Council: who we are and why we are needed

Launched on April 1, 2016, the Postgraduate Medical Education Governance Council (Council) was established following the recommendation of the Future of Medical Education in Canada Postgraduate (FMEC PG) Project (2010-2012). A Memorandum of Understanding (MOU) for an initial three years was signed and renewed for an additional year in April 2019.

The purpose of the PGME Collaborative Governance Council is “to work together in an ongoing, collegial and coordinated manner to address a breadth of issues, notably those that cannot be resolved at other tables, including sensitive controversial and often difficult issues”. This has required building relationships between members in order to generate trust and allow for open and productive discussions. In the past year the Council has produced reports on Privacy, and Exchange of Learning Information in PGME, on Accommodations in Residency Training and Assessments, and on Generalism.

Membership of the Council

Observer Representatives

- Canadian Federation of Medical Students (CFMS);
- Fédération médicale étudiante du Québec (FMEQ);
- Federal/Provincial/Territorial Committee on Health Workforce (CHW);
- HealthCareCAN

Previous Council members

Collège des Médecins du Québec (CMQ), Federation of Medical Regulatory Authorities of Canada (FMRAC), withdrew in 2019 and the Canadian Medical Association (CMA) withdrew in 2017.
Privacy of Learning Information Exchange

The Council tasked a small working group on the privacy and confidentiality of learner information exchange to formulate a series of key principles and recommendations intended to help programs, learners and leaders understand and better plan for implementing education information sharing processes in postgraduate medical education.

**How was it addressed?**

The working group consulted broadly in order to develop a set of key principles and recommendations for consideration by the Council.

The working group connected with Dr. Leslie Nickell, who is leading the Learner Education Handover (LEH) project that is examining learner information transfer specifically from UGME to PGME.

**Why it matters?**

In a competency-based system, the focus on learner outcomes and formative support is a key success factor. This information exchange must be transparent, clearly communicated and learner-centered, to increase buy-in and acceptance from both learners and faculty. In addition, more comprehensive assessments will help improve social accountability and the communities that are served. However, such information sharing must respect the learner’s right to privacy, be transparent and require explicit informed consent. As well, attention must be given to challenges and potential risks for programs.

**What’s next?**

Five universities have agreed to use the report’s recommendations and develop pilots during the current school year, with the learners themselves self-declaring their particular accommodation or educational needs. Continued efforts are underway to link with the LEH project.
Providing Learners with Accommodations during Residency

A working group was tasked by Council to develop guiding principles and recommendations for accommodations for learners during residency training.

Why it matters?

There is a lack of consistency and national standards in this area on providing accommodations for learners in residency training. A scan of the PGME offices across Canada revealed that although some have policies in place specific to PGME training, others adhere to the university policies for all students, and still others have no such policy. The goal would be to standardize and improve the process and experience for all trainees in the Canadian PGME environment.

How was it addressed?

As there is a lack of consistency and national standards in the area of providing accommodations, this document provides guiding principles for accommodations during residency training to improve the process and experience for all trainees in the Canadian PGME environment.

What’s next?

The AFMC Network on PG Affairs has agreed to continue the work on Accommodations through the following actions:

• To develop a good practices repository (National Network) so that information can be shared.
• To encourage Program Directors to be part of the process.
• To consult on an on-going basis with Canadian Association of Physicians with Disabilities.
• To design a mentorship program to help residents requiring accommodations navigate their program.
Defining Generalism in Health Care

The Generalism Working Group was tasked by the Council to examine generalism and generalist practice with a goal of recommending ways that postgraduate medical education could better align with the needs of the health care system and, more specifically, to address the health needs of Canadians and their communities. To achieve this goal, it is important that, within all disciplines in medicine and surgery, physicians acquire generalism competencies as part of undergraduate and postgraduate medical education.

Why it matters?
Generalism and generalists are important for an efficient and effective health delivery system. There is a need for a mix of generalist and specialists within the physician workforce. This mix ensures the needs of the health care system, and more importantly of Canadians, are met.

How was it addressed?
Changing the educational culture and tailoring training to be more fit-for-purpose and context-specific were two strategies discussed to help increase the value proposition of a generalist career in the eyes of learners for all medical disciplines. The generalism paper has provided background information with regards to generalism and proposes a definition of generalist practice. It has further identified both enablers and barriers, for generalist practice generally and, more specifically, has identified areas in the learning and working environments of residents in the Canadian postgraduate medical education system that could be changed to improve the ability of the system to meet the priority health needs of Canadians.

What’s next?
Specific actions were identified at the Generalism workshop at CCME April 2019, that will achieve the recommendations including identifying the lead organizations and the timeline for completion. The PGME Governance Council determined two essential actions: the development of competencies for generalism in all disciplines and change the service and education models to address population health needs by working with all the pentagram partners.
External Impact Review of the Council

As stipulated by the MOU, an external assessment of Council was conducted near the end of the three years to evaluate the effectiveness of the Council in achieving its objectives as well as its overall impact within the postgraduate medical education sector. The review took place in September 2018, results and reports were shared in October and findings were presented at the November PGME meeting.

The findings from the review indicated support for the continuation of the Council for an additional year. As a result, the Council MOU has been renewed until March 2020 with the expectation that specific topic areas need to be identified in partnership with member organizations. Priority topic areas discussed at the October 7th PGME GC meeting and that will be addressed by Council will include: entry routes, artificial intelligence, increasing learner presence in the community, intimidation of learners and other issues that have been identified as a priority by the member organizations.