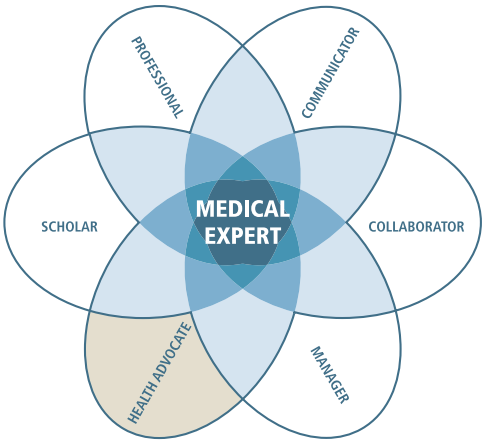
The CanMEDS 2015

Health Advocate Expert Working Group Report

Chair
Jonathan Sherbino



Competence by Design

CanMEDS 2015

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

The CanMEDS 2015 Health Advocate Expert Working Group Report

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Printed in Ottawa.

How to reference this document:
Sherbino J, Bonnycastle D, Côte B, Flynn L, Hunter A, Ince-Cushman D, Konkin J, Oandasan I, Regehr G, Richardson D, Zigby J. *The CanMEDS 2015 Health Advocate Expert Working Group Report.* Ottawa: The Royal College of Physicians and Surgeons of Canada; 2014 Feb.

CanMEDS 2015

HEALTH ADVOCATE

The CanMEDS 2015 Expert Working Groups

Since its origins in the 1990s, the CanMEDS Project has been a grand collaborative effort of hundreds if not thousands of educators, Royal College Fellows, family physicians, and other experts. Its development has involved countless hours devoted to literature reviews, stakeholder surveys, focus groups, interviews, consultations, consensus-building, debate, and educational design. As a result, CanMEDS has been heralded worldwide for its utility as a framework to anchor physician competence in the service of patients.

In early 2013, the Royal College, along with key partners, assembled a series of Expert Working Groups (EWGs) organized around the seven core CanMEDS domains. As of January 2014, more than 100 people were involved in updating one or more CanMEDS 2015 subdomains. Each EWG is composed of medical educators and practising physicians from a range of specialties and locations. All participants have contributed their expertise to develop a first draft of 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 intraprofessionalism 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 consultation and integrate relevant content into the revised CanMEDS Framework

Health Advocate Expert Working Group

Chair: Jonathan Sherbino

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

Advisory members: Marcia Clark, Sherissa Microys

This report is meant to complement the current working draft of the CanMEDS 2015 Framework —the Series I draft— and to provide information and context for readers who may wish to delve into the rationale and work of the Health Advocate EWG. The report is organized into three sections. The first section summarizes our methods and principles. The second section provides context for the revisions represented in the Series I draft and highlights differences from the 2005 Framework. Finally, the third section presents the newly drafted Health Advocate Role for 2015 in a side-by-side comparison with the 2005 version.

The Health Advocate Role review: objectives, principles, and methods

The CanMEDS 2015 Health Advocate EWG members 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 is the users of the framework: trainees, front-line teachers, program directors, and Clinician Educators who design programs.
- The constructs of the Health Advocate Role 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 within the Health Advocate Role 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.

Our report was developed by means of the following activities and approaches:

- a review of recent literature (2005–2013)
- a review of the "Emerging Concepts" consultation document
- recruitment of working-group members with wide geographical and discipline-specific (including family medicine) representation and with recognized contributions to, and scholarship in, different aspects of teaching and learning and across the continuum of learning (UME, PGME, and CPD)
- specific recruitment of participants (learners and faculty) as ePanel members, to achieve further breadth in consultation
- integration of recommendations from the eHealth and Patient Safety and Quality Improvement working groups
- review of formal stakeholder consultation (including the CanMEDS 2013 survey and the ICRE 2013 Town Hall)

What's new in the draft 2015 Health Advocate Role

Major content changes

The major changes to the Health Advocate Role for 2015 are as follows.

Expansion and refinement of the definition and description. On the basis of feedback received after the release of the 2005 Framework, along with data from Phase 1 of the national consultation, it was clear that this Role required greater clarity. In response, the EWG dedicated considerable attention to refining the definition and description of the Health Advocate Role, including distinguishing between communities and populations (an area of previous confusion) and defining health improvement more explicitly.

Adoption of a lens of partnership in advocacy. The 2005 Framework used language that positioned advocacy as a solo endeavour. The 2015 Framework recognizes that advocacy happens through partnerships. Physicians advocate "with" (and not "for") patients. Advocacy organizations have shared, group leadership. This concept is reflected in the language of the document.

De-emphasis of population-level advocacy. Large-scale activism is not part of the practice of every specialist physician in Canada. However, a number of physicians participate and lead population-level advocacy initiatives. By de-emphasizing mandatory population-level advocacy, the document aligns with the common practice of specialists, while endorsing this important activity for a segment of physicians.

Changes to competencies

The key competencies have been significantly rephrased and, to the extent that they retain the 2005 content, have been reordered. In the current arrangement, the first key competency and three associated enabling competencies address advocacy with a specific patient, while the second key competency and three enabling competencies address advocacy with a community or population.

Changes to concepts

Health equity was added to the 2015 concepts. The EWG believes that this is a foundational principle of advocacy. Patient safety was removed as a concept. Although elements of patient safety are emphasized in the 2015 milestones, the EWG believes that, since this is not a primary focus of the Role, it is not necessary to include it in the concepts. Also, the interaction of the Health Advocate Role with other Roles has been removed. The EWG believes that this concept is inherent in the design of the CanMEDS Framework, and so its inclusion here would be redundant.

Questions for the Phase 2 Consultations

Enabling competency 2.3 requires every specialist physician to participate in a process that improves the health of the community or population that he or she serves. The EWG was divided about the vague requirement of this milestone. Specifically, should the milestone include modifiers that emphasize that participation needs to be substantial or longitudinal in nature? Or, should the language remain as written, providing program directors with some flexibility?

Comparison of 2005 and 2015 frameworks

Definition 2005

As Health Advocates, physicians responsibly use their expertise and influence to advance the health and the well-being of individual patients, communities and populations.

Description 2005

Physicians recognize their duty and ability to improve the overall health of their patients and the society they serve. Doctors identify advocacy activities as important for the individual patient, for populations of patients and for communities. Individual patients need physicians to assist them in navigating the healthcare system and accessing the appropriate health resources in a timely manner. Communities and societies need physicians' special expertise to identify and collaboratively address broad health issues and the determinants of health. At this level, health advocacy involves efforts to change specific practices or policies on behalf of those served. Framed in this multi-level way, health advocacy is an essential and fundamental component of health promotion. Health advocacy is appropriately expressed both by individual and collective actions of physicians in influencing public health and policy.

Definition 2015

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 2015

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 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.

* Throughout the Series I draft of the CanMEDS 2015 Framework, the phrase "patient and their families" is 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.

Elements 2005

- Advocacy for individual patients, populations and communities
- Health promotion and disease prevention
- Determinants of health, including psychological, biological, social, cultural and economic
- Fiduciary duty to care
- The medical profession's role in society
- Responsible use of authority and influence
- Mobilizing resources as needed
- Adapting practice, management and education to the needs of the individual patient
- Patient safety
- Principles of health policy and its implications
- Interactions of advocacy with other CanMEDS Roles and competencies

Key concepts 2015

- 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 2005

Physicians are able to…

1. Respond to individual patient health needs and issues as part of patient care;
2. Respond to the health needs of the communities that they serve;
3. Identify the determinants of health of the populations that they serve;
4. Promote the health of individual patients, communities and populations.

Key competencies 2015

Physicians are able to…

1. **Respond to individual patients' complex health needs by advocating with them in the clinical or extra-clinical environment**
2. **Respond to the needs of a community or population they serve by advocating with them for system-level change**

Enabling competencies 2005

Physicians are able to...

1. Respond to individual patient health needs and issues as part of patient care

1.1 Identify the health needs of an individual patient

1.2 Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care

2. Respond to the health needs of the communities that they serve

2.1 Describe the practice communities that they serve

2.2 Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately

2.3 Appreciate the possibility of competing interests between the communities served and other populations

3. Identify the determinants of health for the populations that they serve

3.1 Identify the determinants of health of the populations, including barriers to access to care and resources

3.2 Identify vulnerable or marginalized populations within those served and respond appropriately

4. Promote the health of individual patients, communities, and populations

4.1 Describe an approach to implementing a change in a determinant of health of the populations they serve

4.2 Describe how public policy impacts on the health of the populations served

4.3 Identify points of influence in the healthcare system and its structure

4.4 Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism

Enabling competencies 2015

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

4.5 Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper

4.6 Describe the role of the medical profession in advocating collectively for health and patient safety