

Connecting With the Health Care Leaders of 2027

A Proposal to Health Canada

from

The Association of Faculties of Medicine of Canada

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INTRODUCTION

The leaders of tomorrow's health care system are already with us. They have started their journeys toward leadership. They will not appear in the future, suddenly and unbeknownst, instantly prepared to take charge of Canada's health care system. Many are in the early stages of their careers; some acquiring the special skills needed to formulate and implement policy; others focusing on how to study and effectively manage health care systems; still others mastering the skills of health care delivery. Tomorrow's leaders are the articulate voices of the communities they serve and, even now, they are formulating a vision of how Canada's health care system needs to work in the future.

This proposal, prepared by the Association of Faculties of Medicine of Canada (AFMC) for Health Canada, proposes an event that will connect with the leaders of tomorrow's health care system. The event – a 1.25-day meeting – will bring together a broad sampling of individuals who are the likely leaders of 2027. The meeting will explore the vision, thoughts, priorities, plans and concerns of those who will serve as agents of change within Canada's health care system in coming years.

PROJECT SCOPE

This project will bring together representatives of Canada's future health care leaders. The views and voices of 15 participants will be documented during the course of a 1.25 day meeting. Meeting participants will be identified in consultation with organizations that reflect the key sectors identified by the World Health Organization in its seminal *Towards Unity for Health* report¹. Thus, participants will include:

- policy makers
- health managers
- health professionals
- academic leaders
- community representatives

A meeting agenda will be developed as participants are being identified. While the agenda will help to guide the meeting, it will not constrain the breadth of discussion. A professional meeting facilitator will be recruited to evoke and guide the discussion. A principal goal of the meeting will be to tap into the vision, thoughts, priorities, plans and concerns of Canada's future health care leaders.

Participants will be asked to look forward to, and discuss, the health care system of 2027. Although the meeting process will identify emerging themes, the following topics may be introduced to prompt discussion and feedback from participants:

- Community needs - how to identify, prioritize and respond to them
- Models of care (e.g., interprofessional teams, remuneration models)
- Future practice plans (e.g., urban-rural, workload balance)
- New health care providers and changing roles (e.g., physician assistants and nurse practitioners)

¹ Boelen C. *Towards Unity for Health. Challenges and Opportunities for Partnership in Health Development*. World Health Organization. Geneva, Switzerland, 2000.

- Medical generalism versus specialization and super-specialization
- Equitable access to education (e.g., financial barriers to medical education)
- Medical education – what is working and what needs to change?
- Medical research – what do we need and what can we do with what we have?

The project outcomes are expected to be most revealing, as participants will be engaged based on the assumption that their vision and perceptions have not yet been heard. It is noteworthy, however, that given the limited resources being sought for this initial step, the current proposal will focus on the physician workforce. It is acknowledged that great value would come from future efforts to expand the scope of this initiative to a much broader range of health care provider groups. Furthermore, the outcomes of the proposed work should, in future, serve as the beginning of an ongoing dialogue between the leaders of today's health care system and those of tomorrow's health care system. Indeed, depending on the outcomes of the event, AFMC will endeavour to identify and work with partners, including the federal government, to steward this ongoing dialogue.

BACKGROUND

The current proposal is consistent with, and flows from, the AFMCs Social Accountability Initiative (SAI). The SAI was launched in 2002 with the goal of fostering culture change in the faculties of medicine – in medical education, research, service and translation of knowledge, to better meet the current and future needs of Canadian communities.

Since 2002, AFMC has embarked on several national projects related to its social accountability agenda, which have engaged the seventeen faculties of medicine and numerous other key stakeholders. It has resulted in the development of many local and national networks of academic health professionals and other key stakeholders that continue to evolve as they work to meet community needs (see Appendix 1 for a brief status report on these activities).

More recently, in 2004, the AFMC hosted an invitational Partners' Forum on Social Accountability. Participants were convened using the World Health Organization's list of key sectors that are central to unified health care systems. The Forum included representation from policy makers, health managers, professional health organizations, health academics and communities. Realizing that collaboration with others is key to effect the culture change needed in the health care system, AFMC invited partners to build a shared vision and collaborate in prioritizing and bringing forward national activities to meet population needs. The resulting collaborative initiatives foster the synergies needed to ensure the best results for the communities targeted. Two task groups formed from the Partners' Forum - an Aboriginal Health Task Group and a Public Health Task Group (PHTG). Both these Task groups have been very active over the last 2 years as outlined in Appendix 1.

The Partners' Forum recommended a third task group – a Young Leaders Group. This group was envisioned to include young forward-thinking representatives, again selected from key sectors identified by the WHO. The goal of the Young Leaders' Group would be to articulate a vision for Canada's health care system in 2027, and then develop recommendations for the AFMC Board and Council of Deans concerning what will be expected of the faculties of medicine to meet those needs. The current proposal will start the work of the Partners' Forum recommendation to connect with and share the views of Canada's future health care leaders.

PROJECT TIMELINE AND DELIVERABLES

Five main deliverables will stem from this proposal. They are:

- 1) **Health Care Leaders of 2027 meeting participant list:** This list will describe participants, including their affiliations. This list will serve as a resource for possible future work
- 2) **Health Care Leaders of 2027 meeting materials:** Pre-meeting materials will be determined as the project develops, but may include an agenda, background documents/instructions and or pre-meeting homework.
- 3) **A 1.25 day Health Care Leaders of 2027 meeting:** This meeting will bring together and lay the groundwork for a network of tomorrow's likely leaders. It will serve as the starting point for an ongoing dialogue between current and future health care leaders.
- 4) **Health Care Leaders of 2027 meeting proceedings report:** This will be an "as was said" report of the 1.25 day meeting.
- 5) **Synthesis report of Health Care Leaders of 2027 meeting:** This report will summarize and highlight the central themes that emerge from the discussion with tomorrow's health care leaders. Where applicable it will offer specific recommendations as proposed by meeting participants. This report will serve as the main communications tool for reporting on the results of the meeting.

All five main project deliverables are identified as milestones in the following project timeline.

Project Timeline, 2007

Timeline	Activity	Deliverable
Jan 26	Confirmation of funding	Health Canada – AFMC project contract
Jan 29 – Feb 23	Begin contacting organizations and individuals to participate in meeting	
	Discuss agenda with participants	
	Identify and recruit meeting facilitator and plenary speaker	Signed contracts for facilitation, "as was said" report and plenary speaker
	Secure meeting venue	Signed contract for meeting venue, equipment & guest accommodation
Feb 26	Meeting participant list finalized *Milestone	Names and contact information for meeting participants sent to Health Canada
Feb 26 – Mar 13	Prepare meeting materials, including background readings, final agenda and expense claims	
Mar 14	Distribute meeting materials to participants *Milestone	Meeting binders
Mar 28-29	Carry out Health Care Leaders of 2027 Meeting - Welcome and dinner plenary session, Mar 28 - Full day meeting, Mar 29 *Milestone	The main project meeting, upon which the reports will be based
Mar 30 – Apr 19	Draft summary report of meeting proceedings and distribute for review as necessary.	
Apr 20	Finalize summary report of meeting proceedings *Milestone	Health Care Leaders of 2027 meeting proceedings report sent to Health Canada
Apr 23 – Jun 1	Use meeting proceedings report to prepare draft meeting synthesis report.	
Jun 4	Finalize synthesis report of the Healthcare Leaders of 2027 meeting *Milestone	Health Care Leaders of 2027 synthesis report sent to Health Canada

Coordinating Team

The AFMC coordinating team will be lead by Irving Gold, with assistance from Steve Slade and Nick Busing. The following short biographies describe the work of coordinating team members.

Irving Gold, VP External Affairs, AFMC

Since 1999, Irving has worked in the area of knowledge transfer and exchange, beginning at the Centre for Health Economics and Policy Analysis at McMaster University. In 2002, Irving joined the Canadian Health Services Research Foundation and became responsible for the knowledge network and knowledge brokering activities of the foundation. In 2004, Irving was appointed to the position of director, where he oversaw not only the knowledge networks and knowledge brokering programs but all foundation activities meant to ensure that research-informed evidence gets into the hands of health system managers and policy makers. Irving holds master's degrees in both criminology and sociology. He is currently completing his PhD dissertation, a sociological analysis of the role of evidence in scientific controversies. He has joined AFMC as the VP External Affairs, focusing on health policy, communications and government relations.

Steve Slade, VP Research CAPER-ORIS, AFMC

Steve is an expert in the area of physician workforce research and planning. In 1999 after being the Research Program Administrator, Department of Family and Community Medicine, University of Toronto for almost seven years, Steve became the Janus Project Coordinator at the College of Family Physicians of Canada (CFPC) before joining CIHI. In 2002 he became program lead at the Canadian Institute for Health Information (CIHI) for the National Physician Database, as well as the Scott's Medical Database and the National Physician Survey Database. He joined AFMC in the summer of 2006 and provides leadership to CAPER and ORIS (the Office of Research and Information Services).

Nick Busing, President and Chief Executive Officer, AFMC

Prior to joining AFMC , Dr Busing was Professor and Chair of the Department of Family Medicine at the University of Ottawa. Former roles include: Residency Program Director in the Department of Family Medicine and Assistant Dean, Postgraduate Medical Education at the University of Ottawa; President of the College of Family Physicians of Canada; and Chair of the Section of Teachers of CFPC. He was Chair of the Canadian Medical Forum for four years and has been a very effective and active member of several of its task forces. As a member of numerous provincial and national committees relating to education and physician resource planning, Dr. Busing has worked closely with a broad range of health system stakeholders. Since taking over the leadership at AFMC he has initiated an active advocacy program , launched a governance review, developed closer relations with other health related organizations and has helped launch a number of social accountability initiatives.

APPENDIX 1:

**Association of Faculties of Medicine of Canada
Social Accountability Initiative Update**

December 2006



Today's Research, Tomorrow's Doctors La recherche d'aujourd'hui, les médecins de demain

December 2006

Social Accountability Initiative Update

The Social Accountability Initiative (SAI) of AFMC has penetrated all of the medical schools and involved many other partners in health care as well. This work has led to the development of many local and national networks of academic health professionals, researchers and other stakeholders including community representatives which are continuously being strengthened as they work to meet the needs of communities. This is a strong agent for change in the health professionals we produce and the research our faculty undertake.

Since the AFMC Working Group on Social Accountability was formed in April 2002 much progress has been made. The Association of Faculties of Medicine of Canada (AFMC – renamed as of September 2004) has engaged the medical schools, usually with other important partners in several national initiatives/projects in this area.

These include:

- ◆ Aboriginal Health Task Group and its two Subcommittees
- ◆ Public Health Task Group
- ◆ CPDiQ PHCTF project – issues of quality and continuing professional development (just completed)
- ◆ Des médecins et des soins de qualité pour les communautés francophones minoritaires - PHCTF project (meeting the needs of Francophone Minorities outside Québec)
- ◆ Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC)
- ◆ Faculty Development Program for Teachers of Internationally Educated Health Care Professionals (IEHCPs)
- ◆ Web-Based searchable inventory of socially accountable initiatives of Canadian medical schools
- ◆ Academic Leaders Group – “champions” for each faculty of medicine
- ◆ AFMC Resource Group on Professionalism
- ◆ Partners’ Forum
- ◆ Young Leaders’ Vision Group (seeking funding support for)
- ◆ Steering Committee to direct the work of the Task Groups

Aboriginal Health Initiatives

The AFMC and the Indigenous Physicians of Canada (IPAC) are now co-leading all medical school Aboriginal health initiatives. Its present co-chairs are Dr. Barry Lavalley and Dr. Francis Chan. Since the Aboriginal Health Task Group gave its recommendations to the deans in May 2005, its Admissions working group, with the support of Health Canada, organized a June 2005 Aboriginal Admissions Forum which brought together key individuals involved in Admissions and Student support services from each of the 17 faculties of medicine to share and discuss admissions strategies and support for Aboriginal medical students. Its proceedings are available at http://www.afmc.ca/pages/sa_aboriginal_health_needs.html. Aboriginal students, residents and Aboriginal faculty also attended and shared their experiences as an Aboriginal medical student or resident, as did elders in attendance. It was a very rich and productive two and a half day workshop for those attending. A network has now been created for those in the admissions

and student support services areas to share their policies and practices regarding Aboriginal medical students. Many of the representatives from schools who haven't done much in this area left the workshop challenged to work on their own schools' policies and programs. The Québec schools are now working together and have set up an Admissions Working Group to look at policies for recruiting Aboriginal students into medicine.

AFMC and IPAC hosted a March 2006 invitational workshop to develop strategies for increasing the number of Aboriginal physicians in Canada. The participants included AFMC and IPAC representatives, Aboriginal elders and other Aboriginal health and education experts. The report from this workshop is posted to the AFMC website (http://www.afmc.ca/docs/2006_march_17_18_proceedings.pdf). The AFMC-IPAC Aboriginal Health Task Group committed to take the lead on this issue and its new **Subcommittee on Recruitment and Retention** is identifying priority actions and strategic partners to assist in this work. This Subcommittee, co-chaired by Dr. Richard MacLachlan and Dr. Stanley Vollant, has representatives from admissions and student affairs, a vice-dean, faculty Aboriginal health coordinators, an Aboriginal medical student and a representative from the National Aboriginal Health Organization (NAHO). Their primary short-term activity, with Health Canada support, is to develop a pre-admissions assessment toolkit to assist the faculties in assessing the readiness of Aboriginal applicants. A February workshop where the first draft of the toolkit will be developed is planned. Invited participants include the Admissions dean, or their representative, from each faculty, faculty Aboriginal program coordinators and some Aboriginal medical students. A work plan is being developed for the Subcommittee's approval concerning future activities planned. They include a video to promote medicine as a career for Aboriginal students and a communications strategy for recruiting mature Aboriginal students. The Subcommittee will work closely with other partners such as NAHO and the National Aboriginal Achievement Foundation (NAAF) who have experience in some of its activities.

The Aboriginal Health Curriculum working group organized a June 2005 meeting to discuss strategies for developing a national curriculum framework for Aboriginal health and tools to assist faculty who will be engaged in the process. With funding support from Health Canada the new **AFMC-IPAC Curriculum Subcommittee**, co-chaired by Dr. Barry Lavallee and Dr. Alan Neville, organized a stakeholders' workshop in December 2006. Its focus was to work to reach consensus on draft undergraduate (UG) Aboriginal health core competencies, using a CanMEDS framework, developed by the Subcommittee with feedback from Health Canada and NAHO. Attendees included AFMC and IPAC representatives, senior representatives from the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), the Canadian Association of Schools of Nursing (CASN) and the Aboriginal Nurses Association of Canada (ANAC), an Aboriginal elder and several representatives from various Aboriginal stakeholder organizations. There was great enthusiasm by those in attendance. Feedback on the process used was very positive and many felt the networking opportunities were excellent. A revised version based on the small group and plenary session discussions is being drafted and will be circulated to all in attendance by late January/ early February. Once finalized the UG Aboriginal health core competencies will be shared with all organizations invited as well as with the Medical Council of Canada, CMQ and other appropriate organizations. The Subcommittee will also meet to finalize its curriculum framework strategy and multi-year work plan. The work plan will include developing a national network of academic and Aboriginal experts who can assist each faculty to review the Aboriginal health content of their curriculum. Tools to assist faculty, and engage them, in the process will be developed as well.

Public Health Initiative

The AFMC 's Public Health Task Group presented its original recommendations, including undergraduate education public health learning objectives, to the deans in May 2005. It then produced a vision paper "*Enhancing the Health of the Population: The Role of the Canadian Faculties of Medicine*", with funding support from the Health Human Resource Strategies Division, Health Canada, and the Public Health Agency of Canada, which it presented to the deans in May 2006 (http://www.afmc.ca/docs/2006_april_afmc_public_health_vision_paper.pdf). A work plan for 2006 – 2010 has been developed to move the activities recommended forward and an application has been sent to the Public Health Agency of Canada for funding support for this multi-year work plan.

The deans have been asked to appoint a representative/"champion" from their faculty to represent their faculty on a national network of public health educators. This network will share best practices in public health education and undertake joint initiatives. A meeting of this network and the PHTG will be organized for March 2007 to discuss "front-line" needs and provide direction to AFMC public health activities to include teaching resources development, assessment/ evaluation and faculty development activities. The Medical Council of Canada (MCC) had its PHELO group review the learning objectives recommended by the AFMC Public Health Task Group so as to move them to official examination objectives. The Task Group, chaired by Dr. Ian Johnson, will shortly begin identifying, collecting and sharing information on public health teaching resources by surveying each faculty about its existing resources. Then an analysis will be done to identify gaps in available materials. The materials collected will begin a repository of resource materials that can be shared. Through participation in the Task Group, linkages have already been made with the RCPSC, CFPC, CASN, the Public Health Agency of Canada, medical students and residents but the Group would like to further strengthen these relationships and explore common goals. Other partnerships will be explored as well – with CMA, MCC, the new network of public health programs, CPHA, the CIHR Institute for Population and Public Health.

AFMC is intending to work with students to look at possible student group models and encourage and support the piloting of Public Health Student Interest Groups within three or four of the faculties. A national network of such student groups will be encouraged as well.

Faculty Development Program for Teachers of IMGs

This program, designed to help prepare teachers to work effectively and collaboratively with IMGs, and to enhance the learning and practice experience of IMGs, was launched at the AFMC 2006 spring Medical Education Conference. It is now available on the AFMC website at http://www.afmc.ca/pages/sa_faculty_development.html in both English and French. The website has the same content as the binders distributed to each Canadian faculty of medicine. At Health Canada's request AFMC has submitted a proposal for implementation of the program. A grant program is proposed to be coordinated and administered by AFMC, and available to each of the 17 faculties of medicine to apply for some funds (\$5000 to \$7500 max.) to host a training session locally for their faculty to explore the contents of the program and how it can be adapted to suit their needs. The Program led by Dr. Allyn Walsh and Dr. Yvonne Steinert includes six easy-to-use modules and companion resources – video scenarios, PowerPoint slides, IMG narratives, as well as faculty development guidelines for conducting site-specific activities – everything one needs for a faculty development program for teachers of IMGs!

The nursing profession under the auspices of CASN, are using some of the modules as a template to develop a program for their educators. A dean of nursing represented CASN on the AFMC Steering Committee for this initiative.

CPDiQ; Des médecins et des soins de qualité pour les communautés francophones minoritaires and EFPPEC Initiatives

The two projects funded by the Primary Health Care Transition Fund which focus on issues of quality and continuing professional development (CPDiQ) and meeting the healthcare needs of Francophone minorities outside Québec (“Des médecins et des soins de qualité pour les communautés francophones minoritaires”) received an extension to September 2006, and June 2006 respectively. The latter project, led by Dr. Paul Grand’Maison, has been able to establish some interim funding to continue its activities. The Chair of the CPDiQ Steering Committee was Dr. Kendall Ho.

The former project involved all seventeen faculties of medicine as does the project “Educating Future Physicians in Palliative and End-of-life Care” (EFPPEC) which AFMC and the Canadian Hospice and Palliative Care Association jointly lead.

EFPPEC recently held a second symposium focused on “interprofessional education” which was open to other health professionals as well as to medical faculty and the local teams established with the support of EFPPEC. The symposium was scheduled in conjunction with the 2006 spring Medical Education Conference. This project’s management team, after working with over 200 experts across Canada, has finalized core competencies for undergraduate medical education programs which are now posted on its website (www.efppec.ca). Also by working with the College of Family Physicians of Canada (CFPC) core competencies in end-of-life/palliative care for family medicine training have been finalized. The project’s physician leader, Dr. Larry Librach, is working collaboratively with the Royal College of Physicians and Surgeons of Canada (RCPSC) to develop core competencies for core specialties.

“Des médecins et des soins de qualité pour les communautés francophones minoritaires” has developed databases of preceptors in Francophone minority communities outside Québec and Francophone medical students willing to do their clinical clerkship in one of these communities. As a result several of these students have had an opportunity to do their clinical clerkship in minority communities outside Québec.

Academic Leaders Group (ALG) and Searchable web-based Inventory

The Academic Leaders Group or “champions” for each faculty of medicine, continue to link the faculties of medicine to the centrally coordinated projects. They have been instrumental in collaborating with the AFMC Inventory Group to develop a central inventory of socially accountable projects of each of the seventeen faculties of medicine which is available as a searchable database on the AFMC website http://www.afmc.ca/search_tool/index.html. Presently 142 projects are in the database. This will be an enduring database for sharing experiences in program development to meet the needs of communities.

AFMC Resource Group on Professionalism

This special Resource Group is led by Drs. Richard and Sylvia Cruess. The Group has an active website of materials (http://www.afmc.ca/pages/sa_professionalism.html) to share including

slides, evaluation forms, links to other websites with professionalism material. Members of the Group have been making education presentations on professionalism at national and international conferences. They also hold a workshop each year at our annual medical education conference.

Partners' Forum

Recognizing that Faculties of Medicine alone cannot achieve the needed changes in the medical education and health systems, an invitational Partners' Forum, *Envisioning Solutions: Creative Partnerships for the Future of Health Care in Canada*, which included representatives of all health care partners (medical schools, governments, healthcare administrators, policy makers, other health professional groups and the community) was held in May, 2004 immediately following the annual meeting of AFMC; planning for this Forum was done by a sub-group of the AFMC Working Group on Social Accountability together with representatives of the partner organizations. The purpose of this Forum, was to build a shared vision of the creative partnerships amongst medical schools, their partners, policymakers and the public, needed to improve health care in Canada and to define actions for putting the concept of social accountability into practice. Participants at the Forum identified three projects that the medical schools should undertake; these would be national in scope but focus on what the medical schools could do. These were public health, aboriginal health and a vision of what health care and medical education would look like in 2024 as seen by today's young leaders. A Steering Committee was established to oversee the work of the Task Groups formed to address public health and aboriginal health.

Young Leaders' Vision Group

This initiative, as mentioned, grew out of the Partners' Forum. AFMC is presently seeking funding support to bring together a group of young forward-thinking leaders to focus on their vision as to what the Canadian health care system will look like twenty years from now and what will be expected of the medical schools. The group's members will include representation from the academic health sciences, governments, community, health organizations and health managers. They would be asked to present their vision and recommendations to the deans and AFMC Board of Directors as to what the medical schools need to consider to be prepared for the future health care system and needs of Canadian society. These recommendations would also be shared with other partner organizations and governments.

The above is an update of the many initiatives AFMC has undertaken under the umbrella of our Social Accountability Initiative (SAI). We welcome the opportunity to discuss the AFMC Social Accountability agenda with other health care partners to see where there may be synergy between our collective priorities.

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