

1. Addressing Societal Health Needs

A White Paper Prepared for the Royal College of Physicians and Surgeons of Canada, Future of Medical Education in Canada

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Summary of Key Points

- The concept of meeting societal needs in medicine can be viewed from two perspectives:
 - Quantitative needs (ensuring the appropriate mix and type of physicians are being trained to address societal needs), which are collaboratively the responsibility of various levels of government (representing the public interest) organized medicine and other health professions.
 - Qualitative needs address physicians' knowledge, skills and attitudes and their ability and willingness to take on a variety of roles to meet the needs of society. To a great extent these needs are and will be addressed by the CanMEDS competencies.
- Meeting societal health needs also requires responsiveness to the social determinants of health, which address the root causes of inequalities in health status and also focus on health promotion and disease prevention.
- There are unique issues with respect to HHR planning for each specialty, and therefore a coordinated, but flexible approach is required to adequately address quantitative needs.
- The unpredictable nature of evolving HHR needs highlights the necessity to prepare physicians to be more flexible and adaptable so that they are able to evolve over the course of their professional lives to meet societal needs.

Summary of Recommendations

1. The Royal College should coordinate, at least initially, a forum for HHR planning that focuses on specialist medical care in Canada with the goal of establishing a more

coordinated and accountable system of HHR planning (with both short and long-term objectives). The faculties of medicine, national colleges, various levels of government, medical and health care organizations should all be involved.

2. The Royal College should advocate for the development and implementation of Health Intelligence Units housed within faculties of medicine at a provincial and regional level to bring the best possible data acquisition and analysis to bear on the preparation of physicians in order to meet evolving societal needs.
3. The Royal College should advocate for increased career counseling of medical students and residents to advise them of the wide array of career opportunities in medicine and to alert them to the reality that there may not be an opportunity to pursue their initial or preferred choice of specialty.
4. The Royal College should advocate for greater access and opportunities to different and innovative ways for practicing specialists to adapt and modify their practice in order to meet the evolving health care needs of their communities. A variety of options, including an enhanced approach to continuing professional development, will need to be made available, with flexibility as a hallmark.
5. The Royal College should modify program accreditation standards to place greater emphasis on outcome-based measures in order to demonstrate accountability in meeting societal health care needs.
 - a. One mechanism that should be considered is the tracking of career paths of residency program graduates over a number of years would shed light on how programs are meeting identified needs (numbers, type of practice, location, various professional roles etc). This should be facilitated, at least in part by data gathering through the Royal Colleges' Office of Professional Affairs and specialists' involvement in the Royal College CPD program.
6. The Royal College, through its Office of Professional Affairs, should promote, support and embrace the ethos of the necessity for practicing specialists to maintain their flexibility in adapting to the evolving health care needs of society.
7. The Royal College must continue to emphasize and accommodate flexibility within residency programs, especially at more junior levels, to permit specialty career change with maximum credit for experience gained and minimal impact on overall duration of training.
8. The Royal College must continue to address the qualitative aspects of meeting societal needs through the continuing implementation of the CanMEDS competency framework.
 - a. These efforts should be supported and enhanced as competency-based medical education is further introduced into PGME.
 - b. The role of the Royal College Clinician Educator needs to continue to be supported and possibly expanded.
 - c. There should be enhanced opportunities for residents to engage with the social determinants of health (for example, employing the Collaborator role), so that they can better understand and incorporate these important elements of health care into their clinical practice.

1. Comblent les besoins de la société en matière de santé

Livre blanc préparé pour le Collège royal des médecins et chirurgiens du Canada :
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Sommaire des principaux enjeux

- La notion de combler les besoins de la société en matière de soins médicaux peut être abordée de deux points de vue :
 - celui des besoins quantitatifs (veiller à la formation de médecins dans les diverses disciplines et spécialités nécessaires pour répondre aux besoins de la société), qui relèvent de la responsabilité collective des divers ordres de gouvernement (représentant l'intérêt public), de la médecine organisée et d'autres professions de la santé;
 - celui des besoins qualitatifs, qui portent sur les connaissances, compétences et attitudes des médecins, et sur leur capacité et volonté d'assumer divers rôles pour répondre aux besoins de la société. Dans une grande mesure, ces besoins sont et seront pris en compte dans les compétences CanMEDS.
- Comblent les besoins de la société en matière de santé exige également une aptitude à réagir aux déterminants sociaux de la santé qui portent sur les causes fondamentales des inégalités de l'état de santé, et qui est axée sur la promotion de la santé et la prévention de la maladie.
- Il existe des enjeux particuliers dans la planification des ressources humaines en santé pour chaque spécialité; il est par conséquent nécessaire d'adopter une approche souple pour aborder efficacement les besoins quantitatifs.
- La nature imprévisible des besoins évolutifs en ressources humaines de la santé fait ressortir la nécessité de préparer les médecins à faire preuve de souplesse et d'une capacité de s'adapter afin de pouvoir évoluer tout au long de leur vie professionnelle en vue de combler les besoins en santé de la population.

Sommaire des recommandations

1. Le Collège royal devrait organiser, initialement à tout le moins, un forum sur la planification des ressources humaines en santé d'échelle nationale axé sur les soins médicaux spécialisés au Canada en vue d'établir un système de planification des ressources humaines en santé mieux coordonné et responsable (comprenant des objectifs à court et à long terme). Les facultés de médecine, les associations professionnelles nationales, les divers ordres de gouvernement et les organismes médicaux et de soins de santé seraient tous invités à y participer.
2. Le Collège royal devrait promouvoir la création et la mise en place « d'unités de renseignements sur la santé » dans les facultés de médecine à l'échelon provincial et régional afin de favoriser les meilleurs mécanismes qui soient pour amasser et analyser les données qui appuieraient la formation des médecins et guideraient les médecins en exercice, le tout dans le but de combler les besoins évolutifs de la société.
3. Le Collège royal devrait promouvoir une augmentation des services d'orientation professionnelle destinés aux étudiants en médecine et aux résidents afin qu'ils puissent être informés de la vaste gamme de possibilités de carrières en médecine, et qu'ils soient sensibilisés à la possibilité qu'ils ne puissent peut-être pas poursuivre leur formation dans la spécialité qu'ils ont choisie en premier lieu ou à laquelle ils accordent une préférence.
4. Le Collège royal devrait préconiser un meilleur accès et des occasions élargies pour les spécialistes en exercice à des façons diverses et novatrices pour adapter et modifier leur pratique en vue de répondre aux besoins évolutifs en matière de soins de santé de leur collectivité. Il serait nécessaire d'offrir un éventail d'options, y compris une approche améliorée concernant le développement professionnel continu, dont la souplesse serait la caractéristique fondamentale.
5. Le Collège royal devrait modifier ses normes d'agrément de programmes afin de cibler davantage les mesures fondées sur les résultats en vue de faire preuve de responsabilité à l'égard de la réponse aux besoins de la société en matière de soins de santé.
 - a. Le suivi pendant un certain nombre d'années de la carrière des diplômés des programmes de résidence serait un mécanisme à envisager, puisqu'il pourrait fournir des renseignements utiles sur la manière dont les programmes répondent aux besoins recensés (statistiques, types de pratique, emplacement, diversité des rôles professionnels, etc.). L'application de cette méthode serait possible, à tout le moins en partie, grâce à la collecte de données du Bureau des affaires professionnelles du Collège royal et à la participation des spécialistes au programme de DPC.
6. Le Collège royal, par l'intermédiaire de son Bureau des affaires professionnelles, devrait adopter, promouvoir et soutenir la philosophie de la nécessité pour les spécialistes en exercice de maintenir leur souplesse d'adaptation aux besoins évolutifs en matière de soins de santé de la société.
7. Le Collège royal doit continuer de mettre l'accent sur la souplesse dans les programmes de résidence et de la soutenir, particulièrement aux niveaux moins avancés, afin de permettre aux médecins de modifier leur choix de spécialité, avec

une reconnaissance maximale de l'expérience acquise et un impact minimal sur la durée totale de la formation.

8. Le Collège royal doit continuer de se préoccuper des aspects qualitatifs de la réponse aux besoins de la société au moyen de la mise en œuvre permanente du cadre de compétences CanMEDS.
 - a. Ces mesures doivent être soutenues et améliorées étant donné que la formation médicale fondée sur les compétences est approfondie dans la FMPD.
 - b. Il est nécessaire de continuer de soutenir le rôle de clinicien enseignant du Collège royal, et probablement même de l'élargir.
 - c. Les résidents devraient pouvoir profiter de l'accès à un plus grand nombre d'occasions de se familiariser avec les déterminants sociaux de la santé (par l'intermédiaire du rôle du collaborateur, par exemple), afin d'être en mesure de mieux comprendre et intégrer ces éléments importants relatifs aux soins de santé dans leur pratique clinique.

Addressing Societal Health Needs

Introduction & Background

The mandate of medicine is to serve the health care needs of society. This mandate is given by the public to the profession as a quid pro quo for the essentially exclusive right to practice medicine as a self-regulating profession. Although the primary need is to alleviate and often cure disease and disability the needs of communities and society change and evolve over time and latterly have encompassed greater emphasis on health and wellness.

Postgraduate medical education (PGME) as a major component of the preparation of physicians to serve societal needs must be responsive to needs identified by society in general and the profession in particular and do so in a responsible and accountable way. As Boelen has noted, there is an important distinction between responsibility and accountability: a socially responsible (medical school) perceives the needs of society and reacts accordingly; a socially accountable (medical school) also consults society about priorities and provides evidence of the impact of its needs.¹ Health Canada, in a 2001 monograph cited the WHO (World Health Organization) definition of the social accountability of medical schools as “the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region and/or nation that have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public.”²

There are two approaches to responding to societal needs, quantitative and qualitative, to which PGME must subscribe. The quantitative approach speaks to the number and type of doctors that are produced by Canadian medical schools to meet societal needs. The qualitative approach addresses physicians’ knowledge, skills and attitudes and their ability and willingness to take on a variety of roles to meet the needs of society.

Quantitative needs are collaboratively the responsibility of various levels of government (representing the public interest) organized medicine and other health professions. PGME, under the aegis of Canadian medical schools and the national colleges must play a role and have a voice in the deliberation but cannot be the sole or major determinant of quantitative needs. However, meeting qualitative needs is well within the purview of PGME and it must

play the primary role. To a great extent these needs are and will be addressed by the CanMEDS competencies, as defined by extensive enquiry.

The CanMEDS roles/competencies framework was devised and developed to capture the essence of identified societal needs. The role of PGME is to put these roles into action in an efficient and effective manner by assisting with faculty development, learning methods, curricular design, developing and implementing assessment strategies and program standards. Some of the competencies/qualitative aspects to meeting societal needs are culture-specific (such as the social determinants of health and the burden of illness in Aboriginal communities). PGME must encourage and prepare its graduates to have the capacity to identify and be sensitive and responsive to issues inherent in or integral to the individual patient or the community's specific culture and context.

Another important matter in meeting societal needs is the necessity of PGME to actively consider and be responsive to the social determinants of health that impact significantly on the communities served. The social determinants of health can loosely be defined as how circumstances in which people develop and live affect their mental and physical well-being and life expectancy, and have been characterized as the cause of the causes of health (or ill health).³ As the Royal College of Physicians notes "many doctors have long seen their role as curing illness and have paid insufficient attention to their responsibilities in promoting and protecting health, preventing ill health and reducing inequalities in health or access to healthcare."³

Current Status

With respect to quantitative aspect of PGME, there is reason to be pessimistic about Health Human Resources (HHR) planning. However, not planning is not an option. Canadian medical schools and the national colleges must continue to be actively engaged in HHR planning activities, looking at different and innovative ways to address the number and type of doctors needed by Canadian society. For example, Radiation Oncology has developed a forward propagating manpower model incorporating key indicators influencing HHR needs, such as the incidence of cancer and the full time equivalent (FTE) workload determined by the number of all incident cases and the number referred to radiation oncologists. Factors that impact on HHR planning may be discipline/specialty specific. Highly specialized disciplines such as Cardiac Surgery can be impacted by modest changes in practice patterns

and delivery, often difficult to predict or anticipate many years in advance for the purposes of HHR planning.

Other disciplines have unique HHR issues. For example, Psychiatry as a discipline can continue to create an almost inexhaustible demand for psychiatric services by increasing the boundaries of its scope of practice, in a sense developing its own HHR needs and issues. Thus the number of residents in training in psychiatry is difficult to ascertain in meeting changing discipline boundaries as determined by the specialty, medicine and the community at large.

Although considerable headway has been made over the past decade with the introduction and implementation of the CanMEDS competency framework⁴ much more remains to be done. This is particularly so in competencies other than Medical Expert in particular and to some degree with the roles of Communicator and Scholar. There is a need to better integrate the CanMEDS roles into the curriculum especially as they relate to meeting societal needs. The Royal College Clinician Educators are making an impact; however, their work, especially with respect to faculty development, requires ongoing and increasing effort and support.

Drivers for Change

The unpredictable nature of evolving HHR needs highlights the necessity to prepare today's and especially tomorrow's doctors to be more flexible and adaptable in meeting evolving patterns of practice throughout the course of their professional lives, maintaining and enhancing their competence, thus serving and meeting societal needs. The need for the link between PGME and Continuing Professional Development (CPD) in this regard is self-evident.

Implicit, in a qualitative sense, is the need during PGME to instill the values of professional flexibility and adaptability, maintaining and enhancing evolving competence and the overarching altruistic virtue of meeting societal needs, both as an individual and as a profession.

Currently PGME has a strong tendency collectively to address in the first instance the physician resource needs of medical schools and their major teaching hospitals; not

necessarily taking a larger view of societal needs. (Some observers perceive that Canadian medical schools have been more attentive to meeting societal needs in the domain of UGME; the clinical imperative of the service needs of clinical faculty members and the tertiary care teaching hospitals being dominant and overly influential in dictating the number and size of residency programs). Just as we expect residents and practicing doctors to be flexible and adaptable it is evident that residency programs and teaching hospitals must become more flexible and adaptable in meeting clinical service needs as broader issues and needs of society are addressed.

There appears to be a paucity of open dialogue between specialty career expectations and opportunities for those entering medical school and residency and the primary individual and collective responsibility to meet societal needs. A more focused and intensive proactive effort at career counseling prior to or early on in PGME appears, to be a significant requirement in meeting the qualitative responsibilities of PGME while balancing issues of career satisfaction and retention.

There appears to be a mismatch between the burden of illness and social determinants of health and the amount of curricular time devoted to addressing important issues (eg. obesity, poverty, access to care). This speaks to the role of the doctor as Advocate, Collaborator and Professional.

There appears to be variability among specialty disciplines as to how well they prepare their residents and colleagues to “retrain” to adapt to the changing and evolving needs of their specialty in order to meet societal needs. As changes in medicine and the delivery of health care continue unabated it becomes increasingly important for today’s and tomorrow’s doctors to have the individual and collective capability and capacity to accommodate to changing societal needs.

Currently residency program are not particularly accountable with respect to meeting societal needs – in both quantitative and qualitative aspects. There is a need for programs to demonstrate how their graduates are meeting broader societal needs through career choice, practice settings and professional responsibilities.

The focus of responsibility and control for HHR planning is unclear. Although ostensibly provincial ministries of health provide direction and some control, their focus is often short-

term and politicized. HHR planning, especially with respect to specialty medicine, requires at the least medium range if not long-range planning. Such planning must be actively in concert with Canadian medical schools and the national colleges. Certainly more coordination is definitely in order and a workable and effective balance created between implementation of sound HHR planning and the need to accommodate the resultant changes to PGME especially with respect to service delivery within large teaching hospitals.

Possible Solutions

There are several options to be considered to doing things differently to effect necessary change.

PGME will require some major change to become more focused on meeting societal needs. We need to move away from the notion that students and residents have an inalienable right to practice in the specialty of their choosing without regard to societal need. There is an incredibly wide array of career options within medicine offering a wide variety for students and residents. There is a need for early career counseling and open dialogue around unspoken expectations of students and residents with respect to career choice of specialty. PGME must move away from the reliance of teaching hospitals on residents for clinical service, particularly in specialties for which there is little current or anticipated future demand required to meet societal needs.

Although HHR planning is a critical component of determining the quantitative aspects of meeting societal needs it is not the only approach that should be entertained. As previously noted, HHR planning is imperfect and fallible and furthermore, the time line for the preparation of doctors and specialists from the start of medical school embraces in many instances a decade. Therefore, flexibility and adaptability must be enhanced within faculties of medicine and teaching hospitals and also within individual physicians to adopt or “retrain” over the course of their professional lives. PGME, through its clinical teachers, must foster these attitudes among residents, primarily through role modeling and example. It is important to recall that adaptability and flexibility are context specific, evolving over time. No one size fits all.

PGME needs to continue to align the competencies of its graduates with societal needs. Assuming that the CanMEDS competency framework/roles properly identifies and describes

these roles, then there is a need to increase efforts in the learning, teaching, modeling and implementation of these roles in the practice of medicine. Some of these activities can be operationalized as competency-based medical education evolves by clearly defining behavioural objectives to guide residents in their attainment of the requisite competencies needed to meet societal needs.

PGME program accreditation needs to continue to shift its emphasis to outcome, rather than process, measures in order to reflect the attainment of outcomes that meet the quantitative and qualitative needs of society. In this regard, PGME will become more accountable as well as socially responsible.

The concept of Health Intelligence Units (HIU) as proposed some time ago⁵ needs to be seriously considered by all Canadian medical schools. Such units have a mandate to review health data from a variety of sources and identify important health problems and trends that should inform the curricular content of both UGME and PGME. The goal is to be responsive to the current and emerging needs of individual communities, within the larger context of national and international trends, by continually profiling the health status and health care needs of the community.²

Barriers to Change

There are some possibly significant financial implications to: enhancing the capacity of the continuing professional development component of the medical education continuum to enable practicing doctors greater opportunity and access to retraining and other strategies to maintain competence and adapt to evolving societal needs; decreasing the reliance on residents for hospital service, especially in specialties with anticipated reduced HHR needs; and, enhancing the collaborative efforts of HHR planning and the development of HIUs or other data gathering and analysis mechanisms to ensure that medical education is positioned to meet current and future societal health care needs.

There is a relatively long time-line to prepare specialist doctors and this combined with the inexact projections of HHR planning typically produce cycles of under and over supply – in general and in specific specialties. Although improvements in career flexibility may partially offset this, it is unrealistic to consider radical career changes as a viable option.

PGME in Canada is centered, by design, in the 17 faculties of medicine, a model that brings great strength to PGME and is unique in the western world. However, because of the diversity of the mission and mandate of each of the faculties of medicine and their obligation to meet provincial and regional needs, there is difficulty in establishing a coherent national HHR planning and implementation process.

Academic health science centres have an inordinate influence in setting/dictating the number of various specialties produced, primarily to meet pressing "in-house" service needs, but also to staff the institutions (possibly at the expense of pressing broader community needs).

PGME is mostly centered in urban areas with little, although improving, opportunity for clinical experience in small urban and rural communities.⁶ This facet of PGME will require continuing attention in order to address the requirements of the number and mix of specialists to serve this segment of Canadian society.

Most health authorities in Canada are regionally (or provincially) based and they have a compelling interest in meeting the health care needs of the region; this may at times not be in synchrony with wider or national needs with respect to HHR planning and resources.

Although the national colleges and all PGME residency programs subscribe to the CanMEDS competency framework there appears to be some apathy or resistance to actively incorporating all the competencies within residency programs. This will likely improve over time and with the support and leadership within the national colleges and faculties of medicine. If indeed the CanMEDS competencies do capture the requisite knowledge, skills and attitudes needed by contemporary doctors to meet societal needs then a significant effort must be made by all concerned.

Recommendations

In meeting societal health care needs, both quantitatively and qualitatively, with respect to PGME, Canadian faculties of medicine and the national colleges have important and essential roles to play. In some instances efforts to effect needed change will demand a strong advocate and collaborative approach in concert with other organizations, while in

other areas the faculties and the national colleges have a direct and responsible mandate to make the necessary changes.

A more coordinated and accountable system of HHR planning and implementation at a regional and national level needs to be introduced in the near-term. The faculties of medicine and the national colleges will need to play a prominent role along with various levels of government and medical and health care organizations. The Royal College should consider a facilitative and coordinating role in bringing about, at least initially, a dialogue about the coordination of HHR planning at a national level for specialist medical care for Canadian society.

The Royal College should advocate for the development and implementation of Health Intelligence Units housed within faculties of medicine at a provincial and regional level to bring the best possible data acquisition and analysis to bear on the preparation of physicians and to guide practicing physicians in order to meet evolving societal needs.

The Royal College should advocate for increased career counseling of medical students and residents to advise them of the wide array of career opportunities in medicine and to alert them to the reality that there may not be an opportunity to pursue their initial or preferred choice of specialty. Encompassed within this dialogue should be emphasis on the responsibility of doctors, both individually and collectively, to meet, as their primary objective, the health care needs of society.

The Royal College should advocate for greater access and opportunities to different and innovative ways for practicing specialists to adapt and modify their practice in order to meet the evolving health care needs of their communities. A variety of options will need to be made available, with flexibility as a hallmark. Such an enhanced approach to CPD will require the support of faculties of medicine, funding authorities, medical regulatory authorities and national specialty societies.

The following are areas in which the Royal College has a direct influence, and responsibility to effect change.

The Royal College should continue to modify program accreditation standards to place greater emphasis on outcome-based measures in order to demonstrate accountability in

meeting societal health care needs. This embraces both the quantitative and qualitative aspects of PGME. For example, the tracking of career paths of residency program graduates over a number of years would shed light on how programs are meeting identified needs (numbers, type of practice, location, various professional roles etc). Such tracking at least in part, may be facilitated by data gathering through the Royal Colleges' Office of Professional Affairs and specialists' involvement in the Royal College CPD program. This information will also be important as part of the feedback loop to inform on-going HHR planning.

The Royal College, mainly through its Office of Professional Affairs, should promote, support and embrace the ethos of the necessity for practicing specialists to maintain their flexibility in adapting to the evolving health care needs of society. This approach would be in concert with and supportive of increased emphasis and effort during the PGME component of the continuum to prepare graduates for a professional lifetime of flexibility and adaptability.

In this regard, the Royal College must continue to emphasize and accommodate flexibility within residency programs, especially at more junior levels, to permit specialty career change with maximum credit for experience gained and minimal impact on overall duration of training. The Royal College in concert with residency programs and faculties of medicine needs to demonstrate the flexibility and adaptability being advocated for individual residents and practicing specialists.

The Royal College must continue to address the qualitative aspects of meeting societal needs through the continuing implementation of the CanMEDS competency framework. These efforts should be supported and enhanced as competency-based medical education is further introduced into PGME. The role of the Royal College Clinician Educator needs to continue to be supported and possibly expanded. Included in this qualitative aspect is an enhanced opportunity for residents to engage with the social determinants of health (for example, employing the collaborator role), so that they can better understand and incorporate these important elements of health care into their clinical practice.

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