to the application, dissemination, translation, and creation of knowledge and practices applicable to health and health care.

* Throughout the CanMEDS 2015 Framework and Milestone Guide, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

Key concepts

Lifelong learning

- Collaborative learning: 1.3
- Communities of practice: 1.3
- Patient safety: 1.3
- Performance assessment: 1.2
- Personal learning plan: 1.1
- Quality improvement: 1.1, 1.2, 1.3
- Reflection on practice: 1.2
- Seeking feedback: 1.2
- Self-improvement: 1.1, 1.2, 1.3

Teacher

- Faculty, rotation, and program evaluation: 2.5, 2.6
- Formal and informal curricula: 2.1
- Hidden curriculum: 2.1
- Learner assessment: 2.5, 2.6
- Learning outcomes: 2.4, 2.5, 2.6
- Mentoring: 2.2, 2.5
- Needs assessment: 2.4
- Optimization of the learning environment: 2.2
- Principles of assessment: 2.6
- Providing feedback: 2.5, 2.6
- Role-modelling: 2.1, 2.5
- Supervision and graded responsibility: 2.3
- Teaching and learning: 2.2, 2.4, 2.5

Evidence-informed decision-making

- Effect size: 3.3, 3.4
- Evidence-based medicine: 3.1, 3.2, 3.3, 3.4
- Evidence synthesis: 3.2, 3.3
- External validity: 3.3
- Generalizability: 3.3
- Information literacy: 3.2
- Internal validity: 3.3
- Knowledge gaps: 3.1
- Knowledge translation: 3.3, 3.4
- Quality-appraised evidence-alerting services: 3.2, 3.4
- Recognizing bias in research: 3.3
- Structured critical appraisal: 3.3
- Uncertainty in practice: 3.1

Research

- Confidentiality: 4.1, 4.2
- Informed consent: 4.1
- Research: 4.1, 4.2, 4.3, 4.5
- Research ethics: 4.2
- Research methods: 4.4
- Scholarly inquiry: 4.1, 4.2, 4.4, 4.5
- Scholarship: 4.1, 4.2
- Scientific principles: 4.1

Key competencies	Enabling competencies
Physicians are able to:	Physicians are able to:
1. Engage in the continuous enhancement of their professional activities through ongoing learning	1.1 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources 1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
2. Teach students, residents, the public, and other health care professionals	2.1 Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners 2.2 Promote a safe learning environment 2.3 Ensure patient safety is maintained when learners are involved 2.4 Plan and deliver a learning activity 2.5 Provide feedback to enhance learning and performance 2.6 Assess and evaluate learners, teachers, and programs in an educationally appropriate manner
3. Integrate best available evidence into practice	3.1 Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them 3.2 Identify, select, and navigate pre-appraised resources 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature 3.4 Integrate evidence into decision-making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1 Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
 - 4.2 Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations
 - 4.3 Contribute to the work of a research program
 - 4.4 Pose questions amenable to scholarly inquiry and select appropriate methods to address them
 - 4.5 Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry
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PROFESSIONAL

Professional Role Expert Working Group

Chair—Professionalism: Linda Snell

Core members: Leslie Flynn, Merrill Pauls, Ramona Kearney, Andrew Warren, Robert Sternszus, Richard Cruess, Sylvia Cruess, Rose Hatala, Maggy Dupré

Advisory members: Yvette Lajeunesse, Shiphra Ginsburg, Sharon Johnston

Chair—Physician Health: Leslie Flynn

Core members: Linda Snell, Meri Bukowskyj, Susan Edwards, Jordan Cohen, Anita Chakravarti, Leslie Nickell, Janet Wright

Advisory members: Jonathan DellaVedova, Eva Knell, Derek Puddester, Andrew Warren

For further information about the deliberations of the CanMEDS Professional EWG in revising this Role for CanMEDS 2015, please see their February 2014 [Report](#).

Definition

As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Description*

Physicians serve an essential societal role as professionals dedicated to the health and care of others. Their work requires mastery of the art, science, and practice of medicine. A physician's professional identity is central to this Role. The Professional Role reflects contemporary society's expectations of physicians, which include clinical competence, a commitment to ongoing professional development, promotion of the public good, adherence to ethical standards, and values such as integrity, honesty, altruism, humility, respect for diversity, and transparency with respect to potential conflicts of interest. It is also recognized that, to provide optimal patient care, physicians must take responsibility for their own health and well-being and that of their colleagues. Professionalism is the basis of the implicit contract between society and the medical profession, granting the privilege of physician-led regulation with the understanding that physicians are accountable to those served, to society, to their profession, and to themselves.

Key concepts

- Professional identity: 1.1, 4.1, 4.2

Commitment to patients

- Altruism: 1.1
- Bioethical principles and theories: 1.3
- Commitment to excellence in clinical practice and mastery of the discipline: 1.2
- Compassion and caring: 1.1
- Confidentiality and its limits: 1.1, 1.5

* The role description draws from Cruess SR, Johnston S, Cruess RL. "Profession": a working definition for medical educators. *Teach Learn Med* 2004;16(1):74–6 and from Cruess SR, Cruess RL. Professionalism and medicine's social contract with society. *Virtual Mentor* 2004 6(4).

- Disclosure of physician limitations that affect care: 1.1
- Insight: 1.1, 1.3, 1.4, 2.1
- Integrity and honesty: 1.1
- Moral and ethical behaviour: 1.1, 1.3
- Professional boundaries: 1.1
- Respect for diversity: 1.1

Commitment to society

- Commitment to the promotion of the public good in health care: 2.1, 2.2
- Social accountability: 2.1, 2.2
- Social contract in health care: 2.1, 2.2
- Societal expectations of physicians and the profession: 2.1, 2.2

Commitment to the profession

- Accountability to professional regulatory authorities: 3.1
- Codes of ethics: 3.1
- Commitment to patient safety and quality improvement: 2.1, 4.1
- Commitment to professional standards: 3.1
- Conflicts of interest (personal, financial, administrative, etc.): 1.4
- Medico-legal frameworks governing practice: 3.1, 3.3
- Responsibility to the profession, including obligations of peer assessment, mentorship, collegiality, and support: 3.2, 3.3, 4.3

Commitment to self

- Applied capacity for self-regulation, including the assessment and monitoring of one's thoughts, behaviours, emotions, and attention for optimal performance and well-being: 4.1
- Career development and career transitions: 4.1, 4.2
- Commitment to disclosure of harmful patient safety incidents, including those resulting from medical error, and their impact: 4.2, 4.3
- Mindful and reflective approach to practice: 4.2
- Resilience for sustainable practice: 4.2
- Responsibility to self, including personal care, in order to serve others: 4.1

Key competencies	Enabling competencies
Physicians are able to:	Physicians are able to:
1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards	1.1 Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality 1.2 Demonstrate a commitment to excellence in all aspects of practice 1.3 Recognize and respond to ethical issues encountered in practice 1.4 Recognize and manage conflicts of interest 1.5 Exhibit professional behaviours in the use of technology-enabled communication
2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care	2.1 Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians 2.2 Demonstrate a commitment to patient safety and quality improvement
3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation	3.1 Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice 3.2 Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions 3.3 Participate in peer assessment and standard-setting
4. Demonstrate a commitment to physician health and well-being to foster optimal patient care	4.1 Exhibit self-awareness and manage influences on personal well-being and professional performance 4.2 Manage personal and professional demands for a sustainable practice throughout the physician life cycle 4.3 Promote a culture that recognizes, supports, and responds effectively to colleagues in need