The CanMEDS 2005 Physician Competency Framework

Better standards. Better physicians. Better care.

Edited by:

Jason R. Frank, MD MA (Ed) FRCPC
Office of Education
The Royal College of Physicians and Surgeons of Canada

The publication of this work was partially supported by a grant from the
RCPSC/AMS Endowment Fund
for Research and Development in Medical Education,
created jointly by the Royal College of Physicians and Surgeons of Canada
and Associated Medical Services Inc.

The CanMEDS 2005 Physician Competency Framework
Better standards. Better physicians. Better care.

The Royal College of Physicians and Surgeons of Canada
774 Echo Drive
Ottawa, Ontario K1S 5N8 Canada
Telephone: 1-800-668-3740 or 613-730-8177
Fax: 613-730-3707
Web site: http://rcpsc.medical.org
E-mail: canmeds@rcpsc.edu

Printed in Ottawa, Ontario, Canada. Second printing.

ISBN # : 0-9739158-0-3 2

How to reference this document:

Frank, JR. (Ed). 2005. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada.

Note: Portions of this document are derived from: Frank, JR., Jabbour, M., Fréchette, D., Marks, M., Valk, N., Bourgeois, G. Eds. Report of the CanMEDS Phase IV Working Groups. Ottawa: The Royal College of Physicians and Surgeons of Canada. March, 2005.

Table of contents

Better standards. Better physicians. Better care.

About the RCPSC

Our Vision:
The best health for Canadians and leadership in specialty medicine

PURPOSE:
The Royal College of Physicians and Surgeons of Canada (RCPSC), established by a Special Act of Parliament in 1929, is a national, private, non-profit organization of 39,000 medical specialists in 92 countries dedicated to ensuring the highest standards and quality of health care. The RCPSC is the authoritative voice of specialty medicine in Canada.

The Royal College plays a central role in defining the national standards for the education, assessment, and certification of medical and surgical specialists in 60 specialties and special programs. The College requires its members to maintain their competence throughout their careers. It acts and speaks out in support of the most appropriate context for the practice of specialty care and the best patient care. The College is not a regulatory (licensing) or disciplinary body; its mission is focussed on education and the application of high standards. The Royal College also contributes to the development of sound health policy.

Foreword

The Royal College Mission:
An organization of medical specialists dedicated to ensuring the highest standards and quality of health care.

The Fellows of the Royal College of Physicians and Surgeons of Canada (RCPSC) are committed to ensuring the best care of our patients. This is an endless pursuit of excellence in the art, science, and organization of medicine. Collectively, the Fellows of the College set the standards that help articulate what it means to be a competent physician in more than 60 medical and surgical specialties. The standards describe the abilities needed for quality health care. This is one of the ways our organization strives to meet the needs of the society and patients we serve. This is part of our ongoing purpose: **better standards, better physicians, better care**.

For more than a decade the CanMEDS framework has been the RCPSC flagship standards document. It reflects the work of hundreds of Fellows since the early 1990s; work that is based on empirical research, evidence of societal need, Fellows' expertise, College consensus and educational design. First approved by the Royal College's governing Council in 1996, CanMEDS has not only been implemented in Canada, it has also been adopted by numerous jurisdictions around the world. The ideas of CanMEDS now shape medical education and medicine at the bedside, in the laboratory, in the operating theatre, in the classroom and in numerous other settings. CanMEDS describes physician abilities to meet the needs of patients in the 21st century.

The College's ongoing commitment to excellence involves continuous improvement. To this end, a great number of the College's Fellows, staff and other educationalists rallied to the task of updating and further clarifying the "Roles" that are embodied in the CanMEDS framework. We thank them for their commitment and dedication to this important process.

It is with great pleasure that we present the new edition of our competency framework, *CanMEDS 2005*. We trust that it will be useful to all those who care about physician competence and quality health care.

Sincerely,

Stewart Hamilton, MD FRCSC
President

Cecil Rorabeck, MD FRCSC
Vice President, Education

Nadia Mikhael, MD FRCPC
Director of Education

Preface

The Royal College is committed to meeting societal needs. Its educational standards, policies and tools are anchored in this purpose. This publication was created by the Royal College's Office of Education as a resource to all those interested in medical education, physician competence, and quality care, which are all predicated on meeting the needs of society.

The CanMEDS 2005 framework replaces the previous version published in 1996, called *Skills For the New Millenium*.[1] The CanMEDS initiative has involved the work of hundreds of College Fellows, family physician educators, educationalists, and other contributors since the beginning of the 1990s. CanMEDS 2005 is one of the products of the C*anMEDS Phase IV*: *Faculty Development*, a component of a continuous quality improvement process in the RCPSC education standards and policy framework. The 2005 framework development involved the efforts of eight working groups of volunteers who reviewed the issues arising since the publication of the original framework, the changing nature of practice and of the health care environment as a whole, and a bibliography of recent key publications. Over 18 months, working group members carefully reviewed the rationale, evidence, and wording for each of the CanMEDS Roles. As a result, CanMEDS 2005 is updated for the nature of contemporary medicine, and its wording revised for greater clarity and utility.

This publication is designed to be of use to multiple stakeholders, including the following.

For Educators
Educators in the health professions will find a competency-based framework that describes the principle generic abilities of physicians oriented to optimal health and health care outcomes. Competency-based, outcomes-oriented education is a current priority in this era of accountability, and CanMEDS has been designed to address these needs for more than a decade. CanMEDS helps answer the question: "What do physicians need to be able to do for effective practice?" Educators can use CanMEDS as the basis of medical curricula and throughout the physician's learning continuum, beginning at the undergraduate level, and during residency and continuing professional development. CanMEDS can also guide the creation of tools for the assessment of physician competency, as is described in a separate Royal College publication, *The CanMEDS Assessment Tools Inventory*. Finally, program directors will find herein the basis for the standards that guide the design and accreditation of residency programs in Canada and other countries.

For Teachers
CanMEDS is also a resource for front-line clinical teachers. CanMEDS is not only meant to guide curriculum, it is also meant to be the basis for bedside teaching. CanMEDS is derived from evidence of patients' needs, from practicing physicians' perspectives on effective practice, opinions of content experts, and empirical research.

---

[1] Frank, J., Jabbour, M., Tugwell, P. (Chair), Boyd, D., Fréchette, D., Labrosse, J., MacFadyen, J., Marks, M., Neufeld, V., Polson, A., Shea, B., Turnbull, J., van Rosendaal, Gs. For the Societal Needs Working Group. Skills for the new millenium: report of the societal needs working group. 1996. Ottawa: Royal College of Physicians and Surgeons of Canada.

Preface

The CanMEDS competencies are multifaceted, and teachers can use CanMEDS to:

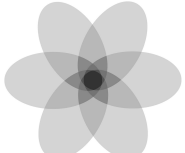
- Teach future physicians the multi-facetted Roles they will be called upon to play in their professional duties
- Teach several aspects of medicine around any case
- Ask effective educational questions that explore a variety of medical competencies.
- Assess learner performance across multiple attributes and abilities

For Trainees
For medical students and residents, the CanMEDS framework can also be a guide. Formal medical curricula, such as residency programs, in-training assessments, and certification exams are based on CanMEDS in many jurisdictions. In Canada, this is certainly true of the standards that guide residency education across the more than 60 specialties and subspecialties of the Royal College. For those in training, CanMEDS is the "big picture", or a description of the generic abilities that their education is designed to prepare them for. Each element of medical training can fit into a trainee's further development of the CanMEDS competencies.

For Practicing Physicians
CanMEDS has been composed and renewed by physicians for physicians. It is the collective consensus of front-line clinicians, educationalists, and those with areas of special expertise. In many ways, it is "not new", and practicing physicians will recognize CanMEDS as the abilities already demonstrated daily by clinicians they know and respect. However, the 2005 framework guides the practitioner with the best of contemporary practice and thought from across multiple domains of medicine. CanMEDS 2005 is therefore also a powerful resource for one's own plan for continuing professional development (CPD). Clinicians can use CanMEDS to guide a self-assessment or audit of practice, select areas for further enhancement, and guide evaluation of these efforts on patient care.

For Researchers
There are two utilities for researchers. For the health research community as a whole, many will be pleased to see the ongoing emphasis on fundamental competence in the basics of investigation. The basis for core scientific literacy is once again a key ingredient of the *Scholar Role*. However, those interested in effective practice, quality health care, and research in health professions education will also find value in CanMEDS 2005. This is an evolving framework of physician competencies meant to ensure the highest quality patient care. While much work has been done to create the framework so far, we welcome further research and development. Researchers are encouraged to use CanMEDS in their pursuit of questions related to the overall goals of the CanMEDS program. We also welcome any inquiries from researchers with questions about usage or previous work on the framework.

For Other Health Care Professionals
CanMEDS not only articulates one approach to physician competence, it also describes the desired abilities of physicians working in health care teams, particularly in the *Collaborator Role*. CanMEDS was written with input from authors across several health professions, and so may be of interest to many, not just physicians. In addition, the College has been contacted by several organizations representing other professions, expressing interest in harmonizing their standards with CanMEDS. We believe there are several opportunities for synergies across health professions through CanMEDS.



For Public Officials
While CanMEDS was written by physicians for physicians, it is predicated on meeting societal needs and its ultimate goal is optimal patient care. This goal is not only shared by physicians but also by many public officials and decision-makers. As such, CanMEDS is a resource to those who are considering effective ways to work with physicians, those thinking about physicians' roles in health care, and those who share the pursuit of quality care.

For the Public, our Patients
CanMEDS was written with patients in mind. The Royal College has as its mission a dedication to quality patient care. The Royal College shares this commitment to ongoing improvement in the training of physicians to meet the needs of those we serve. Surveys of patients and research on patient needs were critical ingredients in this document. While the lay reader may find this document technical, we hope that they are pleased to find the emphasis on patient-centred care, clinical expertise, communication, and professionalism.

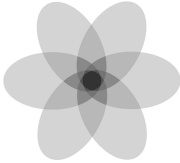
A Note About Usage
The CanMEDS office receives numerous inquiries about how to write about CanMEDS. Therefore we provide this style guide.

CITATION:
This document can be cited as: Frank, JR. (Ed). 2005. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada.

OFFICIAL NAME:
The current official name of the program is "CanMEDS". The original acronym "CanMEDS 2000: Canadian Medical Education Directions for Specialists" is no longer in use. The program and the framework are called CanMEDS in all languages, and the French reference "ProMEDS 2000" has also been dropped.

STYLE:
When referring to a CanMEDS Role, the word "Role" or its name (e.g. Medical Expert) is capitalized to better situate the terms in the context of the CanMEDS program. For historical reasons, and by tradition, the official order in listing the Roles is: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional.

A Note About Intellectual Property



Introduction: A Framework of Essential Physician Competencies

Fundamentally, CanMEDS is an initiative to improve patient care. Its focus is on articulating a comprehensive definition of the competencies needed for medical education and practice.

Why CanMEDS?

Today's physicians continue to witness significant change in the nature of health care delivery. The roles of all health professionals, hospitals, patients, funding bodies, and governments are evolving at a hurried pace. Practice is changing daily, with literally thousands of medical journals documenting our evolving understanding of biological, social, and clinical sciences. Patients are treated in more diversified settings. They spend less time in hospitals, and those who are there are older and sicker. We live in an era with a rising emphasis on accountability and a declining appreciation of professionals and various authorities. Never has the true nature of a physician been such at risk. The question arises, as it did at the Royal College at the beginning of the 1990s: "How can we best prepare physicians to be effective in this environment and truly meet the needs of their patients?"

Outcomes-Oriented Medical Education

The question reflects the "outcomes movement" in medical education.[2] This is a renewed emphasis on preparation for practice, not for intellectual or medicine's sake, but for optimal outcomes for patients and society. More than a utilitarian philosophy, it involves "beginning with the end in mind". While this sounds like a motherhood statement, it is actually a fundamental shift for medical education planners, and one that the Royal College responded to more than a decade ago by creating CanMEDS. The Royal College has moved away from standards documents that were "laundry lists" of topics for medical learners to read. The CanMEDS framework is a competency framework, a guide to the essential abilities physicians need for optimal patient outcomes. This new approach has been embraced more broadly as a number of jurisdictions have moved to adopt CanMEDS for similar reasons.[3]

A New Definition of Competence

The process of identifying the core abilities involved translating the available evidence on effective practice into educationally useful elements. The result was a new multifaceted framework of physician competence that comprises numerous competencies. To be useful, these were organized thematically around "meta-competencies" or physician Roles for CanMEDS. Traditionally medical education has articulated competence around core medical expertise. In the CanMEDS construct, Medical Expert is the central integrative Role, not the only one. Domains of ability that have long been described for or displayed by the effective physician[4 5 6] were made more explicit and re-emphasized. Hence the seven CanMEDS Roles.

---

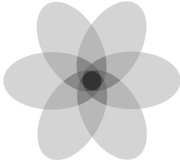
[2] Harden RM. 2002. Developments in outcome-based education. Med Teacher. 24:117-120.
[3] Frank JR. 2004. The CanMEDS project: The Royal College of Physicians and Surgeons of Canada moves medical education into the 21st century. The Evolution of Specialty Medicine. Ottawa: The Royal College of Physicians and Surgeons of Canada. 187-210
[4] Neufeld VR. Et al. 1998. Educating Future Physicians for Ontario. Acad Med. 73:1133-1148.
[5] Epstein RM. And Hundert EM. 2002. Defining and assessing professional competence. JAMA. 287:226-235.
[6] Aretz HT. 2003. How good is the newly graduated doctor and can we measure it? MJA. 178:147-148.

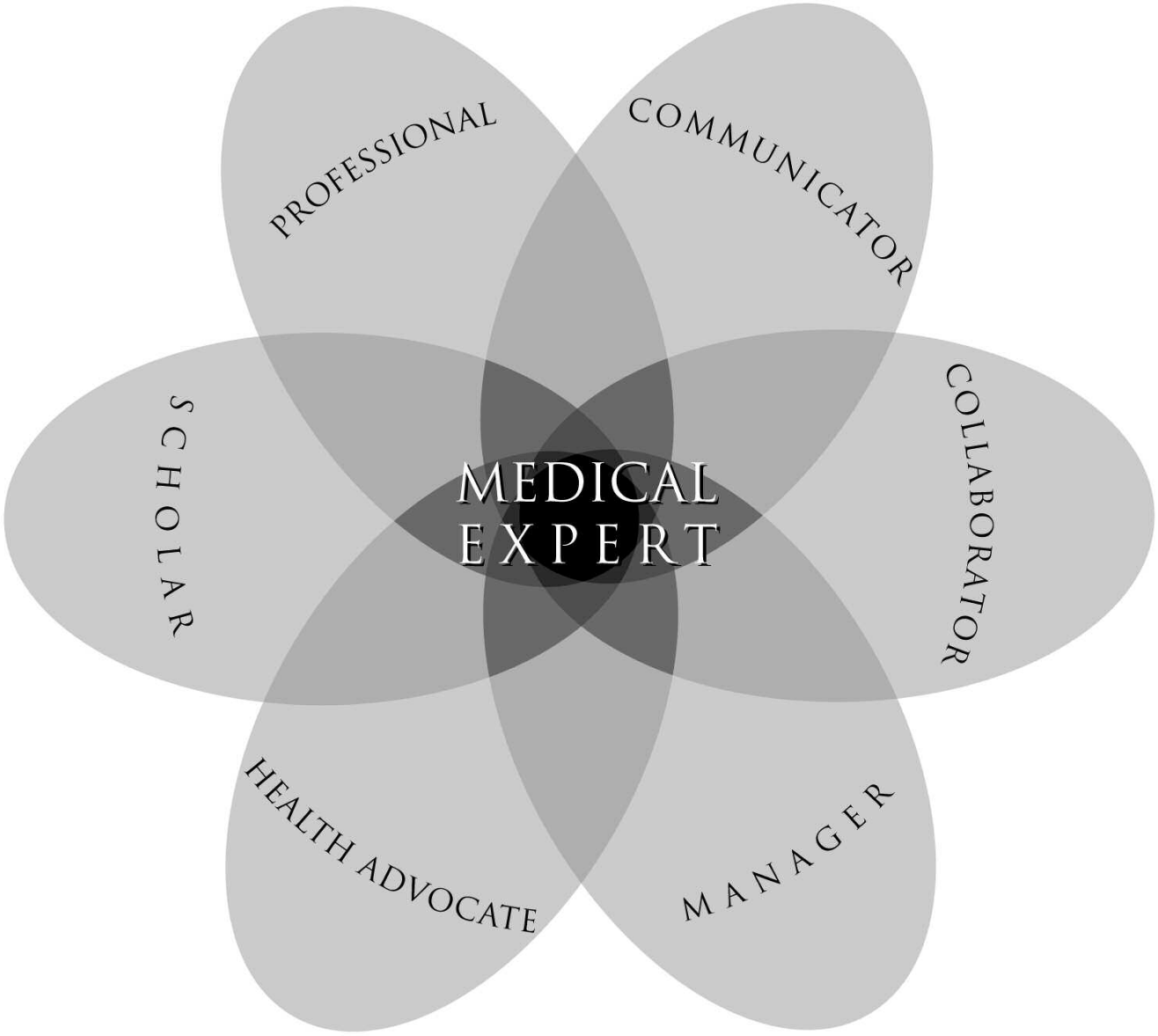
The practice of medicine in any discipline is a science as well as an art. Any educational framework that tries to capture this essence is by necessity organized around some arbitrary divisions. Put another way, while the CanMEDS framework has seven Roles, they are the words used to describe the abilities of the whole, complete physician. Where Collaborator begins and Communicator ends is based on an educational rationale that we believe facilitates the acquisition of abilities. Having said this, CanMEDS is designed to be a more comprehensive, more useful, and more effective construct for planning medical education than previous approaches.

CanMEDS Diagram
A diagram was created in 2001 to illustrate the elements and the interconnections of the CanMEDS Roles embodied by competent physicians: Medical Expert (the central role), Communicator, Collaborator, Health Advocate, Manager, Scholar and Professional. This diagram—also known as the CanMEDS "cloverleaf," "daisy" or "flower"—was officially trademarked in 2005 and was revised to more accurately reflect the fluidity and overlap amongst the CanMEDS Roles.

Framework Structure
The seven CanMEDS Roles, or thematic groups of competencies, are integrated by physicians on a daily basis in practice. Each competency is made up of elements of their own, and can be broken down into smaller components for teaching, learning, observation, interaction and assessment. To make the framework useful for teachers and those responsible for composing the standards documents of their specialty, the CanMEDS 2005 framework is organized into multiple levels. "Level 1" is the construct of all of the Roles used in practice. "Level 2" is the seven CanMEDS Roles. "Level 3" includes the key competencies that make up each of the Roles. This taxonomy is described further in Appendix A.

CanMEDS 2005
The CanMEDS 2005 framework has been renewed and updated, as detailed herein. However, it is only as effective as the dedicated physicians who teach, learn, and embody it on a daily basis.





THE CanMEDS ROLES FRAMEWORK

The Development of the CanMEDS 2005 Framework

The CanMEDS Project has been a collaborative endeavour of hundreds of Royal College Fellows, family physicians, educators, and other expert volunteers for nearly a decade and a half. Its development has involved countless hours of literature review, stakeholder surveys, consultation, consensus building, debate, and educational design. This section briefly reviews the origins and methodology used in CanMEDS development. Further details have been published elsewhere.[7]

Origins

The CanMEDS initiative began at the beginning of the 1990s as a desire to reform medical education to ensure that physicians were prepared to thrive in the new health care environment. From the end of the 1980s, Fellows of the RCPSC contacted Fellowship Affairs to express their concerns about the tumultuous changes in medical practice. Education committees reported on evolving issues and trends in medical education. They highlighted their concerns with the new healthcare environment and offered suggestions for how physicians could best be prepared for it. They identified such forces as patient consumerism, government regulations, financial imperatives, medical information on the Internet, litigation, technology and the explosion in medical knowledge. The Fellowship reflected the concerns of contemporary medical literature.[8 9 10 11 12 13 14 11 15] In response, the College's Health and Public Policy Committee created a Societal Needs Working Group (SNWG) to "identify the core competencies generic to all specialists to meet the needs of society." The result was the CanMEDS framework. The CanMEDS initiative has proceeded through four phases, which are described below.

CanMEDS Phase I: Framework Development (1993-1996)

"Competencies"—important observable knowledge, skills and attitudes—were chosen as the central concept in planning medical education by the SNWG. This reflected the ultimate aims of the project: to develop the abilities needed to provide the highest quality care. The work of identifying the core competencies was extensive, carried out over three years. The methodology used was elaborate and systematic (Table 1). Materials and the physician "Roles" concept provided by the groundbreaking Educating Future Physicians for Ontario (EFPO) Project[16] aided these efforts immensely. The SNWG decided to validate the resulting framework by conducting a complex survey of two cohorts of Fellows.[17] To our knowledge, no other organization has yet endeavoured to validate a physician competency framework in

---

[7] Frank JR. 2004. The Evolution of Specialty Medicine. Ottawa: The Royal College of Physicians and Surgeons of Canada. 187-210
[8] Spencer J, Jordan R. Educational outcomes and leadership to meet the needs of modern health care. Qual Hlth Care 2001;10(Suppl II):ii38-ii45.
[9] Curry L, Wergin JF. Educating professionals: responding to new expectations for competence and accountability. San Francisco: Jossey-Bass Pub.; 1993.
[10] Lewis FR. Costs, competence, and consumerism: challenges to medicine in the new millennium. J Trauma. 2001;50:185-194.
[11] Zelenock GB, Zambricki CS. The health-care crisis: impact on surgery in the community hospital setting. Arch Surg 2001;135:585-591.
[12] Severs M, Crane S. Challenges in medical education – what the doctor ordered? Postgrad Med J 2000;76:599-601.
[13] Lanier C et al. Doctor performance and public accountability. Lancet 2003;362:1404-08.
[14] Kizer K, 2001. Establishing health care performance standards in an era of consumerism. JAMA 2003;286:1213-1217.
[15] Davies C. Changing practice in health care. Postgrad Med J 2001;77:145-147.
[16] Neufeld VR, Maudsley RF, Pickering RJ, Walters BC, Turnbull JM, Spasoff RA, et al. Demand-side medical education: educating future physicians for Ontario. CMAJ 1993; 148(9):1471-7.
[17] Jabbour M et al. Postgraduate Specialty Training: How Relevant is it to Practice? A CanMEDS 2000 Survey of Recent Specialty Medical Graduates. Ottawa: Royal College of Physicians and Surgeons of Canada; 1997.

this manner. CanMEDS Phase I culminated in the adoption of the CanMEDS competency framework by Council in 1996.[18] With that decision, the College responded to the new healthcare environment, changed the face of specialty postgraduate medical education in Canada, and demonstrated its commitment to the public good by endorsing a competency framework that was centered on societal needs.

Table 1. The CanMEDS Project Methodology for the Development of the Competency Framework in Phase I

Systematic educational planning model adopted

Consultation with Fellows from many specialties
Expert input (e.g., MD-patient communications)
Consultation with other healthcare organizations (e.g., Canadian Medical Protective Association)
Systematic literature search (incorporating the extensive EFPO bibliography)
Input from public focus groups done in Ontario (EFPO)

Qualitative analysis of themes in the data
CanMEDS Roles Working Groups (including hundreds of Fellows)

Modified Delphi Process
Identification of the core competencies
Assembly into the CanMEDS Roles Framework

Survey of two cohorts of RC Fellows: validation of the framework
Adoption by Council

CanMEDS Phase II: Pilot Projects (1996-1997)
A number of small pilot projects were commissioned to study methods of ensuring incorporation of the CanMEDS Roles in medical education, especially postgraduate medical education. These took place in Faculties of Medicine across the country, and involved various competencies.

CanMEDS Phase III: Implementation (1997-2002)
In this phase, the Office of Education set out to ensure that the CanMEDS competencies were incorporated into all the standards of residency education. Each specialty was engaged in a five-year process to rework the CanMEDS standards specifically for that specialty or subspecialty. Table 2 lists the types of standards that were revised.

Table 2. Standards revised during CanMEDS Phase III

General accreditation
Specialty-specific accreditation standards
Specialty-specific credentials standards
Objectives of training
Final in-training evaluation reports (FITERs)
Exam blueprints

[18] Resolution 1996-065, RCPSC Council, April 1996.

CanMEDS Phase IV: Faculty Development (2002-present)
In 2001, the Director of the Office of Education commissioned an outcome evaluation to provide a snapshot of the state of CanMEDS in Canada.[19] There were several important findings, including:

- CanMEDS incorporation across the country was surprisingly extensive, not only in specialty postgraduate medical education, but also in undergraduate and continuing medical education.
- Residency programs varied considerably with respect to their adoption of training for all the CanMEDS Roles.
- Implementation of the Roles stratified into three tiers, with Medical Expert, Scholar and Professional recognized as especially successful. Health Advocate and Manager were described as the most challenging in the surveys. These results are displayed in Figure 2.

Program directors and educational leaders asked the College to provide further support in terms of teaching, learning and assessment resources for implementing CanMEDS. This stimulated the creation in 2002 of the current stage, Phase IV: Faculty Development. Phase IV is designed to meet the stated needs of educators for further support.

Revision of the CanMEDS Framework
In 2003, the RCPSC Office of Education commissioned the creation of eight working groups of expert volunteers to reexamine the CanMEDS framework and ensure that it had optimal wording for contemporary use and validity. Working group members examined the latest key literature addressing each Role, as well as documentation of any issues arising in the use of the framework since 1996. These volunteers included Royal College Fellows, family physicians, nurses, postgraduate deans, program directors, educationalists, psychologists, and residents. In March 2005, the Working Groups reported back to the College with a renewed and revised framework as well as recommendations for further implementation. The new CanMEDS 2005 framework was approved by Council in April, 2005.[20]

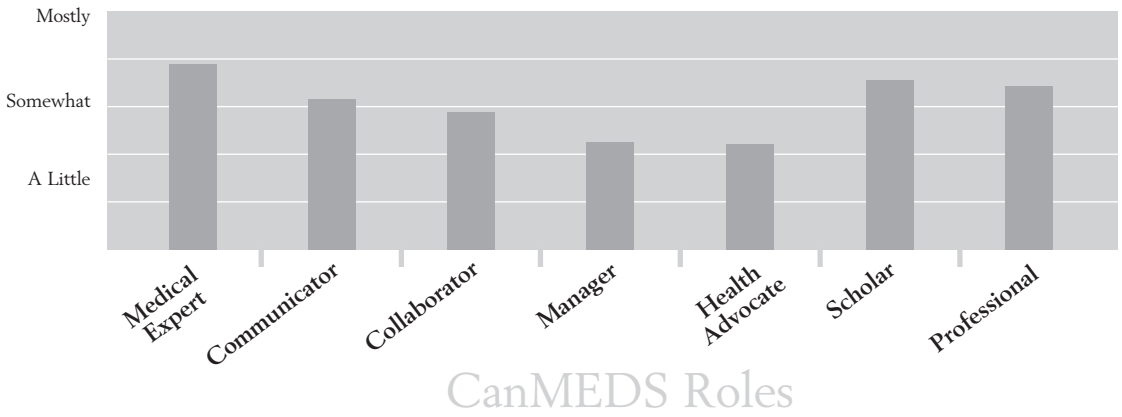


Figure 2. Results from the 2001 RCPSC CanMEDS survey. Copyright 2001 RCPSC. Used with permission.

[19] Frank JR. Implementing CanMEDS. Report to the Director of Education. Ottawa: Royal College of Physicians and Surgeons of Canada; 2001.
[20] Resolution 2005-012, RCPSC Council, April 2005.

What's New in the CanMEDS 2005 Framework

As described previously, the CanMEDS Phase IV Working Groups made recommendations on the revision and renewal of the CanMEDS framework. Below are highlights of the significant changes for each Role and for CanMEDS overall.

CanMEDS Overall

- Renewed emphasis on framework coherency
- Overlaps between the Roles addressed
- Revision of the CanMEDS diagram to best reflect the concept of CanMEDS as a construct of physician competence
- Identification of key elements of each Role, as a tool for curriculum designers
- Creation of the CanMEDS Taxonomy of Physician Competency Levels (see Appendix A), to support those designing curricula and standards documents using CanMEDS
- Renewed emphasis on evidence-based educational planning
- Ethics competencies integrated throughout the framework, not just Professional, as recommended by the RCPSC Ethics and Equity Committee

Medical Expert

- Renewed emphasis on Medical Expert as the central and integrative Role, and the Role that most distinguishes physicians from other professionals
- Role "unpacked" into further elements for ease of use in writing curricular objectives
- Integration of ethics of practice
- Clarification of competencies of medical consultation
- Non-clinical use of medical expertise (especially medicolegal activities) again included at the insistence of Fellows in practice

Communicator

- Renewed emphasis on communication abilities for before, during, and after the clinical encounter (e.g. as opposed to presenting research or lecturing)
- Other communication skills were moved to Manager, Scholar, and Collaborator
- Operationalization of clinical encounters to include its broadest sense: dynamic interactions between physicians and their patients, patients' families and significant others, or communities, as appropriate to the discipline practiced (e.g. Community Medicine)
- Adoption and adaptation of the Calgary-Cambridge framework as a way of organizing effective doctor-patient encounters for teaching, learning, and assessment[21]
- Explicit inclusion of written documentation of clinical encounters as a key area of competence
- Emphasis on patient-centred, shared decision-making
- Incorporation of the bioethical competencies needed for effective clinical encounters

[21] Silverman J, Kurtz S, Draper J. 1998 Skills for Communicating with Patients. Great Britain: Radcliff Medical Press. 5-11

Collaborator

- Renewed emphasis on the abilities needed to function in an effective health care team
- Updated language to reflect the literature on interprofessional teams
- Incorporation of evidence that effective team behaviours improve patient outcomes
- Incorporation of collaborative decision-making and concepts of shared care to reflect the current realities of practice
- Home for conflict resolution and management competencies

Manager

- New emphasis on effective physician functioning in health care organizations
- Same focus on resource decision-making
- Updated language to reflect the current health care context
- Incorporation of skills and knowledge needed to organize a sustainable practice
- "Team" competencies moved to Collaborator
- Greater emphasis on leadership and administrative roles of physicians

Health Advocate

- Reframed for the essence of: "physician influence and health care system knowledge for patient care"
- Renewed emphasis on the three Health Advocate concepts of: advocacy for individual patients, recognizing determinants of health in populations served, and identification of larger public health issues
- Wording clarified to make it more accessible to teachers and educators
- Incorporation of emerging literature and texts on health advocacy
- Inclusion of the concept of mobilizing resources to enhance patient outcomes
- Renewed concepts of determinants of health

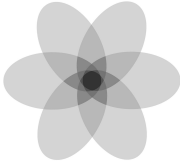
Scholar

- Wording updated to reflect contemporary literature and practice
- Renewed emphasis on the same four critical concepts: lifelong learning / CPD, critical appraisal, research literacy, and teaching others
- Language now reflects Boyer's definitions of scholarship[22]
- Explicit inclusion of the ethics of teaching and research
- Ethical obligations for lifelong maintenance of competence

Professional

- Updated to address controversies and points of confusion
- Reframed around commitments: to society, to the profession, and to one's self
- Home for concepts of ethical practice
- Incorporation of recent concepts of sustainable practice and well-being
- Adoption of new language replacing "self-regulation": *profession-led* regulation
- Home for professionalism, but the Role is more than this

[22] Boyer, E. 1990. Scholarship Reconsidered: Priorities of the Professoriate. New York: The Carnegie Foundation for the Advancement of Teaching.



Medical Expert

Definition:

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Medical Expert is the central physician Role in the CanMEDS framework.

Description:

Physicians possess a defined body of knowledge, clinical skills, procedural skills and professional attitudes, which are directed to effective patient-centered care. They apply these competencies to collect and interpret information, make appropriate clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within the boundaries of their discipline, personal expertise, the healthcare setting and the patient's preferences and context. Their care is characterized by up-to-date, ethical, and resource-efficient clinical practice as well as with effective communication in partnership with patients, other health care providers and the community. The Role of Medical Expert is central to the function of physicians and draws on the competencies included in the Roles of Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.

Elements:

- Integration and application of all CanMEDS Roles for patient care
- Core medical knowledge
- Patient problem identification
- Diagnostic reasoning
- Clinical judgment
- Clinical decision-making
- Application of appropriate therapies
- Procedural skill proficiency
- Humane care
- Application of ethical principles for patient care
- Functioning as a consultant
- Knowing limits of expertise
- Maintenance of competence
- Principles of patient safety and avoiding adverse events

Key Competencies:

Physicians are able to…

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care;
2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice;
3. Perform a complete and appropriate assessment of a patient;
4. Use preventive and therapeutic interventions effectively;
5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic;
6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

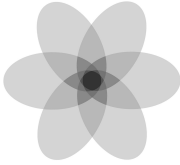
Medical Expert

Enabling Competencies: *Physicians are able to...*

1. **Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care**
   - 1.1. Effectively perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional
   - 1.2. Demonstrate effective use of all CanMEDS competencies relevant to their practice
   - 1.3. Identify and appropriately respond to relevant ethical issues arising in patient care
   - 1.4. Effectively and appropriately prioritize professional duties when faced with multiple patients and problems
   - 1.5. Demonstrate compassionate and patient-centered care
   - 1.6. Recognize and respond to the ethical dimensions in medical decision-making
   - 1.7. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed

2. **Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice**
   - 2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to the physician's specialty
   - 2.2. Describe the RCPSC framework of competencies relevant to the physician's specialty
   - 2.3. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
   - 2.4. Contribute to the enhancement of quality care and patient safety in their practice, integrating the available best evidence and best practices

3. **Perform a complete and appropriate assessment of a patient**
   - 3.1 Effectively identify and explore issues to be addressed in a patient encounter, including the patient's context and preferences
   - 3.2 For the purposes of prevention and health promotion, diagnosis and or management, elicit a history that is relevant, concise and accurate to context and preferences
   - 3.3 For the purposes of prevention and health promotion, diagnosis and/or management, perform a focused physical examination that is relevant and accurate



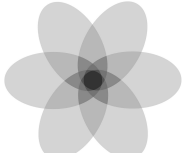
Medical Expert

3.4 Select medically appropriate investigative methods in a resource-effective and ethical manner
3.5 Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans

4. Use preventive and therapeutic interventions effectively
4.1 Implement an effective management plan in collaboration with a patient and their family
4.2 Demonstrate effective, appropriate, and timely application of preventive and therapeutic interventions relevant to the physician's practice
4.3 Ensure appropriate informed consent is obtained for therapies
4.4 Ensure patients receive appropriate end-of-life care

5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic
5.1 Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to their practice
5.2 Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to their practice
5.3 Ensure appropriate informed consent is obtained for procedures
5.4 Appropriately document and disseminate information related to procedures performed and their outcomes
5.5 Ensure adequate follow-up is arranged for procedures performed

6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise
6.1 Demonstrate insight into their own limitations of expertise via self-assessment
6.2 Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care
6.3 Arrange appropriate follow-up care services for a patient and their family



The CanMEDS 2005 Physician Competency Framework

Better standards. Better physicians. Better care.

Communicator

Definition:

As C*ommunicators*, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Description:

Physicians enable patient-centered therapeutic communication through shared decision-making and effective dynamic interactions with patients, families, caregivers, other professionals, and other important individuals. The competencies of this Role are essential for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding, and facilitating a shared plan of care. Poor communication can lead to undesired outcomes, and effective communication is critical for optimal patient outcomes. The application of these communication competencies and the nature of the doctor-patient relationship vary for different specialties and forms of medical practice.

Elements:

- Patient-centered approach to communication
- Rapport, trust and ethics in the doctor-patient relationship
- Therapeutic relationships with patients, families[23] and caregivers
- Diverse doctor-patient relationships for different medical practices
- Shared decision-making
- Concordance
- Mutual understanding
- Empathy
- Capacity for compassion, trustworthiness, integrity
- Flexibility in application of skills
- Interactive process
- Relational competence in interactions
- Eliciting and synthesizing information for patient care
- Efficiency
- Accuracy
- Conveying effective oral and written information for patient care
- Effective listening
- Use of expert verbal and non-verbal communication
- Respect for diversity
- Attention to the psychosocial aspects of illness
- Breaking bad news
- Addressing end-of-life issues
- Disclosure of error or adverse event
- Informed consent
- Capacity assessment
- Appropriate documentation
- Public and media communication, where appropriate

[23] Silverman J, Kurtz S, Draper J. 1998 Skills for Communicating with Patients. Grande-Bretagne : Radcliff Medical Press. 5-11

Communicator

Key Competencies:

Physicians are able to…

1. Develop rapport, trust and ethical therapeutic relationships with patients and families;
2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals;
3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals;
4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care;
5. Convey effective oral and written information about a medical encounter.

Enabling Competencies:

Physicians are able to...

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families

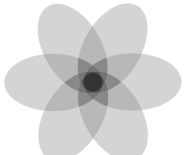
- 1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- 1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- 1.3. Respect patient confidentiality, privacy and autonomy
- 1.4. Listen effectively
- 1.5. Be aware and responsive to nonverbal cues
- 1.6. Effectively facilitate a structured clinical encounter

2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals

- 2.1. Gather information about a disease, but also about a patient's beliefs, concerns, expectations and illness experience
- 2.2. Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers and other professionals

3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals

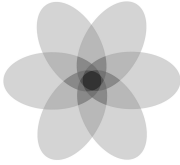
- 3.1. Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable, encourages discussion and participation in decision-making



Communicator

4. **Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care**
   - 4.1. Effectively identify and explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences
   - 4.2. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
   - 4.3. Encourage discussion, questions, and interaction in the encounter
   - 4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
   - 4.5. Effectively address challenging communication issues such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding

5. **Convey effective oral and written information about a medical encounter**
   - 5.1. Maintain clear, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans
   - 5.2. Effectively present verbal reports of clinical encounters and plans
   - 5.3. When appropriate, effectively present medical information to the public or media about a medical issue



The CanMEDS 2005 Physician Competency Framework

Better standards. Better physicians. Better care.

Collaborator

Definition:

As Collaborators, physicians effectively work within a healthcare team to achieve optimal patient care.

Description:

Physicians work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. This is increasingly important in a modern multiprofessional environment, where the goal of patient-centred care is widely shared. Modern healthcare teams not only include a group of professionals working closely together at one site, such as a ward team, but also extended teams with a variety of perspectives and skills, in multiple locations. It is therefore essential for physicians to be able to collaborate effectively with patients, families, and an interprofessional team of expert health professionals for the provision of optimal care, education and scholarship.

Elements:

- Collaborative care, culture and environment
- Shared decision making
- Sharing of knowledge and information
- Delegation
- Effective teams
- Respect for other physicians and members of the healthcare team
- Respect for diversity
- Team dynamics
- Leadership based on patient needs
- Constructive negotiation
- Conflict resolution, management, and prevention
- Organizational structures that facilitate collaboration
- Understanding roles and responsibilities
- Recognizing one's own roles and limits
- Effective consultation with respect to collaborative dynamics
- Effective primary care – specialist collaboration
- Collaboration with community agencies
- Communities of practice
- Interprofessional health care
- Multiprofessional health care
- Learning together
- Gender issues

Key Competencies:

Physicians are able to…

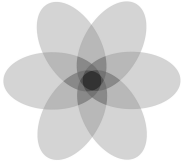
1. Participate effectively and appropriately in an interprofessional healthcare team;
2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict.

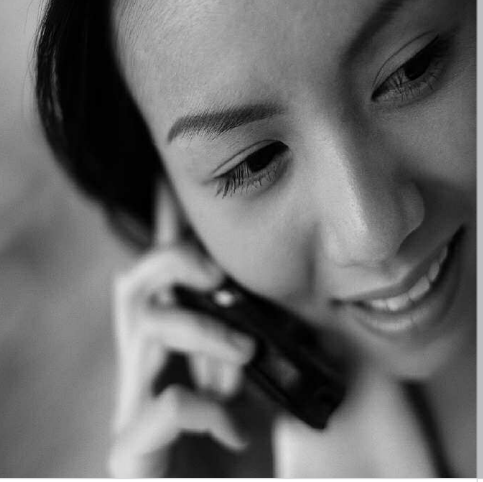
Collaborator

Enabling Competencies: *Physicians are able to...*

1. **Participate effectively and appropriately in an interprofessional healthcare team**
   - 1.1. Clearly describe their roles and responsibilities to other professionals
   - 1.2. Describe the roles and responsibilities of other professionals within the health care team
   - 1.3. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
   - 1.4. Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
   - 1.5. Where appropriate, work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
   - 1.6. Participate effectively in interprofessional team meetings
   - 1.7. Enter into interdependent relationships with other professions for the provision of quality care
   - 1.8. Describe the principles of team dynamics
   - 1.9. Respect team ethics, including confidentiality, resource allocation and professionalism
   - 1.10. Where appropriate, demonstrate leadership in a healthcare team

2. **Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict**
   - 2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team
   - 2.2. Work with other professionals to prevent conflicts
   - 2.3. Employ collaborative negotiation to resolve conflicts
   - 2.4. Respect differences, misunderstandings and limitations in other professionals
   - 2.5. Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension
   - 2.6. Reflect on interprofessional team function





The CanMEDS 2005 Physician Competency Framework

Better standards. Better physicians. Better care.

Manager

Definition:

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

Description:

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:

- 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
- Leadership
- Supervising others
- Administration
- Consideration of justice, efficiency and effectiveness in the allocation of finite healthcare resources for optimal patient care
- Budgeting and finance
- Priority-setting
- Practice management to maintain a sustainable practice and physician health
- Health human resources
- Time management
- Physician remuneration options
- Negotiation
- Career development
- Information technology for healthcare
- Effective meetings and committees

Manager

Key Competencies:

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.

Enabling Competencies:

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 healthcare 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

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)

Health Advocate

Definition:

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

Description:

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.

Elements:

- 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 Competencies:

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.

Enabling Competencies:

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

Health Advocate

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
- 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

The CanMEDS 2005 Physician Competency Framework

Better standards. Better physicians. Better care.

Scholar

Definition:

As *Scholars,* physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Description:

Physicians engage in a lifelong pursuit of mastering their domain of expertise. As learners, they recognize the need to be continually learning and model this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of medical knowledge. As teachers, they facilitate the education of their students, patients, colleagues, and others.

Elements:

- Lifelong learning
- Moral and professional obligation to maintain competence and be accountable
- Reflection on all aspects of practice
- Self-assessment
- Identifying gaps in knowledge
- Asking effective learning questions
- Accessing information for practice
- Critical appraisal of evidence
- Evidence-based medicine
- Translating knowledge (evidence) into practice
- Translating knowledge into professional competence
- Enhancing professional competence
- Using a variety of learning methodologies
- Principles of learning
- Role modeling
- Assessing learners
- Giving feedback
- Mentoring
- Teacher-student ethics, power issues, confidentiality, boundaries
- Learning together
- Communities of practice
- Research / scientific inquiry
- Research ethics, disclosure, conflicts of interests, human subjects and industry relations

Key Competencies:

Physicians are able to…

1. Maintain and enhance professional activities through ongoing learning;
2. Critically evaluate information and its sources, and apply this appropriately to practice decisions;
3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate;
4. Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices.

Scholar

Enabling Competencies: *Physicians are able to...*

1. **Maintain and enhance professional activities through ongoing learning**
   - 1.1. Describe the principles of maintenance of competence
   - 1.2. Describe the principles and strategies for implementing a personal knowledge management system
   - 1.3. Recognize and reflect learning issues in practice
   - 1.4. Conduct a personal practice audit
   - 1.5. Pose an appropriate learning question
   - 1.6. Access and interpret the relevant evidence
   - 1.7. Integrate new learning into practice
   - 1.8 Evaluate the impact of any change in practice
   - 1.9 Document the learning process

2. **Critically evaluate medical information and its sources, and apply this appropriately to practice decisions**
   - 2.1. Describe the principles of critical appraisal
   - 2.2. Critically appraise retrieved evidence in order to address a clinical question
   - 2.3. Integrate critical appraisal conclusions into clinical care

3. **Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate**
   - 3.1. Describe principles of learning relevant to medical education
   - 3.2. Collaboratively identify the learning needs and desired learning outcomes of others
   - 3.3. Select effective teaching strategies and content to facilitate others' learning
   - 3.4. Demonstrate an effective lecture or presentation
   - 3.5. Assess and reflect on a teaching encounter
   - 3.6. Provide effective feedback
   - 3.7. Describe the principles of ethics with respect to teaching

4. **Contribute to the creation, dissemination, application and translation of new knowledge and practices**
   - 4.1. Describe the principles of research and scholarly inquiry
   - 4.2. Describe the principles of research ethics
   - 4.3. Pose a scholarly question
   - 4.4. Conduct a systematic search for evidence
   - 4.5. Select and apply appropriate methods to address the question
   - 4.6. Appropriately disseminate the findings of a study

The CanMEDS 2005 Physician Competency Framework

Better standards. Better physicians. Better care.

Professional

Definition:

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.

Description:

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 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.[24]

Elements:

- 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 or adverse events

Key Competencies:

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.

[24] This description is adapted from Cruess S, Johnston S, Cruess R. 2004 "Profession: a working definition for medical educators" Teaching and Learning in Medicine. 16(1) : 74-6.

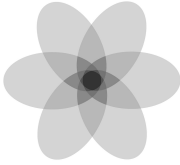
Professional

Enabling Competencies: *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
   - 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



Acknowledgements

The Royal College mission could not be accomplished without the unwavering support of the hundreds of medical educators, practising physicians and specialists, residents, committee members and staff.

We would like to recognize the hundreds of volunteers who have served on the CanMEDS working groups over the past two years. As a result of their efforts, the CanMEDS framework has been updated and revised, thus enhancing future learning and assessment of the CanMEDS competencies. In addition, we would like to express our appreciation to those who volunteered their time to peer review the working groups' reports. A special mention for their support goes to Dr. Michel Brazeau, Chief Executive Director, Dr. Nadia Mikhael, Director of the Office of Education, Dr. Jim Hickey, Director of Fellowship Affairs, Dr. Charles Weijer and other members of RCPSC Ethics and Equity Committee, as well as to Dr. Craig Campbell, Director of Professional Development.

The Royal College of Physicians and Surgeons of Canada wishes to gratefully acknowledge the following individuals who made invaluable contributions to this project:

Advisory Working Group

Mona Jabbour, Pediatrics, Children's Hospital of Eastern Ontario, Ottawa (Co-Chair)
Jason R. Frank, CanMEDS, Office of Education, RCPSC, Ottawa (Co-Chair)
Pamela Catton, Radiation Oncology, Princess Margaret Hospital, Toronto
Alexandra Harrison, Postgraduate Medical Education, University of Calgary, Calgary
David McKnight, Dept. of Anesthesia, St. Michael's Hospital, Toronto
Louise Samson, Dept. of Radiology, Centre hospitalier de l'Université de Montréal (CHUM), Montréal
John Seely, Palliative Care, The Ottawa Hospital, Ottawa
Linda Snell, Div. General Internal Medicine, Royal Victoria Hospital, Montréal
Susan Tallett, Div. of Medical Education, The Hospital for Sick Children, Toronto
Sarita Verma, Faculty of Health Sciences, Queen's University, Kingston

Medical Expert Working Group

David McKnight, Dept. of Anesthesia, St. Michael's Hospital, Toronto (Chair) (Also Chair, RCPSC Ethics and Equity Committee)
Pat Croskerry, Dept. of Emergency Medicine, Dartmouth General Hospital, Halifax
Mark Goldzmidt, Dept. of Medicine, London Health Sciences Centre, London
Helen MacRae, Dept. of Surgery, Mount Sinai Hospital, Toronto
Joseph Mikhael, Internal Medicine/Hematology, Princess Margaret Hospital, Toronto
Jeff Turnbull, Dept. of Medicine, The Ottawa Hospital, Ottawa

Communicator Working Group

Pamela Catton, Radiation Oncology, Princess Margaret Hospital, Toronto (Chair)
Maria Bachus, University Health Network, Toronto General Hospital, Toronto
Gary Cole, Educational Research & Development Unit, Office of Education, RCPSC, Ottawa
Lara Cooke, Neurology, University of Calgary, Calgary
Suzanne Kurtz, Faculties of Education and Medicine, University of Calgary, Calgary
Toni Laidlaw, Div. of Medical Education, Dalhousie University, Halifax
Anne-Marie MacLellan, Pediatrics, Montréal Children's Hospital, Montréal
Andrew Seely, Thoracic Surgery and Critical Care, University of Ottawa, Ottawa

Collaborator Working Group

Louise Samson, Dept. of Radiology, Centre hospitalier de l'Université de Montréal, (Chair)
Sherry Espin, UHN & Wilson Centre for Research in Education, University of Toronto, Toronto
Ivy Oandasan, Dept. of Family & Community Medicine, University Health Network, Toronto
Bartolomie Pleszewski, Dept. of Radiology, Centre hospitalier de l'Université de Montréal, Montréal
Arthur Rothman, Dept. of Medicine, University of Toronto, Toronto
John Seely, Palliative Care, The Ottawa Hospital, Ottawa
Yvonne Steinert, Faculty of Medicine, McGill University, Montréal
Wayne Weston, Byron Family Medical Centre, London

Manager Working Group

Alexandra Harrison, Postgraduate Medical Education, University of Calgary, Calgary (Chair)
Dale Dauphinee, Medical Council of Canada, Ottawa
Des Leddin, Internal Medicine/Gastroenterology, Victoria General Hospital, Halifax
Susan Lieff, Dept. of Psychiatry, Baycrest Hospital, North York
Saleem Razack, Pediatric Resident, McGill University, Montréal
Neil Sweezey, Lung Biology Research, The Hospital for Sick Children, Toronto
Eric Webber, General Surgery/Pediatrics Surgery, British Columbia's Children's Hospital, Vancouver

Health Advocate Working Group

Sarita Verma, Faculty of Health Sciences, Queen's University, Kingston (Chair)
Glen Bandiera, Dept. of Emergency Medicine, St. Michael's Hospital, Toronto
Leslie Buckley, Dept. of Psychiatry, University of Toronto, Toronto
Connie Côté, Federation of Medical Regulatory Authorities of Canada, Ottawa
Leslie Flynn, Dept. of Psychiatry, Postgraduate Medical Education, Queen's University, Kingston
Ken Harris, Dept. of Vascular Surgery, London Health Sciences Centre, London
Ivy Oandasan, Dept. of Family & Community Medicine, University Health Network, Toronto
Denyse Richardson, Physical Medicine and Rehabilitation, Toronto Rehabilitation Centre, Toronto

Scholar Working Group

Susan Tallett, Div. of Medical Education, The Hospital for Sick Children, Toronto (Chair)
Lisa Calder, Emergency Medicine, University of Ottawa, Ottawa
Craig Campbell, Office of Professional Development, RCPSC, Ottawa
Marcel D'Eon, Educational Support & Development, University of Saskatchewan, Saskatoon
Erin Keely, Dept. of Medicine, The Ottawa Hospital, Ottawa
Margaret Kennedy, Educational Standards Unit, Office of Education, RCPSC, Ottawa
Gilles Hudon, Fédération des médecins spécialistes du Québec, Montréal
Jay Rosenfield, Pediatrics, The Hospital for Sick Children, Toronto

Professional Working Group

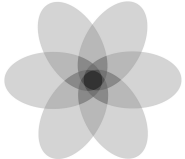
Linda Snell, Div. General Internal Medicine, Royal Victoria Hospital, Montréal (Chair)
Michel Brazeau, Chief Executive Officer, RCPSC, Ottawa
Keith Brownell, Dept. of Clinical Neurosciences, Foothills Hospital, Calgary
Pierrette Léonard, Public Affairs, RCPSC, Ottawa
Bryan Magwood, Pediatrics, Brodie Centre, University of Manitoba, Winnipeg
Merril Pauls, Dept. of Bioethics, Dalhousie University, Halifax
William Pope, College of Physicians and Surgeons of Manitoba, Winnipeg
Monica Penner, Dept. of Anesthesia, University of Alberta Hospital, Edmonton
Derek Puddester, Mental Health Patient Services, Children's Hospital of Eastern Ontario, Ottawa
Adrian Robertson, Emergency Medicine, Thunder Bay

Editing Team

Jason R. Frank, CanMEDS, Office of Education, RCPSC, Ottawa
Ginette D. Bourgeois, CanMEDS, Office of Education, RCPSC, Ottawa
Danielle Fréchette, Policy Development, RCPSC, Ottawa
Mona Jabbour, Pediatrics, Children's Hospital of Eastern Ontario, Ottawa
Meridith Marks, Dept. of Medicine, The Ottawa Hospital, Ottawa
Nadine Valk, Policy, Office of Education, RCPSC, Ottawa

CanMEDS Team, RCPSC

Jason R. Frank, CanMEDS, Office of Education, RCPSC, Ottawa
Ginette D. Bourgeois, CanMEDS, Office of Education, RCPSC, Ottawa
Aubrie McGibbon, CanMEDS, Office of Education, RCPSC, Ottawa



Appendix A
The CanMEDS Educational Taxonomy of Competency Levels

The CanMEDS Educational Taxonomy

Level 1	**A specialist physician's complete array of competencies.** Level 1 refers to the reality that each physician has a unique set of abilities that are expressed in their own practice. In everyday practice, these competencies are integrated into a seamless whole, and reflect the daily activities of the physician. For educational purposes in a competency framework, these abilities are defined into thematic groups, or domains. In the CanMEDS framework, these are the physician Roles.
Level 2	**The CanMEDS Roles.** Level 2 identifies the 7 Roles, or thematic groups of competencies that organize the CanMEDS framework. While they are clearly synergistic and related, they are also made up of sets of individual general abilities. In this way, a Role can be thought of as a "meta-competency".
Level 3	**Key competencies thematically grouped by Role.** Within each CanMEDS Role, there are a small number of essential competencies. Level 3 refers to broad abilities written as global educational statements.
Level 4	**Enabling competencies** thematically grouped by general competency. The term enabling competencies is used in the educational literature to refer to sub-abilities, made up of knowledge, skills, and attitudes, that are essential for an individual to attain a larger competency. In this framework, Level 5 describes the ingredient abilities to attain each Key Competency.
Level 5	**Specialty-specific objectives of training.** These are the CanMEDS competencies as applied to a specialty's practice reality. They are educational statements that make up each specialty's "OTR" or Objectives of Training standards document at the RCPSC. They describe the abilities a physician must have to be a competent specialist in that area of medicine.
Level 6	**Program-level objectives.** Level 6 refers to specialty-specific program objectives describing the educational goals of a program, such as those used for a residency. These operationalize the objectives of a training standards document and adapt them to the local institution.
Level 7	**Rotation objectives.** Large educational curricula, like residency programs, need to break down program-level objectives to make them manageable for use for each educational event. For PGME, rotation-specific objectives are included in Level 7.
Level 8	**Instructional-event-specific objectives.** If needed, brief educational activities, such as a seminar or rounds can also be planned in CanMEDS format. These are Level 8 objectives.

Blank

Appendix B
CanMEDS 2005 Roles Definitions

Medical Expert	As *Medical Experts*, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. *Medical Expert* is the central physician Role in the CanMEDS framework.
Communicator	As *Communicators*, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.
Collaborator	As *Collaborators*, physicians effectively work within a healthcare team to achieve optimal patient care.
Manager	As *Managers*, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.
Health Advocate	As *Health Advocates*, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.
Scholar	As *Scholars*, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.
Professional	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.

Blank

Appendix C
CanMEDS Resources

The following is a list of CanMEDS resources available for medical educators and practising physicians. Some of these materials are readily available on our website, and others are available by requesting a copy from us at canmeds@rcpsc.edu.

REFERENCE MATERIAL

- CanMEDS Bibliographies
- CanMEDS Assessment Tool Inventory

BEST PRACTICES

- The Postgraduate medical education programs in Canada have been incorporating the CanMEDS framework of essential competencies into their programs in various ways over the past decade in order to better meet the needs of modern society. The CanMEDS Best Practices is a clearinghouse for medical education initiatives for teaching, learning and assessing the CanMEDS competencies. Abstracts can be viewed by CanMEDS Role (Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, or Professional) or by category (curriculum, assessment tool, teaching or tool).

PUBLICATIONS

- *The CanMEDS 2005 physician competency framework Better standards. Better physicians. Better care.* (Frank, JR. (Ed). 2005. Better standards. Better physicians. Better care. The CanMEDS 2005 physician competency framework. Ottawa: The Royal College of Physicians and Surgeons of Canada.)

- *Collaboration, Communication, Management and Advocacy: Teaching Surgeons New Skills through the CanMEDS Project* (Frank JR, Langer B. Collaboration, Communication and Advocacy: Teaching Surgeons New Skills through the CanMEDS Project. World J. Surg. 27, 972-978, 2003)

- *Skills for the New Millennium: Report of the Societal Needs Working Group* — CanMEDS 2000 Project (Frank JR, Jabbour M, Tugwell P, et al. Skills for the new millenium: report of the societal needs working group, CanMEDS 2000 Project. Annals Royal College of Physicians and Surgeons of Canada 29:206-216, 1996)

OTHER

- Generic CanMEDS presentation slides
- OE News articles
- Royal College Outlook articles
- Dialogue articles (available to Royal College Fellows only)
- CanMEDS posters, pocketcards and bookmarks (2006)
- CanMEDS monograph series (2006)

For current and future publications and resources, please visit the CanMEDS website at http://rcpsc.medical.org.

Blank