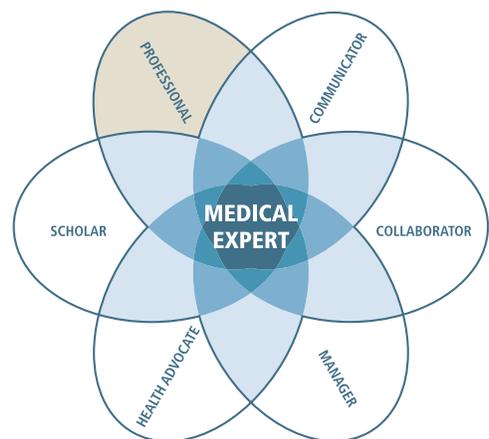# The CanMEDS 2015
Professional Expert Working Group Report

Chairs
Linda Snell | Leslie Flynn

Competence by Design

PROFESSIONAL

COMMUNICATOR

SCHOLAR

MEDICAL EXPERT

COLLABORATOR

HEALTH ADVOCATE

MANAGER

CanMEDS 2015

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Printed in Ottawa.

CanMEDS 2015

PROFESSIONAL

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)

Professional Expert Working Group

Chair—Professionalism: Linda Snell

Core members: Leslie Flynn, Merril Pauls, Ramona Kearney, Andrew Warren, Robert Sternszus, Richard Cruess, Sylvia Cruess, Maggy Dupré, Rose Hatala

Advisory members: Shiphra Ginsburg, Sharon Johnston, Yvette Lajeunesse

Chair—Physician Health: Leslie Flynn

Core members: Linda Snell, Meri Bukowskyj, Susan Edwards, Jordan Cohen, Anita Chakravarti, Janet Wright

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

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

The Professional Role review: objectives, principles, and methods

The CanMEDS 2015 Professional 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 Professional 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.

1

- Generic competencies within the Professional 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, content expertise in the Role, and 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 Professional Role

Major content changes

The Professional Role Expert Working Group formed two subgroups to address issues specific to Professionalism and to Physician Health. The discussions of the two groups resulted in the following recommendations.

Reorganization of competencies. A renewed emphasis on the concept of *commitment* is reflected in the current draft: the first two 2005 key competencies and their enabling competencies have been reorganized into three key competencies that reflect the "commitment of the physician to the patient, to society, and to the profession." The fourth and last key competency (formerly no. 3) concerns the "commitment of the physician to self."

In addition, a number of enabling competencies have been merged in view of their similar content or have been separated for clarity.

New concepts. A number of relatively new or topical concepts that were absent from the 2005 Framework have been added to this proposed revision, as follows:

- The concept of professional identity has been added to the Role description.

- The concepts of practice reflection and standard-setting in peer assessment and review have been added to new enabling competency 3.3.

- The following concepts were added as enabling competencies: professional behaviours in the use of technology-enabled communication; a commitment to the promotion of the public good; the just allocation of resources; patient safety and quality improvement; responsiveness to societal needs and expectations; and collegiality.

- Although the concept of collegiality was implicit in the 2005 Framework, it has been given increased emphasis in the current revision in relation to Physician Health and to Professionalism per se.

- Several items have been added to the Key Concepts (see side-by-side comparison with 2005 Elements).

An emphasis on physician health. Focused discussion led to a consensus that competencies related to physician health should remain within the Professional Role. The Role definition and description have been updated and revised accordingly and, as noted above, the concept that a commitment to physician health meets an obligation to one's self and supports the delivery of optimal patient care has been articulated in key competency 4. In addition,

the following revisions were made to the enabling competencies:

- Enabling competencies in physician health were rearranged and edited to indicate three sequential concepts: (1) personal awareness and insight, including the ability to be mindful, to reflect, and to self-regulate; (2) recognition of the conflicting demands that physicians face throughout the life cycle and the ability to develop strategies to ensure sustainable practice; (3) promotion of a professional culture conducive to physician health and well-being.

- Enabling competency 4.1 has been added to capture themes of self-awareness, the regulation of one's emotions, mindfulness, fatigue management and mitigation, identity formation, trainee safety, and boundaries.

- Enabling competency 4.2 has been added to capture themes of resilience, compassion fatigue, burnout, transitions, and the impact of adverse events.

- Enabling competency 4.3 has been added to capture themes of collegiality, community, role-modelling, mentoring, and responsibility to the profession.

Potential linkages with other Roles. No concepts or competencies from the 2005 Professional Role have been moved to another Role. However, because many of the enabling competencies concern the commitment to do something that is actually dealt with in another Role, we see some potential overlap with:

- time-management competencies in the Leader (formerly Manager) Role
- resource-allocation competencies in the Leader Role
- competencies in the responsible use of communication technology and social media in the Communicator Role
- promotion of the public good in the Health Advocate Role
- commitment to safe hand-overs, coordination of care, and teamwork in the Collaborator and Leader roles

Comparison of 2005 and 2015 frameworks

Definition 2005

As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Definition 2015

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 2005*

Physicians have a unique societal role as professionals who are dedicated to the health and caring of others. Their work requires the mastery of a complex body of knowledge and skills, as well as the art of medicine. As such, the Professional Role is guided by codes of ethics and a commitment to clinical competence, the embracing of appropriate attitudes and behaviors, integrity, altruism, personal well-being, and to the

Description 2015*

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,

* 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.

* 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.

promotion of the public good within their domain. These commitments form the basis of a social contract between a physician and society. Society, in return, grants physicians the privilege of profession-led regulation with the understanding that they are accountable to those served.

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.

Elements 2005

- Altruism
- Integrity and honesty
- Compassion and caring
- Morality and codes of behaviour
- Responsibility to society
- Responsibility to the profession, including obligations of peer review
- Responsibility to self, including personal care in order to serve others
- Commitment to excellence in clinical practice and mastery of the discipline
- Commitment to the promotion of the public good in health care
- Accountability to professional regulatory authorities
- Commitment to professional standards
- Bioethical principles and theories
- Medico-legal frameworks governing practice
- Self-awareness
- Sustainable practice and physician health
- Self-assessment
- Disclosure of error and adverse events

Key concepts 2015

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
- 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

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
- Responsibility to the profession, including obligations of peer assessment, mentorship, collegiality, and support

Key competencies 2005

Physicians are able to…

1. Demonstrate a commitment to their patients, profession, and society through ethical practice;

2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation;

3. Demonstrate a commitment to physician health and sustainable practice.

Key competencies 2015

Physicians are able to…

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

2. **Demonstrate a commitment to society by recognizing and responding to the social contract in health care**

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

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

Enabling competencies 2005

Physicians are able to...

1. **Demonstrate a commitment to their patients, profession, and society through ethical practice**

1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism

1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence

1.3. Recognize and appropriately respond to ethical issues encountered in practice

Enabling competencies 2015

Physicians are able to ...

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

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. Appropriately manage conflicts of interest

1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law

1.6. Maintain appropriate relations with patients.

2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation

2.1 Appreciate the professional, legal and ethical codes of practice

2.2. Fulfill the regulatory and legal obligations required of current practice

2.3. Demonstrate accountability to professional regulatory bodies

2.4. Recognize and respond to others' unprofessional behaviours in practice

2.5. Participate in peer review

3. Demonstrate a commitment to physician health and sustainable practice

3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice

3.2. Strive to heighten personal and professional awareness and insight

3.3. Recognize other professionals in need and respond appropriately

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