

CanMEDS 2015: From Manager to Leader



**Competence
by Design**



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

CanMEDS 2015

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Preamble

CanMEDS is an initiative to improve patient care by enhancing physician training and practice. From its beginning in the 1990s, its main purpose has been to articulate a comprehensive definition of the competencies that physicians need to deliver high-quality patient care. These competencies are now well established in the Royal College's training standards.

In 2012, the Royal College began a multi-year review and update of the CanMEDS 2005 Physician Competency Framework. As part of the CanMEDS 2015 project, the Royal College engaged a wide variety of contributors (experts, partners and stakeholders) to ensure that the third edition of the framework provides a valid and practical foundation for excellence in patient care now and in the future. The revision process started with a thorough review of the 2005 framework to determine whether it needed updating for contemporary practice. The contributors, led by a set of expert working groups (EWGs), identified many ways to update and improve the framework. This document describes the Royal College's rationale for one of these changes: the decision to emphasize leadership competencies in CanMEDS 2015.

"In CanMEDS's 20-year history, Manager is the only role to undergo a name change: this change to leader represents a timely evolution for contemporary health care."

Key Messages

The positive, collaborative frame of the CanMEDS 2015 Leader Role will encourage physicians to develop and use leadership skills to advance the care of their patients and to contribute to improving the health care system.

CanMEDS has always included leadership competencies, but in the past the framework emphasized managerial competencies.

All physicians lead in their everyday practice; some hold titled leadership positions.

Physicians need to lead the health care system in collaboration with other professionals.

A physician does not have to be the boss to be a leader.

Stakeholders in the CanMEDS 2015 review process included patients, medical students and residents, Royal College fellows, leaders in medical education, other health care professionals, specialty bodies, governing institutions and partner organizations, and international collaborators.

Stakeholders want a greater emphasis on the physician as leader without sacrificing managerial competencies.

The Future of Medical Education in Canada undergraduate and postgraduate projects both endorse leadership competencies for physicians.



Does CanMEDS emphasize leadership adequately for contemporary practice?

Physicians are practising in an increasingly complex health care system. Given this reality, early on in the CanMEDS 2015 project, the Manager Role EWG began discussing what it means to be a leader in medicine today and also examined how concepts of leadership have been changing in the last decade.

Leadership competencies have been part of the framework since it was created in the 1990s, but the competencies have always been subsumed within the Manager Role. The EWG felt that the 2005 Manager Role did not adequately reflect the scope of the competencies that physicians are expected to demonstrate. For example, there was little emphasis on how physicians contribute to a vision of excellence in the health care system or how they take responsibility for providing the best patient care possible. They debated how these and other competencies necessary for physicians to function in this Role should be emphasized in 2015.

As they explored this issue and worked on revising the Role, the EWG invited all fellows and a wide range of stakeholders to provide input at several stages of the process.¹ The stakeholders provided directed feedback through surveys and focus groups as well as more informally through personal dialogue, email, social media and educational events e.g. CanMEDS 2015 Town Hall at the 2014 International Conference on Residency Education; individuals, institutions and organizations also contributed formal reports. Three clear themes regarding leadership emerged from this environmental scan:

1. Leadership competencies are integral to a physician's practice.
2. Leaders must exhibit greater leadership, whether or not they hold titled positions (all groups of stakeholders stated this point strongly).
3. The need for physicians to lead collaboratively in health care will continue to increase.

After much research and debate the EWG proposed that the Royal College maintain the original Manager Role competencies and update them to better reflect leadership in the complex context of the contemporary health care system. The revisions challenge physicians to demonstrate leadership in each of the four key competencies of the Role: quality improvement, stewardship of resources, leadership in practice and management of one's career. The competencies encompass the same content areas as they did in 2005, but the EWG modified the language to emphasize leadership in collaboration with others.

To properly emphasize leadership, the EWG also recommended a controversial proposal to change the title of the Role from Manager to Leader. To better understand how the proposed changes would be received, the Royal College conducted further stakeholder consultations iteratively. The feedback, though mixed, highlighted a need to establish a common understanding of what it means to be a leader in today's health care environment.



What does it mean to be a physician leader?

A physician leader may be:

- a resident in postgraduate year 2 who notices that the handover between on-call residents has been of variable quality and content for years; he works to adapt evidence-informed practices of handover that would work for his specialty
- an intensive care specialist who champions a clinical care pathway for standardizing the use of newer anti-fungal agents developed by the team pharmacist
- a community physician who participates in the professional organization's prep course for political advocacy and takes on a leadership role at the regional health authority
- a pathologist who seeks election to the medical advisory committee and then continues in administrative work to become the chief of staff of the hospital, shaping care for her community

The physician leader is an engaged individual who takes initiative to contribute in a collaborative way and to work towards positive and sustainable change in health care from the level of an individual patient to the level of the health care system. Leaders do not need a formal title to lead. Leaders also recognize that they do not necessarily need to be in charge. Health care today requires leaders who make it possible for the most capable and appropriate individual to take charge within a given team in a given context.

In changing the Role title from Manager to Leader, are we reinforcing old hierarchies?

The change in the Role's title from Manager to Leader may cause some people to worry that physicians are attempting to regain their historical dominance in health care. Where once the health care system was hierarchical and not particularly collaborative, it is increasingly a system in which different professions share influence. But just as the health care system has evolved so has the term *leader*, and the two evolutions fit well together. The word *leader* might evoke strong feelings but now has a broader meaning than it did in the past. The new Leader Role reinforces the tenets of stepping forward, collaborating, contributing and managing well. The Role includes serving others and practising followership—lending meaningful support to other people when they are leading. It exists in conjunction with the Collaborator Role, which emphasizes shared leadership and thoughtful allocation of duties and responsibilities.

The need for physicians to lead in rapidly changing and complex health care systems will only be magnified in the coming years. If we do not place a strong emphasis on leadership, we may fail to provide our learners and our Royal College fellows with the framework they need in order to collaborate and facilitate changes needed for a better health care system.



Will people outside of medicine perceive the title Leader as physicians attempting to take power from others?

The EWG carefully considered this possibility in its deliberations. The environmental scan led the EWG to believe that this perception is unlikely. In fact, strong voices from other professions and society are calling for physicians to step up and be more fully engaged in the health care system. Our partner professions do not see increased physician leadership as a threat but rather as a much-needed move toward improving the health care system collaboratively.

It is important to note that the CanMEDS Framework has and will probably continue to be adopted by other professions, further alleviate the concern that the title Leader will be perceived as a threat by other health care professions: it is unlikely that other professionals will feel threatened by a title that they share. Thoughtful application of the Role by Royal College fellows will provide additional reassurance.

Medicine has an important role to play in health care leadership and the Royal College has articulated this in the CanMEDS 2015 Framework.ⁱⁱ Our partner professions in health care are calling for us to lead with them. They can only practise the collaborative leadership that they espouse if physicians actively and deliberately share in the process of enhancing health care.

"Leaders do not need a formal title to lead."

Are we telling physicians they all need a title?

No, we're not. All physicians need to be leaders, whether or not they have a formal title. Physicians in every area of medicine have opportunities to lead right now. Some physicians lead small teams in their offices. Some lead by educating their peers. Others lead by advancing their fields or by advocating for better care. There are a few, necessary, titled positions, but there are countless ways to lead in everyday practice and to share the opportunity to lead in team-based health care. As medicine and the health care system become ever more complicated, shared leadership leverages the unique skills of all team members as they move in and out of the leader role in different contexts. Physicians and other health care professionals lead by being in charge when appropriate and by supporting the person in charge at other times. CanMEDS 2015 will encourage physicians to identify leadership opportunities in all their professional activities while developing and applying leadership skills in a more deliberate manner.



Why emphasize leadership now?

The delivery of high-quality health care has been rapidly increasing in complexity. The multidisciplinary, interprofessional model of care is excellent, but it comes with challenges for patients, health care providers and the system. Demands for quality and quantity are increasing at an unprecedented rate, while resources are more limited than ever before. The CanMEDS Leader Role will help physicians practising medicine today and in the future to develop and maintain the leadership competencies they need to work alongside their colleagues in health care to meet these challenges.

How widespread is the endorsement of leadership in medical education and practice?

The EWG's consultations revealed that medical and other health care professional bodies around the world are recognizing the importance of leadership competencies and adopting them at an accelerating pace. The National Health Service (United Kingdom),ⁱⁱⁱ the Accreditation Council for Graduate Medical Education (United States)^{iv} and the Future of Medical Education in Canada (FMEC)^v are examples of organizations that are incorporating leadership competencies into training and practice standards.

Many universities, as well as the Canadian Medical Association and other professional bodies, have created and are creating leadership courses for physicians in training and in practice. Governing bodies are calling for greater physician engagement and involvement: they are looking to physicians for advice, leadership and advocacy in health care.^{vi} Patients and their caregivers are asking physicians to provide leadership in quality improvement, patient safety and health informatics.^{vii}

The recognition that leadership is important is not unique to medicine. In 2010, Frenk and colleagues argued for leadership development in all health care professions to move health care into the 21st century^{viii}. Nurses, physician assistants, dentists, physiotherapists and other health care professionals identify leadership competencies as being important for their members and incorporate leadership development as part of their curricula.

After considering these facts and the landscape of contemporary health care, the EWG felt they had sufficient support upon which to make their recommendations.



How will this change affect physicians and patient care?

The CanMEDS 2015 Frameworkⁱⁱ and the accompanying milestones guide^{ix} are designed to help physicians prepare themselves to care for their patients and contribute to improving the health care system. Positioning the physician as Leader means developing and fostering leadership. In collaboration with its partners, the Royal College is developing the infrastructure to engage physicians and facilitate their leadership from the beginning of their training to their transition out of practice. This infrastructure includes teaching and assessing physician leadership, providing a scaffold for faculty development and a system of program evaluation. Physicians will be supported to take up the challenge of leading the improvement of the health care system using principles of quality improvement, patient safety and health informatics.

Leadership development for practising and future physicians will foster

- meaningful engagement with our patients and their caregivers,
- collaboration with our interprofessional colleagues and
- the building of coalitions to facilitate change for individual patients and initiate system transformations that will ensure the sustainability of health care systems in Canada and around the world.

Conclusion/Summary

Physician leaders will play an important part in the future of health care by enabling the evolution of quality improvement and patient safety. To provide complex medical care in an increasingly interwoven, transparent and accountable health care system, physicians must lead by serving the system in collaboration with other professionals.

All physicians lead in their everyday practice, whether or not they hold a titled leadership position. Although the CanMEDS Framework has always included leadership competencies, in the past they were subsumed under the Manager Role. Our comprehensive review found that stakeholders support placing a greater emphasis on the physician as leader without sacrificing managerial competencies. The revised Role, with its new emphasis, is more accurately represented by the title Leader than by the older title. The CanMEDS 2015 Leader Role will help guide physicians as they exercise their leadership competencies over the next decade and beyond.

Being a leader does not necessarily mean being the boss. Just as health care delivery has evolved from being hierarchical to collaborative, so too has the concept of leadership in modern organizations evolved: where once leadership involved commanding and controlling, it now involves inspiring and motivating others to work together to achieve a shared goal. The verbs used in the new milestones for the Leader Role reflect this evolution: a contemporary leader encourages, engages, models, facilitates and mentors. By developing and exercising the competencies in the Leader Role, physicians will serve their patients and the health care system well.



- ⁱ Royal College of Physicians and Surgeons of Canada. What we heard: sharing the results of the CanMEDS 2015 Series I and II consultations. Ottawa: Royal College of Physicians and Surgeons of Canada; 2014. Available from: www.royalcollege.ca/portal/page/portal/rc/common/documents/canmeds/framework/canmeds2015_consultations_results_e.pdf
- ⁱⁱ Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework. Series IV. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015 March.
- ⁱⁱⁱ NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges. Medical leadership competency framework: enhancing engagement in medical leadership. 3rd ed. Coventry: NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges 2010 July.
- ^{iv} Accreditation Council for Graduate Medical Education, American Board of Surgery. The general surgery milestone project. Chicago: Accreditation Council for Graduate Medical Education, American Board of Surgery; 2014 July.
- ^v The Future of Medical Education in Canada Postgraduate Project. A collective vision for postgraduate medical education in Canada. Ottawa: The Future of Medical Education in Canada Postgraduate Project; 2012. Available from: www.afmc.ca/future-of-medical-education-in-canada/postgraduate-project/pdf/FMEC_PG_Final-Report_EN.pdf
- ^{vi} Warren OJ, Carnall R. Medical leadership: why it's important, what is required, and how we develop it. *Postgrad Med J.* 2011;87:27-32.
- ^{vii} Denis JL, Baker GR, Black C, Langley A, Lawless B, Leblanc D, et al.. Exploring the dynamics of physician engagement and leadership for health system improvement: prospects for Canadian healthcare systems: Regina: Saskatchewan Ministry of Health; 2013 April 4.
- ^{viii} Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet.* 2010;376(9756):1923-1958.
- ^{ix} Frank JR, Snell L, Sherbino J, editors. The draft CanMEDS 2015 milestones guide. Ottawa: Royal College of Physicians and Surgeons of Canada; 2014 September.