MANAGER

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

Manager Role Expert Working Group

Co-chairs: Deepak Dath, Ming-Ka Chan
Core members: Geoffrey Anderson, Andrew Burke, Saleem Razack, Susan Lieff, Geneviève Moineau, Aaron Chiu, Philip Ellison
Advisory members: Marie-Josée Bédard, Louis-André Lacasse, Hugh MacLeod, Sherissa Microys, Hema Patel, David Snadden, Joshua Tepper

- 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

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 Manager 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 Manager Role for 2015 in a side-by-side comparison with the 2005 version.

The Manager Role review: objectives, principles, and methods

The CanMEDS 2015 Manager 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 Manager 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 Manager 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 Leader (formerly Manager) Role

Major content changes

From “Manager” to “Leader.” In this draft revision, the EWG proposes that the Manager Role be renamed the Leader Role to better reflect physicians’ scope of practice in this domain. The concept of leadership has been embedded in the definition, as well as within each of the four key competencies, of the Role. There is an increased emphasis on leadership concepts throughout the Role, and the development of leadership skills has been added as enabling competency 3.1.

This change was the product of extensive debate conducted through face-to-face discussion (e.g., at medical education events such as ICRE, CCME, and AMEE), teleconferencing, email, and Twitter. Suggestions regarding the title of the Role ranged from emphasizing the importance of leadership and giving this concept increased prominence while keeping the title “Manager,” to changing the title to “Manager-Leader” or “Leader.” Although diverse opinions were expressed, common ground was found with regard to the need for physicians’ personal responsibility, active engagement, and contribution (as ways of conceptualizing leadership).

Renewed emphases. This draft revision of the Role also reflects:

- a greater emphasis on patient safety and quality-improvement processes
- the broader inclusion of health informatics
- a greater emphasis on the development of skills to achieve a balance between practice and personal life

Clarified areas. The following aspects of the Role have been clarified:

- Resource allocation is conceived in this document as a function of good stewardship.
- The word “practice” refers to all of the professional activities of a physician.
- Health Informatics is viewed as a crucial content area for good leaders and managers and as vital to the delivery of health care.

New areas. Competencies in ensuring patient safety and quality improvement, including the incorporation of standards of patient safety such as adverse event reporting, have been added.

For further consideration. Going forward, the EWG suggests that the following concepts be given further consideration in the Leader Role:

- Chaos, complexity and complex adaptive systems of medicine
- Emotional intelligence
- Social media
- Decision-making
Comparison of 2005 and 2015 frameworks

**Definition 2005**
As Managers, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

**Description 2005**
Physicians interact with their work environment as individuals, as members of teams or groups, and as participants in the health system locally, regionally or nationally. The balance in the emphasis among these three levels varies depending on the nature of the specialty, but all specialties have explicitly identified management responsibilities as a core requirement for the practice of medicine in their discipline. Physicians function as Managers in their everyday practice activities involving co-workers, resources and organizational tasks, such as care processes, and policies as well as balancing their personal lives. Thus, physicians require the ability to prioritize, effectively execute tasks collaboratively with colleagues, and make systematic choices when allocating scarce healthcare resources. The CanMEDS Manager Role describes the active engagement of all physicians as integral participants in decision-making in the operation of the healthcare system.

**Elements 2005**
- Physicians as active participants in the healthcare system
- Physician roles and responsibilities in the healthcare system
- Collaborative decision-making
- Quality assurance and improvement
- Organization, structure and financing of the healthcare system
- Managing change

**Definition 2015**
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 2015**
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 2015**
- 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
Key competencies 2005

Physicians are able to...

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems;
2. Manage their practice and career effectively;
3. Allocate finite healthcare resources appropriately;
4. Serve in administration and leadership roles, as appropriate.

Key competencies 2015

Physicians are able to ...

1. Contribute to the improvement of health care delivery in health care teams, organizations, and systems
2. Engage in the stewardship of health care resources
3. Demonstrate leadership in professional practice
4. Manage their practice and career
Enabling competencies 2005

Physicians are able to...

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems
   1.1 Work collaboratively with others in their organizations
   1.2 Participate in systemic quality process evaluation and improvement, such as patient safety initiatives
   1.3 Describe the structure and function of the healthcare system as it relates to their specialty, including the roles of physicians
   1.4 Describe principles of healthcare financing, including physician remuneration, budgeting and organizational funding

2. Manage their practice and career effectively
   2.1 Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
   2.2 Manage a practice, including finances and human resources
   2.3 Implement processes to ensure personal practice improvement
   2.4 Employ information technology appropriately for patient care

3. Allocate finite health care resources appropriately
   3.1 Recognize the importance of just allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care
   3.2 Apply evidence and management processes for cost-appropriate care

Enabling competencies 2015

Physicians are able to ...

1 Contribute to the improvement of health care delivery in health care teams, organizations, and systems
   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
   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
   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. Serve in administration and leadership roles, as appropriate

4.1. Chair or participate effectively in committees and meetings

4.2. Lead or implement a change in health care

4.3. Plan relevant elements of health care delivery (e.g., work schedules)

4 Manage their practice and career

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