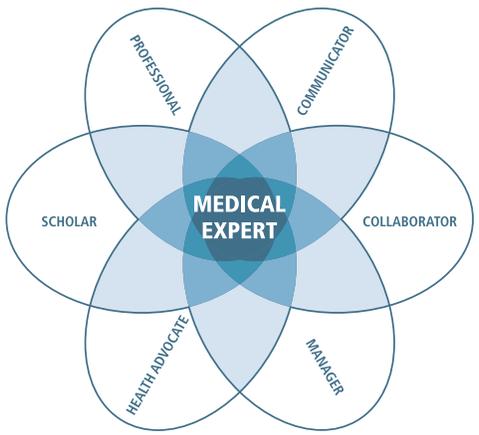

The Draft CanMEDS 2015

Physician Competency Framework

Series I Series II Series III

Editors
Jason R. Frank | Linda Snell



Competence
by Design

CanMEDS 2015



Draft CanMEDS 2015 Physician Competency Framework – Series I

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Printed in Ottawa.

How to reference this document:

Frank JR, Snell L, et al. *Draft CanMEDS 2015 Physician Competency Framework – Series I*. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2014 Feb.

CanMEDS 2015

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Foreword: an invitation to participate

The CanMEDS Framework describes the abilities physicians require to effectively meet the needs of the people they serve. Since its launch in 1996, CanMEDS has become the most widely accepted and applied physician competency framework in the world. Renewal is key to that success: the Royal College is committed to updating the framework at regular, and practicable, intervals. The framework was last updated in 2005. With the CanMEDS 2015 Project, the framework moves toward its third iteration.

In releasing this draft of the CanMEDS 2015 Framework—the “Series I” draft*—we are seeking the input of all stakeholders in medical education. This document—the first public release of a CanMEDS working draft—is a synthesis of the reports prepared by thirteen [CanMEDS 2015 Expert Working Groups](#) that were assembled to examine how the framework should be updated to meet the demands of contemporary practice. The Series II drafts, to follow in a few months, will include “[milestones](#)” guidelines describing how the revised competencies can be acquired across the continuum of training—from medical school, through residency, to continuing professional development.

In late 2014, Series III drafts will be released for stakeholders to review and for partner organizations to consider endorsing. We anticipate that this will be the penultimate version of the CanMEDS 2015 Framework.

This document contains a brief history of CanMEDS, a description of the objectives and methods of the CanMEDS 2015 Project, an overview of key changes proposed, and a complete draft of the 2015 Framework.

Are we on the right track? Have we captured the essence of the medical competencies to meet today's challenges and prepare us to move forward? By sharing your reactions, comments, insights, and suggestions, you will help us to make the CanMEDS 2015 Framework better, more useful, and more comprehensive. All of the feedback we receive will be read, analyzed, and integrated into a report that will inform decisions about the framework's content and design. An [online survey tool](#) will enable you to provide quick responses as well as open-ended comments on the framework as a whole and on specific Roles. Please participate—and help to shape the world's most influential medical education framework!

February 2014

Jason R. Frank
Linda Snell

* To expedite review by stakeholders, drafts of the CanMEDS 2015 Framework are being made available as soon as they are ready. The French version is in preparation and will be posted within a few weeks of the English version.

Acknowledgements

This update to the Royal College CanMEDS Physician Competency Framework could not be accomplished without the participation of hundreds of dedicated medical educators, clinicians, residents, committee members, and staff who have contributed not only to the Series I working draft of the 2015 Framework, but to all of the earlier versions of the framework as well. This effort is about revision and renewal, not reinvention. We must therefore gratefully acknowledge the work of [past contributors](#), on whose shoulders the CanMEDS 2015 Framework will stand.

We gratefully acknowledge the dedicated work of the members of the Expert Working Groups, the Integration Committee, the National Advisory Committee, and the International Advisory Committee. The members of these groups and committees are listed at the end of this document.

We also thank all other participants in the CanMEDS 2015 Project: ePanelists, focus group participants, survey respondents, and the 200 participants in “town hall” meetings. Their input will help to ensure the utility and validity of the CanMEDS 2015 Framework.

The CanMEDS Framework

Fundamentally, CanMEDS is an initiative to improve patient care by enhancing physician training. From the beginning, its main purpose has been to articulate a comprehensive definition of the competencies needed for all domains of medical practice and thus provide a comprehensive foundation for medical education.

In the early 1990s, Fellows of the Royal College of Physicians and Surgeons of Canada, with support from the charitable institution Associated Medical Services, leveraged the important work of the Educating Future Physicians of Ontario project to develop a competency framework for specialist physicians. The result—the CanMEDS Framework—was formally approved by the Royal College in 1996. Since then, CanMEDS has been adopted by countries on five continents, making it the world’s most recognized and most widely applied physician competency framework. The Royal College

continues to be the steward and sponsor of the framework, and the current iteration is being prepared with input from major medical institutions around the world.

In Canada, CanMEDS forms the basis for all Royal College educational standards for specialty education. In recent years it has been modified and formally integrated into the training of all family physicians in Canada through the College of Family Physicians of Canada. CanMEDS has been adopted by the Collège des médecins du Québec, the Medical Council of Canada, the Canadian Medical Association, and Canada’s medical schools. This use of a national competency-based framework for medical training is one reason why the Canadian medical education system is regarded as among the best in the world.

The CanMEDS 2015 project: objectives and principles

To help prepare physicians to meet societal expectations in a dynamic and increasingly demanding health care environment, the Royal College is committed to keeping the CanMEDS Framework current and to facilitating its implementation in the real world of medical education and practice. In response to evolving trends and challenges in today’s health care, the CanMEDS 2015 project aims to meet the following objectives, while working within the existing CanMEDS Roles:

- to update and add new content, particularly with regard to patient safety, intraprofessionalism, and eHealth
- to address the needs of front-line educators, who have asked for [practical changes and updates](#) to make it easier to teach and assess the CanMEDS Roles
- to develop and integrate new competency [milestones](#) to be applied within residency training programs, as well as in practice throughout a physician’s career

To meet these objectives, the participants in the CanMEDS 2015 revision process have adopted the following principles as foundational to their work:

- The process is one of revision and renewal: improvement, not reinvention, is the goal.
- The primary target audience will be the users of the framework: trainees, front-line teachers, program directors of various curricula, and clinician educators who design programs.
- The competency constructs need to be grounded in theory and best practices, while their presentation should be practical and related to the daily practice of any physician.
- Generic competencies should be articulated for all specialties.
- Concepts that are relevant to multiple Roles should be articulated in the Role where they are the most prominent. Although redundancy and overlap are accepted, and even expected, in practice, the framework itself should avoid repetition while ensuring the appropriate integration of Roles.

CanMEDS 2015 and the Competence by Design Project

The CanMEDS 2015 update is occurring in a special context. It is part of the [Competence by Design](#) project of the Royal College, a major, multi-year initiative to implement an enhanced model for competency-based medical education (CBME) in residency training and specialty practice in Canada.

The aim of the Competence by Design project is to improve the fundamental building-blocks of Canadian medical training. At its core is a move away from the practice of credentialing physicians solely on the basis of time spent on rotations and activities, and toward forms of assessment that examine the learner's

achievement of milestones of competence. Therefore, the CanMEDS 2015 Framework will not only update the content of the Roles, but will also provide a set of proposed milestones across the continuum of medical education that can be applied both in curriculum development and in learner assessment. With the input of a consortium of key partners, including participating organizations in the Future of Medical Education in Canada Postgraduate project, the Competence by Design project will position Canadian medical education as the first in the world to integrate CBME across the full continuum of a physician's career.

CanMEDS 2015: a collaborative methodology

Those who will use the CanMEDS Framework in education and practice need to be confident that it is a valid and practical foundation for excellence in patient care. Since its beginning in the 1990s, CanMEDS has been the product of an evidence-informed, collaborative process involving hundreds, if not thousands, of Royal College Fellows, family physicians, educators, and other expert volunteers. Its development has involved countless hours of literature reviews, stakeholder surveys, focus groups, interviews, consultations, consensus-building exercises, debate, and work on educational design. Many people in Canada and around the world feel that the strength of the CanMEDS Framework lies in the fact that it was made by physicians for physicians.

For the CanMEDS 2015 project, the Royal College has engaged as many experts and partners as possible to ensure that the next version of the framework is even stronger. As of January 2014, more than 1500* people have contributed directly or indirectly to the development of this Series I working draft. In early 2013, the Royal College created a series of committees and working groups, all of whom are contributing

to the update process. Participants were recruited for a range of reasons, including their subject matter expertise, their representation of a particular stage of physician development, and their understanding of the health care and medical education systems and their strengths and weaknesses. These groups and their roles are described below. A list of committee and working group members is given at the end of this document.

Expert Working Groups

With input from key partners, the Royal College assembled thirteen [Expert Working Groups](#) (EWGs) to examine the seven core CanMEDS domains. For the Scholar and Professional EWGs, subgroups were formed to focus on the distinct aspects of these roles. Two additional groups were created to advise the EWGs on integrating new content related to Patient Safety and Quality Improvement and eHealth across the existing seven CanMEDS Roles.

The thirteen EWGs are therefore as follows:

- Medical Expert
- Communicator
- Collaborator
- Manager

* To date, the CanMEDS 2015 project has involved 230 participants in ePanels, 100 Expert Working Group members, 29 National Advisory Committee members, 1200 survey respondents, and 200 participants in "town hall" meetings. The roles of the groups and committees are described below.

- Health Advocate
- Scholar:
 - o Lifelong Learning
 - o Critical Appraisal
 - o Teaching
 - o Research
- Professional:
 - o Professionalism
 - o Physician Health
- [Patient Safety and Quality Improvement](#)
- [eHealth](#)

Each EWG is composed of medical educators and practising physicians from a range of specialties and provinces. They have contributed their expertise to develop a first draft of the milestones and new content for the revised framework. Their role is to:

- review the CanMEDS 2005 Framework to identify potential concepts requiring clarification or modification, as well as any gaps or redundancies in the existing CanMEDS competencies
- incorporate new themes such as patient safety and interprofessionalism into the framework
- develop the draft milestones within each existing CanMEDS Role (for release in April 2014)
- ensure that the framework is practical and useful for education across the continuum
- act on feedback from consultations and integrate relevant content into the revised CanMEDS Framework

CanMEDS 2015 National Advisory Committee

The CanMEDS 2015 National Advisory Committee provides strategic direction and input on the overall CanMEDS 2015 initiative and include 29 representatives from a range of key stakeholders and partner organizations.

CanMEDS 2015 ePanels

To engage an even broader constituency in the development of the framework, the Royal College

convened a series of ePanels open to anyone with an interest in reviewing and commenting on drafts of the framework. The various EWGs have and will continue to engage these panelists at critical junctures in their work. As of January 2014, more than 230 people had participated as CanMEDS 2015 ePanelists.

CanMEDS 2015 International Advisory Committee

The CanMEDS 2015 International Advisory Committee was convened to provide input on the overall CanMEDS initiative from a global perspective, with a view to the potential impact of the revised framework in other countries and jurisdictions. Members include representatives from a range of international stakeholders and partner organizations.

The Royal College Integration Committee

A small team of clinician educators from across Canada was commissioned to edit the framework. The role of the Integration Committee is to synthesize all of the contributions to the CanMEDS 2015 Project and prepare a coherent version of the new framework. This includes Expert Working Group reports, direction from the National Advisory Committee and International Advisory Committee, the results of surveys and of focus groups, and reports from sister institutions worldwide.

Consultations—ensuring we get it right

Changes to the CanMEDS physician competency framework will have an impact on all levels of medical education in Canada. With help from key partners, we have undertaken a comprehensive consultation process to ensure we get it right. The data from these consultations are shaping—and will continue to inform—the iterative work of the CanMEDS 2015 EWGs.

2013 consultations—setting the stage for change.

In 2013, consultations included sharing information about the project and gathering feedback regarding

the strengths, weaknesses, and gaps of the 2005 Framework. Our tactics ranged from direct personal discussions with key audiences to more structured consultations. A [summary report](#) of the results of these consultations is available on the Royal College website.

2014 consultations—content validation. The Series I draft of the CanMEDS 2015 Framework will be presented widely in February 2014; this will also mark the transition to the next stage of the consultation process. These consultations will focus on gathering feedback on the Series I draft framework and on the draft milestone guidelines (to be released in April). This stakeholder feedback will be key to shaping further

revisions to these documents. A [brief synopsis](#) of the main approaches used in the consultations is available on the Royal College website.

Launching the CanMEDS 2015 Framework

The CanMEDS 2015 Framework and associated faculty support tools will be officially launched at ICRE 2015 in Vancouver, British Columbia. The rollout of specialty-specific objectives of training and other associated resources will continue for several years after the launch of the framework, and will include faculty development support from the Royal College.

What's new in the CanMEDS 2015 Series I draft

The following lists highlight areas where the draft CanMEDS 2015 Framework has changed from previous versions.

General changes

- There is a renewed emphasis on the overall coherence of the framework.
- Role descriptions and definitions are expressed in simpler, more direct, language.
- Overlapping areas between Roles have been minimized; although aspects of a shared plan of care may pertain to more than one Role, the competencies expressed in a given Role should pertain specifically to that Role alone.
- Competencies should describe the *active abilities* required, rather than knowledge or comprehension of those abilities; thus, verbs such as “identify,” “analyze,” “engage in,” or “demonstrate” are preferred over “describe” or “explain.” Active ability is particularly relevant in the later stages of development toward competence.
- Competencies in safeguarding and enhancing patient safety have been integrated throughout the framework, as recommended by the Patient Safety and Quality Improvement EWG and validated in early consultations.

Medical Expert

- The definition, description, and first key competency of the Medical Expert Role highlights the importance of integrating the six other Roles (the Intrinsic Roles).
- Increased emphasis has been given to the critical importance of life-long learning and the use of clinical practice supports.
- The concepts of complexity, uncertainty, and ambiguity have been included.
- The reference to providing expert legal testimony or advising governments has been removed.
- The Role has been updated to reflect some of the complexity in decision-making and clinical reasoning that occurs before, during, and after the completion of procedures.
- The concept of self-assessment has been removed.
- A key competency has been added to address the evolving recognition of patient safety and continuous quality improvement as important components of medical expertise.

Communicator

- The scope of the Communicator Role is now more explicit: it focuses exclusively on the interaction between physicians and their patients, including patients' family members, partners, and caregivers.
- Patient-centred and therapeutic communication are emphasized.
- Communication with other health care professionals is de-emphasized.
- There is an increased emphasis on patient education within key competency 3, a concept previously addressed in 2005 in the Scholar Role.
- Cultural safety as an issue has now been included in key competency 3.

Collaborator

- The concept of intraprofessional collaboration has been given explicit emphasis.
- A relationship-centred model of care is presumed.
- Value is placed on including the patient's perspective in the shared decision-making process.
- Collaboration is reflected more broadly, to extend beyond the context of a formalized health care team.
- The term "health care providers" rather than "professionals" has been used to potentially include others who are not part of the regulated health professions but play a role in the care of many patients and are important collaborators in providing optimal care.

Leader (formerly Manager)

- A name change for the Role from "Manager" to "Leader" has been proposed.
- Patient safety and quality improvement processes have been given increased emphasis.

- Emphasis has been placed on the development of skills to achieve a balance between professional practice and personal life.
- Resource allocation has been conceived as a function of good stewardship.
- Competence in health care informatics is viewed as crucial for medical leaders and managers and vital to the delivery of health care.
- Competence in ensuring patient safety and quality improvement, including through the incorporation of patient safety standards such as adverse event reporting, was added.

Health Advocate

- The definition and description of the Role have been expanded and refined.
- The notion of partnership in advocacy has been adopted.
- Competency in communicating with the public at large will be included in this Role as a milestone when the Series II draft CanMEDS 2015 Framework is released.
- Population-level advocacy as a mandatory competency has been de-emphasized.

Scholar

- The "life-long learner" component of the Scholar Role has been reorganized into three enabling competencies that reflect (1) both planned and opportunistic learning as well as the need to integrate learning into daily work, (2) the use of data from a variety of sources to guide learning, and (3) continuous learning as an active part of a community of practice.
- The concepts of patient safety and a safe learning environment have been explicitly added to the "teacher" component of the Role.

- A key competency on evidence-informed decision-making has been added; this is separate from structured critical appraisal and has two enabling competencies of its own.
- There is a new emphasis on skills in structured critical appraisal.
- The concept of research has been broadened, and the contribution and dissemination of skills as a consumer of research are emphasized over those of a participant in research.

Professional

- There is now an increased emphasis on physician health.
- Two key competencies have been reorganized to reflect the commitment of the physician to the patient, to society, and to the profession.
- The notion of commitment to actions or tasks is emphasized as germane to the Professional Role, as distinct from the specific actions or tasks themselves.

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 how and why the CanMEDS Medical Expert EWG opted to frame the 2015 content as presented below, please see the [Medical Expert EWG Report](#).

Definition

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes 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

Physicians utilize an evolving body of knowledge, clinical skills, and professional attitudes to support high-quality and safe patient-centred care. They apply these as they collect and interpret information, make clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within the boundaries of their discipline, scope of practice, and expertise, taking into account the patient's clinical condition, circumstances, preferences, and actions, along with best practices, research evidence, and the availability of resources. Their care is characterized by up-to-date, ethical, and resource-efficient clinical practice conducted in partnership with patients, other health care providers, 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
- Application of core clinical and biomedical sciences
- Clinical decision-making
- Clinical reasoning
- Dealing with complexity, uncertainty, and ambiguity
- Duty to care
- Integration of CanMEDS Intrinsic Roles
- Knowing limits of expertise
- Prioritization of professional responsibilities
- Patient-centred clinical assessment and management
- Patient safety

- Providing consultation
- Procedural skill proficiency
- Quality improvement
- Timely follow-up
- Working within the health care team

Key competencies	Enabling competencies
Physicians are able to:	Physicians are able to:
1. Practise medicine within their defined clinical 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 the practice of medicine 1.3 Apply knowledge of the clinical and biomedical sciences relevant to their specialty 1.4 Perform an appropriately timed consultation, presenting well-documented assessments and recommendations in written and/or oral form 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 management plans	2.1 Identify and prioritize issues to be addressed in a patient encounter 2.2 Elicit a history, perform a physical exam, select investigations, and interpret the results for the purpose of diagnosis and management, disease prevention, and health promotion 2.3 Establish goals of care with the patient and his or her family,* which may include slowing disease progression, achieving cure, improving function, treating symptoms, and palliation 2.4 Establish a patient-centred management plan

* Throughout the Series I draft of the CanMEDS 2015 Framework, phrases such as “the patient and his or her 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.

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- | | |
|---|---|
| 3. Plan and perform interventions for the purpose of assessment and/or management | <ul style="list-style-type: none">3.1 Determine indicated interventions for the purpose of assessment and/or management3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, the options discussed3.3 Triage interventions, taking into account clinical urgency, the potential for deterioration, and available resources3.4 Develop and implement a plan incorporating the degree of clinical uncertainty and the expertise of team members individually and as a whole3.5 Perform the intervention in a skilful and safe manner, adapting to findings or changing clinical circumstances3.6 Establish and implement a plan for both pre- and post-procedure care |
| <hr/> | |
| 4. Establish plans for timely follow-up and appropriate consultation | <ul style="list-style-type: none">4.1 Establish the roles of the patient and all team members for follow-up on investigations, response to treatment, and consultations, and ensure that the agreed follow-up occurs4.2 Recognize when care should be transferred to another physician or health care provider |
| <hr/> | |
| 5. Actively participate, as an individual and as a member of a team, in the continuous improvement of health care quality and patient safety | <ul style="list-style-type: none">5.1 Recognize and respond to adverse events and near misses5.2 Seek opportunities to provide high-quality care5.3 Contribute to a culture that promotes the continuous improvement of health care quality and patient safety5.4 Describe how human and system factors influence decision-making and provision of patient care5.5 Engage patients and their families in the continuous improvement of health care quality and patient safety |
-

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 how and why the CanMEDS Communicator EWG opted to frame the 2015 content as presented below, please see the [Communicator EWG Report](#).

Definition

As Communicators, physicians form relationships with patients and their families* that facilitate the gathering and sharing of information essential for exemplary 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 patients' fears, their ideas about their illness, the impact of their illness on their lives, and their expectations of their health care and their health care providers. This knowledge will be integrated 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 patients in developing a plan to address their medical problems and health goals in a manner that reflects their 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
- Active listening
- Addressing end-of-life issues
- Appropriate documentation
- Attention to the psychosocial aspects of illness
- Breaking bad news
- Capacity assessment

* Throughout the Series I draft of the CanMEDS 2015 Framework, phrases such as "patients and their families" 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.

- Concordance of goals and expectations
- Disclosure of adverse events
- Diverse physician–patient relationships for different medical practices
- Effective oral and written information for patient care across different forms of media
- Efficiency
- Eliciting and synthesizing information for patient care
- Empathy
- Ethics in the physician–patient relationship
- Expert verbal and non-verbal communication
- Informed consent
- Mutual understanding
- Patient-centred approach to communication
- Privacy and confidentiality
- Rapport
- Relational competence in interactions
- Respect for diversity
- Shared decision-making
- Therapeutic relationships with patients and their families
- Transition in care
- Trust in the physician–patient relationship

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 and respect 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 providers may affect the quality of care, and modify the approach to the patient appropriately 1.4 Respond appropriately to patients' non-verbal communication and utilize appropriate non-verbal behaviours to enhance communication with patients 1.5 Manage emotionally charged conversations and conflicts 1.6 Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances

2. Elicit and synthesize accurate and relevant information along with the perspectives of patients and their families

- 2.1 Use patient-centred interviewing skills to effectively identify and gather relevant biomedical information
- 2.2 Manage the flow of a physician–patient encounter
- 2.3 Inquire about and explore the patient’s beliefs, values, preferences, context, expectations, and health care goals
- 2.4 Seek out and synthesize relevant information from other sources, including the patient’s family, with the patient’s consent

3. Engage patients and others in developing plans that reflect the patient’s health care needs and goals

- 3.1 Provide explanations that are clear, accurate, and adapted to the patient’s level of understanding and need
- 3.2 Share information that is timely, accurate, and transparent in regard to the patient’s health status, care, and outcome
- 3.3 Engage patients in a way that is respectful, non-judgmental, and ensures cultural safety
- 3.4 Assist patients and others to identify and make use of information and communication technologies to support their care and manage their health
- 3.5 Use counselling skills and decision aids to help patients make informed choices regarding their health care
- 3.6 Disclose adverse events to patients and/or their families accurately and appropriately

4. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

- 4.1 Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with legal and regulatory requirements
 - 4.2 Communicate effectively using an electronic health record or other digital technology
 - 4.3 Share information with patients and appropriate others in a manner that respects patient privacy and confidentiality
-

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 Oandasari, Sharon Switzer-McIntyre

For further information about how and why the CanMEDS Collaborator EWG opted to frame the 2015 content as presented below, please see the [Collaborator EWG Report](#).

Definition

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

Description

Providing high-quality, safe patient care requires working collaboratively with a variety of individuals with complementary skills, in multiple settings across the continuum of care. Collaboration is a relationship-centred process based on trust, respect, and shared decision-making. Collaboration with patients and their families,* inter- and intraprofessional care providers, community partners, and health system stakeholders is essential. 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. Such collaboration skills are broadly applicable to related activities beyond clinical care, such as administration, education, advocacy, and scholarship.

Key concepts

- Collaborative care, culture, and environment
- Collaboration with community
- Communities of practice
- Conflict resolution, management, and prevention
- Constructive negotiation
- Effective consultation and referral
- Effective teams
- Handover
- Interprofessional health care
- Intraprofessional health care

* Throughout the Series I draft of the CanMEDS 2015 Framework, phrases such as “patients and their families” 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.

- Managing differences
- Recognizing one's own roles and limits
- Relationship-centred care
- Respect for other physicians and members of the health care team
- Respect for diversity
- Shared decision-making
- Sharing of knowledge and information
- Situational awareness
- Team dynamics
- Transitions of care
- Understanding roles and responsibilities

Key competencies	Enabling competencies
Physicians are able to:	Physicians are able to:
1. Work effectively with other physicians and other health care professionals	1.1 Establish and maintain healthy inter- and intraprofessional working relationships for collaborative care 1.2 Negotiate overlapping and shared responsibilities with inter- and intraprofessional health care providers for episodic or ongoing care of patients 1.3 Engage in effective and respectful shared decision-making with other care providers
2. Work with inter- and intraprofessional colleagues to prevent misunderstandings, manage differences, and resolve conflict	2.1 Demonstrate a respectful attitude toward other colleagues and members of an inter- and intraprofessional team 2.2 Work with others to prevent conflicts 2.3 Employ collaborative negotiation to resolve conflicts 2.4 Respect differences, misunderstandings, and limitations in others 2.5 Recognize one's own differences, misunderstandings, and limitations that may contribute to inter- and intraprofessional tension 2.6 Reflect on inter- and intraprofessional team function
3. Effectively and safely hand over care to an appropriate health care professional	3.1 Demonstrate effective and safe handover during a patient transition to a different setting or stage of care 3.2 Demonstrate effective and safe handover during a transition of responsibility for 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 how and why the CanMEDS Manager EWG opted to frame the 2015 content as presented below, please see the [Manager EWG Report](#).

Definition

As Leaders, physicians develop, in collaboration with other health care leaders, a vision of a high-quality health care system and take responsibility for effecting change to move the system toward the achievement of that vision.

Description

Society has explicitly identified management and leadership abilities as core requirements for the practice of medicine. Physicians and others exercise collaborative leadership within the complex health care systems that form their specific work environments. At a system level, physicians contribute to the development and delivery of continuously improving health care and engage others to work with them toward this vision. Physicians must balance their personal lives with their responsibilities as managers and leaders in their everyday clinical, administrative, research, and teaching activities. They function as individual care providers, as members of teams or groups, and as participants and leaders in the health care system locally, regionally, nationally, and globally. The CanMEDS Leader Role describes the active engagement of all physicians as managers and leaders in decision-making in the operation and ongoing evolution of the health care system.

Key concepts

- Administration
- Career development
- Collaborative leadership and “followership”
- Consideration of justice, efficiency, and effectiveness in the allocation of health care resources for optimal patient care
- Effective meetings and committee participation
- Health human resources
- Information technology for health care
- Leading change
- Negotiation
- Organizing, structuring, budgeting, and financing
- Personal leadership skills
- Physicians as active participant-architects within the health care system
- Physician remuneration

- Physician roles and responsibilities in the health care system
- Practice management to maintain a sustainable practice and physician health
- Priority-setting
- Quality improvement
- Supervising others
- Time management

Key competencies	Enabling competencies
Physicians are able to:	Physicians are able to:
1. Contribute to the improvement of health care delivery in health care teams, organizations, and systems	<ul style="list-style-type: none"> 1.1 Demonstrate personal responsibility for improving patient care 1.2 Contribute to quality improvement and patient safety using the best available knowledge and practices 1.3 Engage others to work collaboratively to improve systems of patient care 1.4 Use and adapt systems to learn from adverse events and near misses 1.5 Use health informatics to improve the quality of patient care and optimize patient safety
2. Engage in the stewardship of health care resources	<ul style="list-style-type: none"> 2.1 Allocate health care resources for optimal patient care 2.2 Apply evidence and management processes to achieve cost-appropriate care 2.3 Contribute to strategies that improve the value of health care delivery
3. Demonstrate leadership in professional practice	<ul style="list-style-type: none"> 3.1 Develop their leadership skills 3.2 Facilitate change in health care to enhance services or outcomes 3.3 Design and organize elements of health care delivery
4. Manage their practice and career	<ul style="list-style-type: none"> 4.1 Set priorities and manage time to balance practice and personal life 4.2 Manage career planning, finances, and health human resources in a practice 4.3 Implement processes to ensure personal practice improvement

HEALTH ADVOCATE

Health Advocate Role Expert Working Group

Chair: Jonathan Sherbino

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Advisory members: Marcia Clark, Sherissa Microys

For further information about how and why the CanMEDS Health Advocate EWG opted to frame the 2015 content as presented below, please see the [Health Advocate EWG Report](#).

Definition

As Health Advocates, physicians responsibly contribute their expertise and influence to improve health by working with the patients, communities, or populations they serve to determine and understand needs, develop partnerships, speak on behalf of others when needed, and support the mobilization of resources to effect change.

Description

Physicians recognize their duty to participate in efforts to improve the health and well-being of their patients, their communities, and the broader populations they serve. For the purposes of the Role definition and description, 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.

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 includes disease prevention (e.g., screening), health promotion (e.g., healthy habits and environments), and health protection (e.g., surveillance). Improving health also includes promoting health equity, whereby individuals and populations reach their full health potential without being disadvantaged by 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 are influencing the system), both within and outside of their work environments.

Advocacy requires action. Physicians contribute their knowledge of the determinants of health (e.g., psychological, biological, social, cultural, environmental, and economic determinants, and health care system factors) 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, or speak on behalf of those patients, communities, or populations when needed. Physicians increase

* Throughout the Series I draft of the CanMEDS 2015 Framework, phrases such as “patients and their families” 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.

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.

Advocacy requires partners. Physicians work within complex systems; thus, advocacy requires the development of partnerships with patients, their families and support networks, and community agencies and organizations to influence health determinants. Advocacy often requires engaging other health care providers, community agencies, administrators, and policy-makers.

Key concepts

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

Key competencies	Enabling competencies
Physicians are able to:	Physicians are able to:
1. Respond to individual patients' complex health needs by advocating with them in the clinical or extra-clinical environment	1.1 Work with patients to address determinants of health that affect them 1.2 Work with patients and their families to increase their opportunities to adopt healthy behaviours 1.3 Consider disease prevention, health promotion, or health surveillance when working with individual patients
2. Respond to the needs of a community or population they serve by advocating with them for system-level change	2.1 Use a process of continuous quality improvement in their practice that incorporates disease prevention, health promotion, and health surveillance activities 2.2 Work with a community or population to identify the determinants of health that affect them 2.3 Participate in a process to improve health in the community or population they serve

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 (Critical Appraisal); Bart J Harvey (Research)

For further information about how and why the CanMEDS Scholar EWG opted to frame the 2015 content as presented below, please see the [Scholar EWG Report](#).

Definition

As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning, the teaching of others, the evaluation of evidence and other resources, and contributions to scholarship.

Description

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 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 achieve improvement 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, both individually and through teams, the education and learning of students and residents, colleagues, co-workers, the public, and others.

Physicians are able to identify pertinent evidence, evaluate it using specific criteria, and apply it in their scholarly activities and practice. 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.

Through their scholarly activities, physicians also contribute to the application, dissemination, translation, and creation of knowledge and practices applicable to health.

Key concepts

Lifelong learning

- Collaborative learning
- Communities of practice
- Patient safety
- Performance assessment
- Personal learning plan
- Quality improvement

- Reflection on practice
- Self-improvement

Teacher

- Faculty, rotation and program evaluation
- Formal and informal curricula
- Hidden curriculum
- Learner and faculty assessment
- Learning outcomes
- Mentoring
- Needs assessment
- Optimization of the learning environment
- Principles of assessment
- Role-modelling
- Seeking and providing feedback
- Supervision and graded responsibility
- Teaching and learning

Evidence-informed decision-making

- Evidence syntheses
- Information literacy
- Knowledge gaps
- Uncertainty in practice

Structured critical appraisal

- Effect size
- Evidence-based medicine
- External validity
- Generalizability
- Internal validity
- Knowledge translation
- Risk of bias

Research

- Clinical innovation
- Confidentiality
- Conflict of interest
- Informed consent
- Research
- Scholarly inquiry
- Scholarship

Key competencies	Enabling competencies
Physicians are able to:	Physicians are able to:
1. Engage in the continuous improvement and enhancement of their professional activities through ongoing learning	<ul style="list-style-type: none"> 1.1 Develop, monitor, and revise a personal learning plan to enhance professional practice 1.2 Regularly analyze their performance, using various data and other sources to identify opportunities for learning and improvement 1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
2. Facilitate the learning of students, residents, other health care professionals, the public, and other stakeholders	<ul style="list-style-type: none"> 2.1 Recognize the power of role-modelling and the impact of the hidden curriculum on learners 2.2. Promote a safe learning environment 2.3. Ensure that patient safety is maintained when learners are involved 2.4. Collaboratively identify the learning needs of others and prioritize learning outcomes 2.5. Demonstrate effective teaching to facilitate learning 2.6. Seek and provide meaningful feedback 2.7. Use assessment tools and practices that are appropriate to a given learning context
3. Integrate best available evidence, contextualized to specific situations, and integrate it into real-time decision-making	<ul style="list-style-type: none"> 3.1 Recognize uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them 3.2 Demonstrate proficiency in identifying, selecting, and navigating pre-appraised resources 3.3 Integrate evidence into decision-making
4. Critically evaluate the integrity, reliability, and applicability of health-related research and literature	<ul style="list-style-type: none"> 4.1 For a given professional scenario, formulate scholarly questions using a structure that encompasses the patient or population, intervention, comparison, and outcome (PICO) 4.2 Identify one or more studies or scholarly sources that shed light on a given professional question 4.3 Interpret study findings, including a discussion and critique of their relevance to professional practice 4.4 Determine the validity and risk of bias in a wide range of scholarly sources

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- 4.5 Describe study results in both quantitative and qualitative terms
 - 4.6 Evaluate the applicability (external validity or generalizability) of evidence from a wide range of biomedical research products
 - 4.7 Translate and apply the findings of studies into professional practice, and discuss the barriers and facilitators to achieving this
 - 4.8 Identify and use automatic information-delivery services that highlight new evidence appropriate to their scope of professional practice
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5. Contribute to the dissemination and/or creation of knowledge and practices applicable to health

- 5.1 Describe the principles of research and scholarly inquiry and their role in contemporary health care
 - 5.2 Discuss and interpret the ethical principles applicable to health-related research
 - 5.3 Discuss the roles and responsibilities of researchers, both principal investigators and research collaborators, and how they differ from clinical and other practice roles and responsibilities
 - 5.4 Pose medically and scientifically relevant, appropriately constructed questions that are amenable to scholarly investigation
 - 5.5 Discuss and critique the possible methods of addressing a given scholarly question
 - 5.6 Summarize and communicate to professional and lay audiences, including patients and their families* the findings of applicable studies and reports
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* Throughout the Series I draft of the CanMEDS 2015 Framework, phrases such as “patients and their families” 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, caregiver, legal guardians, and substitute decision-makers.

PROFESSIONAL

Professional Role Expert Working Group

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

For further information about how and why the CanMEDS Professional EWG opted to frame the 2015 content as presented below, please see the [Professional EWG 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, commitment to the profession, profession-led regulation, and maintenance of personal health.

Description*

Physicians have an essential societal role as professionals who are dedicated to the health and care of others. Their work requires the mastery of the art of medicine and of a complex body of knowledge and skills. The Professional Role is grounded in a professional identity and is guided by codes of ethics and a commitment to clinical competence, ongoing professional development, integrity, honesty, altruism, respect for diversity, the adoption of appropriate attitudes and behaviours, and promotion of the public good. To provide optimal patient care, a physician must also demonstrate a commitment to physician health and well-being. These commitments and elements form the basis of the social contract between a physician and society. In return, society grants physicians the privilege of profession-led regulation, with the understanding that they are accountable to those served, to society, and to the profession itself.

Key concepts

Commitment to patients

- Altruism
- Bioethical principles and theories
- Commitment to excellence in clinical practice and mastery of the discipline
- Compassion and caring
- Confidentiality and its limits
- Integrity and honesty
- Moral and ethical behaviour

* The role description is adapted from Cruess S, Johnston S, Cruess R. "Profession": a working definition for medical educators. *Teach Learn Med.* 2004;16(1):74–6.

- Professional boundaries
- Respect for diversity

Commitment to society

- Commitment to the promotion of the public good in health care
- Social accountability
- Social contract in health care

Commitment to the profession

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

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
- Commitment to disclosure of error and/or adverse events and their impact
- Mindful and reflective approach to practice
- Professional identity, career development and transitions
- Resilience for sustainable practice
- Responsibility to self, including personal care, in order to serve others

Key competencies

Physicians are able to:

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

Enabling competencies

Physicians are able to:

- 1.1 Exhibit appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 1.2 Demonstrate a commitment to excellence in all aspects of practice and to active participation in collaborative care
- 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 the social contract in health care

- 2.1 Demonstrate a commitment to the promotion of the public good in health care, including stewardship of resources
- 2.2 Demonstrate a commitment to maintaining and enhancing competence
- 2.3 Demonstrate a commitment to quality improvement and patient safety
- 2.4 Demonstrate accountability to patients, society, and the profession by recognizing and responding to societal expectations of the profession

3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation

- 3.1 Fulfill the professional and ethical codes, standards of practice, and laws governing practice
- 3.2 Recognize and respond to unprofessional and unethical behaviours in others
- 3.3 Commit to participation in peer assessment and standard-setting
- 3.4 Maintain and promote a culture of collegiality, respect, and professional relationships

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

- 4.1 Exhibit self-awareness and effectively manage the influences on personal well-being and professional performance
 - 4.2 Manage personal and professional demands for a sustainable practice through the physician life cycle
 - 4.3 Promote a culture that recognizes, supports, and responds effectively to colleagues in need
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