

AFMC Wellbeing Committee Recommendations to the AFMC Board of Directors

1. **Embed psychometrically robust wellbeing metrics, on a regular basis, across UGME, PGME, Graduate Studies, and Faculties for the purposes of driving Continuous Quality Improvement related to Well Being. For example;**
 - a. Consider adding validated wellbeing metrics to the suite of surveys currently in place for UGME (matriculation, midpoint, and graduation surveys).
 - b. Support and advocate for adding validated wellbeing metrics as an accreditation standard to training programs at the CACMS, Royal College of Physicians & Surgeons of Canada, and the College of Family Physicians of Canada.
 - c. Incorporate validated well-being metrics for all graduate programs
 - d. Incorporate validated well-being metrics for faculty on a regular basis

The data should be anonymous and transparent, with clear reporting to those assessed and senior leadership (divisional/department chairs, Deans).

2. **Support a Canadian Wellbeing Academic Consortium (CWAC)** to include all the Faculties of Medicine/Health Sciences with a mandate to:
 - a. identify appropriate common metrics to be employed
 - b. analyze and share anonymized data
 - c. facilitate benchmarking
 - d. recommend evidence-based programming and initiatives to improve learner and provider wellbeing
 - e. assist in providing outcome data on such initiatives
 - f. embark on knowledge translation activities and expand the current literature around learner and provider wellbeing in Canada
3. **Report on best practices for Wellbeing Curricula and interventions across the continuum**

Such programs may include but are not limited to: Peer Support Programs, coaching, mentoring, navigating transitions, responding to adverse events, suicide prevention training, and wellbeing-centred leadership training
4. **Host mandatory Wellbeing Summits annually with the Dean of each medical school involving key wellbeing leaders in each organization for CQI and data dissemination/discussion**

5. **Recommend that each organization convene a faculty-wide Health Promoting Learning and Work Environment Committee that includes key collaborators** (EDIAR, Indigenous Health, Black Health, Professionalism, CPD and local relevant hospital and health authority wellbeing colleagues)

6. **In collaboration with key partners, develop a National Physician Wellbeing Leadership Course to support shared practices/expertise.** This would align with the Stanford Chief Wellness Officer course but incorporate a Canadian-specific lens to reflect our unique healthcare landscape. Ideal settings could include space and time set aside 2-3 days prior to the Canadian/International Conference on Physician Health

7. **Clearly identify and recommend optimal Wellbeing Governance across the faculties of medicine in Canada in terms of:**
 - a. Wellbeing leadership support,
 - b. Coherence and alignment throughout the organization,
 - c. Collaboration across work units,
 - d. Collaboration with local hospital leadership and wellbeing programming,
 - e. Representation with a wellbeing lens at decision-making tables across the organization, including the clinical setting