UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

MEETING OF FACULTY COUNCIL
OF THE FACULTY OF MEDICINE

A meeting of Faculty Council will be held on **Monday, February 8, 2016**, from 4:00 p.m. to 6:00 p.m. in the **Red Room, Donnelly Centre**, University of Toronto.

AGENDA

1	**Call to Order**		Speaker
2	**Minutes of the previous meeting of Faculty Council – October 19, 2015**		Speaker
	2.1	Business Arising	
3	**Report from the Speaker**		Speaker
4	**Reports from the Dean's Office**		
	4.1	Report from the Dean's Office	T. Young
	4.2	Vice Dean, Research and Innovation	R. Hegele
	4.3	Vice-Dean, Partnerships	L. Wilson
	4.3	Vice-Deans, Education	J. Rosenfield S. Spadafora
5	**New Business**		
	5.1	Education Committee	I. Witterick
	5.1.1	*"THAT the proposal to align the University of Toronto MD program objectives with a competency-based approach to medical education be approved as submitted."*	M. Schreiber
6	**Faculty Council Forum**		
	What are the limits of reasonable accommodation?		D. McKnight
	Dr. David McKnight will lead a panel discussion with the Chairs of the Boards of Medical Assessors, the PGME Director, Medical Wellness and the UME Associate Dean, Health Professions Student Affairs		
7	**Standing Committee Annual Reports**		
	7.1	Undergraduate Medical Education Board of Examiners	B. Papsin
	7.2	Physician Assistant Board of Examiners	R. Goldberg
	7.3	Appeals Committee	D. Templeton
8	**Adjournment**		Speaker

NEXT MEETING: April 25, 2016

UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Faculty Council
FACULTY OF MEDICINE

Meeting Materials – February 8, 2016

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UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Faculty Council of the Faculty of Medicine
Minutes of the October 19, 2015 meeting
4:00 p.m.
Red Room, Donnelly Centre

Members Present: D. McKnight (Acting Speaker), T. Young, A. Buchan, M. Connell, T. Coomber, T. Neff, I. Witterick, C. Flaherty, T. Agarwal, M. Peng, M. Gritti, D. Dawson, A. Bonnyman, P. Hamel, J-Y Yoon, P. Berger, N. Romanosky, A. Kaplan, J. C. Zuniga-Pflucker, T. Breukelman, P. Poldre, G. Yousef, Z. Bismilla, S. Rappolt, C. Evans, J. Nodwell, R. Forman, A. Emili

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Call to Order

The Deputy Speaker, Dr. David McKnight, called the meeting to order and noted that there was a quorum. The Deputy Speaker noted that the Speaker, Dr. Luc De Nil, is currently on research leave and that Dr. McKnight would be acting as speaker in his absence.

1 Approval of the Agenda

The Deputy Speaker indicated that there were three items on the agenda requiring amendment. (1) Dr. Blake Papsin has been held up in the OR and would not be able to present the annual report from the UME Board of Examiners. (2) Key members of the planned panel discussion on the CIHR funding reforms are not able to attend the meeting. (3) The Provost's Office has asked that the proposed constitutional amendments be deferred as they will be requesting University wide amendments to faculty constitutions later in the academic year. The Deputy Speaker opened the amendments to the agenda for discussion. Dr. Paul Hamel noted that the Provost's Office has been opposed to the inclusion of Post-Doctoral Fellows (PDFs) in the membership of the Faculty Council since it was first proposed. He reminded the membership that previously the Constitution was to be amended to include PDFs and the Provost's Office requested the amendment be removed as there was no definition included. He pointed out that there is now a definition and the item should go forward. The Deputy Speaker indicated that the Provost's Office has also asked for time to review the definition. The Deputy Speaker's understanding was that all of this would be done prior to the final Faculty Council governance cycle of the year and, if it was not, Council could move the constitutional amendments forward at that time.

The amended agenda was approved on a motion from S. Rappolt and seconded by A. Kaplan.

2 Minutes of the previous meeting of Faculty Council – May 4, 2015

The minutes of the meeting of May 4, 2015 had been previously circulated. They were approved on a motion from I. Witterick and seconded by A. Buchan. There was no business arising.

3 Report from the Speaker

The Deputy Speaker indicated that he did not have a report but indicated that the Executive Committee did not receive any External Reviews during this governance cycle.

4 Reports from the Dean's Office

3.1 Report from the Dean's Office

Dean Young indicated Faculty of Medicine's Strategic Priorities would be refreshed for a number of reasons. The Faculty has achieved of many of the current Strategic Planning objectives, there have been leadership transitions within in the Faculty and the University, President Gertler has defined the University's priorities (Leveraging urban location more fully for the mutual benefit of the University and the city, Strengthen and deepen key international partnerships, and Re-imagine and re-invent undergraduate education), and changes in political landscape at all levels of government. The Faculty Strategic Priorities for 2015 fall into three categories: Prepare, Discover, and Partner.

Prepare represents the preparation of the next generation of leaders in the health sciences. This will be done by providing exceptional education programs, diversifying the community, developing dual degree programs, and strengthening clinician scientist programs.

Discover indicates the establishment of leading research that answers questions of fundamental and societal relevance as well as the translation of discoveries into improved health. The Faculty will strive to promote collaborative research networks, refresh and renew discovery-based research, attract and retain the best people, and encourage entrepreneurship and commercialization.

Partner is the drive to become an ideal and preferred partner and a gateway to and for the world. This will be accomplished through the leveraging of the University's location, positioning the Faculty as a leading destination for academic medicine, strategic partnerships (national and international), and advocacy for patients, families and the communities we serve.

The next step in the Strategic Priorities is the dissemination across the Faculty of Medicine. There will be guidelines for Faculty of Medicine annual reporting and the development of a framework for assessing annual activities of all academic units.

3.2 Vice Dean, Research & International Relations

Dr. Alison Buchan noted that UofT/TAHSN received 52 of the 150 CIHR Foundation grants for 2015. She reported that the nationwide success rate was 12% with the Faculty of Medicine (on campus only) fairing only slightly better at 14%. Dr. Buchan indicated that the total dollar value was down when comparing the previous open competition with the new foundation grants. She also noted a shift in the allotment of Canada Research Chairs where the Faculty market share is now determined with the rest of U of T rather than, as it used to be, as a share within the TAHSN hospitals. Dr. Buchan expressed concern that this may result in a loss of CRCs. She noted that nine had been lost in the past two years (both due to the shift in how they are allotted and the splitting off of the School of Public Health into a separate faculty).

3.3 Vice-Deans, Education

Dr. Alan Kaplan presented the report that is included in these minutes beginning on **page 4**.

5 New Business

5.1 Research Committee

5.1.1 Centre for Child Nutrition, Health, and Development

The following was moved by P. Hamel and seconded by A. Buchan:

"THAT the Centre for Child Nutrition, Health, and Development be renamed the Centre for Child Nutrition and Health."

Dr. Alison Buchan noted that the rational for this name change is to primarily alleviate the ongoing confusion between the Centre for Child Nutrition, Health and Development and the Fraser Mustard Institute of Human Development. The mandate of the Centre will not change.

The motion passed.

5.2 Executive Committee

5.2.1 Faculty of Medicine By-Laws

The following was moved by I. Witterick and seconded by A. Buchan:

"THAT the proposed amendments to the Faculty of Medicine By-Laws be approved as submitted."

The Deputy Speaker noted that the proposed amendments primarily fall into three categories. First, a number of decanal portfolios have changed and the titles of these Vice Deans and Associate Deans have been amended accordingly in the proposed amendments. Secondly, the function section of the Education, Research, and CPD Committees' Terms of Reference has been amended such that the Executive Committee can assign overlapping items to any Standing Committee without being bound by specific restrictions as had been previously present in the Terms of Reference of those Standing Committees. Finally, the proposed amendments transfer the governance authority from the Graduate Education Committee to the Education Committee with the Graduate Education Committee being eliminated. This will draw a clearer line between the Vice Dean's Graduate Curriculum Committee (which will continue to approve items as dictated by the Vice Dean) and the Education Committee (which will act in a governance capacity as dictated by Faculty Council).

The motion passed.

6 Standing Committee Annual Reports

6.1 Postgraduate Medical Education Board of Examiners

Dr. Jonathan Pirie was not able to attend the meeting. The Vice Chair, Dr. Kyle Kirkham attended on his behalf and presented the report that is included in these minutes beginning on **page 25**.

6.2 Medical Radiation Sciences Board of Examiners

Dr. Anthony Brade was unable to attend due to his clinic schedule but provided the following written report:

The Medical Radiation Sciences Board of Examiners reviews cases of students in academic difficulty and determines the appropriate course of action, which may include promotion, remediation, failure, suspension and dismissal.

The MRS Board of Examiners met four times in 2015. The BOE has reviewed the cases of 22 students this year. Four students were reviewed twice in 2015.

15 students were placed on remediation. Two students were placed on remediation with probation. Four students received modified programs without a change in academic status. One student was placed on probation and later dismissed from the program.

7 Adjournment

The meeting was adjourned at 5:15pm

Council of Education Vice-Deans Faculty Council Report

October 19, 2015

Submitted on behalf of:
Dr. Allan Kaplan, Vice-Dean, Graduate and Academic Affairs
Dr. Jay Rosenfield, Vice-Dean, MD Program
Dr. Salvatore Spadafora, Vice-Dean, Post MD Education (PGME & CPD)

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Education Vice-Deans, Integrative Activities

1. Education Development Fund

List of Funded Projects

The Education Vice-Deans are pleased to announce the recipients of the 2015 Education Development Fund:

- *Into Whatsoever Home I Enter, I Shall Enter To Help The Sick: Developing a Curriculum for Integrated Home-Based Primary Care (IHBPC)*
  Sabrina Akhtar, Family and Community Medicine (DFCM)
- *Test-Enhanced Continuing Education - A Randomized Controlled Trial*
  Mark Feldman, Department of Paediatrics
- *Relationships as Learning: Understanding How Relationship Building Facilitates Patient-Centered Learning in Longitudinal Integrated Clerkships*
  Clare Hutchinson, Department of Paediatrics
- *The Effect of an Educational Session and Structured Communication Tool on the Quality of Obstetrics and Gynecology Resident Handover*
  Deborah Robertson, Department of Obstetrics and Gynecology
- *Implementation and Evaluation of a Novel Family Medicine Obstetrical Point of Care Ultrasound (FaMOUS) Course*
  Catherine Varner and Erin Bearss, Department of Family and Community Medicine (DFCM)

2016 EDF Cycle | Timeline

The Education Development Fund 2016 cycle will commence November 2015 with an initial call for applications. Below is a tentative timeline and is subject to change. For further information, please refer to the Education Development Fund website.

November 1, 2015:	Call for submissions
December 1, 2015:	Application process open
February 1, 2016:	**Application process closes at 5pm**
February 5 – May 1, 2016:	Adjudication process
May 2016:	Notification of Funding
June 2016:	Deadline for final ethics approval

2. Education and Teaching Awards – Call for Nominations

Each spring and fall, the Faculty's Teaching and Education Awards Committee has the privilege of recognizing individuals who are making significant contributions to medical education. The committee looks for faculty members who are demonstrating excellence in teaching, education scholarship and leadership in education, and recognizes their contributions by supporting their nomination to a diverse selection of awards.

At this time, you are invited to submit nominations for the following four awards recognizing sustained excellence in medical education:

- OCUFA Teaching Award – *An award recognizing outstanding teaching in Ontario universities*.
- STHLE 3M National Teaching Fellowship – *Canada's most prestigious recognition of excellence in university teaching and educational leadership.*
- AAMC Abraham Flexner Award – *An international award, and the AAMC's highest honour, recognizing the highest standards in medical education.*
- AAMC Alpha Omega Alpha Robert Glaser Award – *An international award recognizing distinction in medical education.*

Click here to access the electronic nomination form.

Please submit online nomination forms and supporting documentation by **5pm on Friday, November 27, 2015**. This deadline will be strictly observed and late nominations will not be accepted. Supporting documentation should be submitted electronically to Erin Bedard at medicine.awards@utoronto.ca.

Should you have any questions or concerns, please do not hesitate to contact Erin Bedard at medicine.awards@utoronto.ca or at (416)946-3921.

3. 14th Annual Education Achievement Celebration

The Faculty of Medicine's **14th Annual Education Achievement Celebration** will be held on **Wednesday, May 11th, 2016** from **5:30–7:30pm** in the **Great Hall at Hart House**. This annual evening of celebration hosted by the Education Vice-Deans is a Faculty-wide forum to recognize and showcase excellence in teaching and education. To learn more, please visit the EAC webpage.

4. Integrated Projects

Learning Environment Working Group

The Learning Environment Working Group, led by Drs. Martin Schreiber, Undergraduate Medical Education Curriculum Director, and Leslie Nickell, Associate Dean, Health Professions Student Affairs, was created under the auspices of the Hospital University Education Committee in Fall 2014 to make recommendations to address concerns and enhance the learning environment for all medical learners (undergraduate medical students, PGME trainees and clinical fellows) at clinical teaching sites.

Working group membership spans both undergraduate and postgraduate medical education programs, and includes Vice-Presidents of Education from St. Michael's Hospital, Sunnybrook Hospital and CAMH and Academy Directors. Membership also includes Director, Resident Wellness from Postgraduate Medical Education, representation from the Centre for Faculty Development and learners from both undergraduate and postgraduate programs.

The Learning Environment Working Group has set out to review and assess existing policies, procedures, resources and reporting structures and to engage with learners to identify important themes and needs relating to the learning environment. After identifying existing strengths, successes and positive examples, as well as

gaps and opportunities to foster positive change, the working group will make recommendations and develop initiatives to enhance the learning environment across clinical teaching sites and at specific institutions.

The learning environment for medical students was identified as a priority during the 2012 CACMS-LCME accreditation of the UME program. The working group's efforts are expected to have a positive impact for learners, faculty and staff, and to foster positive engagement in hospital and clinical settings. Findings will be widely shared once the working group's assessment and recommendations are complete.

For further information, please contact Lindsey Fechtig in the Office of the Education Vice-Deans, (lindsey.fechtig@utoronto.ca).

Inaugural Annual UPAR Retreat

The **Inaugural Annual University Partnership for Academic Rehabilitation Retreat**, presented by the University Steering Committee for Academic Rehabilitation (USCAR), will be held on **Wednesday, November 4th, 2015** from **12–5pm** in the **Music Room at Hart House**.

The retreat will consist of a plenary address, delivered by Walter Wodchis, PhD, Institute of Health Policy Management and Evaluation, entitled: "Implementing Research in Practice: Context, Mechanism and Outcomes." The address will be followed by three short presentations on related topics, and an afternoon of facilitated small group discussion in order to:

- Engage the rehab community to identify new opportunities for collaboration in the academic enterprise – in particular exploring the feasibility of designing, developing, implementing and evaluating successful new applied research and educational opportunities at hospital and community sites;
- Identify and promote best practices among the affiliated institutions, including systematic evaluation and analysis of new and existing programs and initiatives giving USCAR the ability to make strategic recommendations; and
- Foster knowledge exchange.

The retreat will be followed by the launch of the Rehabilitation Sciences Institute (RSI), the RSI Launch will be held at Hart House at 5:30pm.

For more information, please contact Lindsey Fechtig (lindsey.fechtig@utoronto.ca).

Undergraduate Medical Education Faculty Council Update

1. Admissions

MD Program	Sept 2013 Entry	Sept 2014 Entry	Sept 2015 Entry
Applicants	3153	3463	3488
In-depth/ full file review	1775	1990	1777
Interviews	587	600	599
Offers	338	336	327
Acceptances	259	259	260
Acceptance Rate (excluding deferrals)	78%	79%	80%

MD/PhD Program	Sept 2013 Entry	Sept 2014 Entry	Sept 2015 Entry
Applicants	124	151	193
In-depth/ full file review	81	88	83
Interviews	42	46	47
Offers	14	10	13
Acceptances	12	8	13
Acceptance Rate (excluding deferrals)	86%	80%	100%

A full report regarding the 2014-15 admissions cycle will be provided to the Faculty Council Education Committee later in the fall.

2. Curriculum

Update – Longitudinal Integrated Clerkship (LInC)

In 2014–15, under the leadership of Dr. Stacey Bernstein, Clerkship Director, UME ran a Longitudinal Integrated Clerkship (LInC) pilot project that involved seven students at the FitzGerald Academy. Building upon the success of the 2014-15 pilot, which saw LInC students perform at a level comparable to or above their block clerkship classmates, the LInC pilot was extended in 2015–16 to include eight students at each of the FitzGerald and Peters-Boyd Academies and 6 students at the Wightman-Berris Academy. Further expansion is planned for 2016–17. The ultimate goal is to have 50 students (approximately 20% of the class) in a LInC on an ongoing basis.

Update – Foundations Curriculum

As highlighted in the September 2, 2015 MedEmail, UME is on track to launch the new Foundations Curriculum in August 2016, which involves a revitalization of the entire two-year preclerkship curriculum. Under the leadership of Marcus Law, Director of Preclerkship Renewal and Director of Academic Innovation; Pier Bryden, Director of Preclerkship; and Martin Schreiber, Director, UME Curriculum, the Foundations Curriculum will introduce the most significant change made to the way we deliver medical education in 25 years.

The Foundations Curriculum will feature a highly integrated program with clinical content from the beginning of medical school, early exposure to patients and diverse community-based settings, extensive use of online materials and other teaching methods that support active learning and flexible pathways, and a competency-based assessment program designed to support learning. The overarching goal of this approach to medical education, as supported by recent medical education literature, is to create a program better suited to educating physicians for the 21st century.

To ensure the ability to support this approach and provide students with the best possible learning experience, a pilot was run in 2014–15 (which is being repeated in 2015–16) in which three weeks of the first year Structure

and Function course were transferred to the Foundations Curriculum format, with case-based learning, integrated anatomy teaching, integrated population health and community-based learning, a small number of introductory and summary lectures, and coordinated teaching of history-taking and physical examination. A second pilot ran for the first three weeks of the second year Mechanisms, Manifestations and Management of Disease course in September 2015.

Further details are available on the Foundations Curriculum website, which includes a video where students describe what the new curriculum means for them.

Update – MD Program Competencies

The development of user-friendly competency-based program objectives that both inform curriculum planning and are readily linked to enabling objectives within courses and other curricular components is a foundational strategic direction for UME. In 2013–14, under the leadership of Dr. Schreiber, Director, UME Curriculum, a review was initiated of our MD program goals and objectives. A major impetus for this review was CanMEDS 2015, a multi-year project intended to update and further align the CanMEDS framework with a competency-based approach to medical education. Accreditation is another important reason for the review; there is a specific accreditation element which stipulates that an MD program must define its educational objectives in competency-based terms.

In May 2015, a UME Competencies Consultation Document was widely circulated to education leaders within the Faculty of Medicine and at our partner hospitals and health care centres. The consultation document included draft key and enabling competencies for the MD program, grounded in the seven CanMEDS Roles. Based on feedback to the consultation document, which was overwhelming positive, the project working groups (one for each CanMEDS Role) and steering committee are finalizing the MD program competencies, with the plan of submitting them to the UME Curriculum Committee, then the Faculty Council Education Committee, later in the fall. The projected date for full implementation of the new MD program competencies is August 2016. As a second phase of this project, the working groups are developing milestones which will more specifically describe the level of achievement expected of our MD students.

3. Governance & Leadership

Medical Academies

- Dr. Molly Zirkle was reappointed as Academy Director, FitzGerald Academy, beginning July 1, 2015.
  Dr. Eugenia Piliotis was appointed as interim Academy Director, Peters-Boyd Academy, beginning July 1, 2015.

Curriculum

- Dr. Thirumagal Yogaparan was appointed as our first UME Faculty Lead for the Care of the Elderly/Geriatrics, beginning May 1, 2015.
- Dr. Brian Simmons was appointed as Chief Examiner, Integrated OSCE, beginning May 1, 2015.
- Dr. Seetha Radhakrishnan's role as Director of Undergraduate Electives was expanded to include her appointment as Course Co-Director of Transition to Residency (Selectives), beginning May 1, 2015.
- Dr. Tatiana Freire-Lizama was appointed as Director, Transition to Clerkship (TTC) and Co-Director, Transition to Residency (TTR) – Campus Teaching, beginning August 1, 2015.

- Dr. Susanna Talarico was appointed as Associate Course Director, Portfolio, beginning July 1, 2015.
- Dr. Mitesh Patel was appointed as Associate Course Director, Community, Population and Public Health – Community Based Scholarship (CPPH-CBS), beginning July 1, 2015.
- Dr. Hosanna Au was appointed as Unit Director, Foundations Curriculum, Unit 3, beginning July 1, 2015.
- Dr. Heather Sampson was appointed to a new role as UME as Faculty Lead, Research Ethics and Support for Medical Students Research Projects, beginning September 2015.

Medical Psychiatry Alliance

- Dr. Sanjeev Sockalingam was appointed as UME Faculty Lead for the Medical Psychiatry Alliance, beginning June 1, 2015.
- Dr. Maria Mylopoulos was appointed as Curriculum Scientist for the Medical Psychiatry Alliance in The Wilson Centre, beginning August 15, 2015.

4. Office of Health Professions Student Affairs (OHPSA)

Key Facts

The number of students seen by the OHPSA has increased.

Counselling – Number of sessions per department

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	Increase from 2010 to 2015
Personal	640	837	852	962	1075	1394	117.81%
Career	360	450	825	1415	1711	1577	338.06%
Academic	51	49	48	46	116	139	172.55%

Students	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	Increase from 2010 to 2015
Personal	164	193	189	245	263	284	73.17%
Career	203	247	476	732	738	681	235.47%
Academic	51	59	48	29	62	84	64.71%
Associate Dean	203	168	224	225	211	163	-19.7%

Additional updates:

- Creation of the Wellness in Transition (WIT) Program. Similar to the Check Your Pulse program, it allows for MD students entering clerkship to meet with a personal counsellor and help identify where students may need assistance and support.
- Summer Mentorship Program (SMP) has completed its 21st year. The 2015 session had 61 students, including 11 indigenous students, the largest intake ever. It has graduated 791 students underrepresented in medicine and health sciences (African-Canadian and Indigenous communities, and the economically disadvantaged).

- Increased Summer Mentorship Program longitudinal programs to continue mentorship with SMP graduates after their program to gain further exposure to health sciences through research and volunteer opportunities. This includes participation in the Public Health History Conference early in 2015. Students presented findings on hookah smoking in Toronto.
- New shadowing activities for MD students were created for inner-city health and francophone populations.

5. Physician Assistant Program Update

Student Retention

Attrition is relatively low. Data continues to be tracked in anticipation of future in-depth analysis. To date, reasons for attrition include: withdrawal for personal reasons (family, illness, mismatched expectations in becoming a PA), withdrawal for pursuit of medical career (medical school, post-graduate training), and academic failure. At times, students take a Leave of Absence rather than withdrawing completely – this shows as attrition from their original cohort, but on their return, they increase the numbers in their new cohort.

Table 1 presents the historic retention rates by cohort of students. In the early years, the number on students in the class was relatively small, with an increase seen in 2014 that has been sustained to date. Factors that can be identified as contributing to the improvement in retention include: a competitive application process, faculty engaging proactively to support students approaching academic difficulty, increased collaboration with Office of Health Professions Student Affairs regarding student wellness. In addition, it cannot be understated the impact that the establishment of the PA profession has on student retention, as there are now more practicing PAs in the communities in Ontario, with jobs and advocacy that continues.

Table 1: BScPA Student Retention Rate by Year

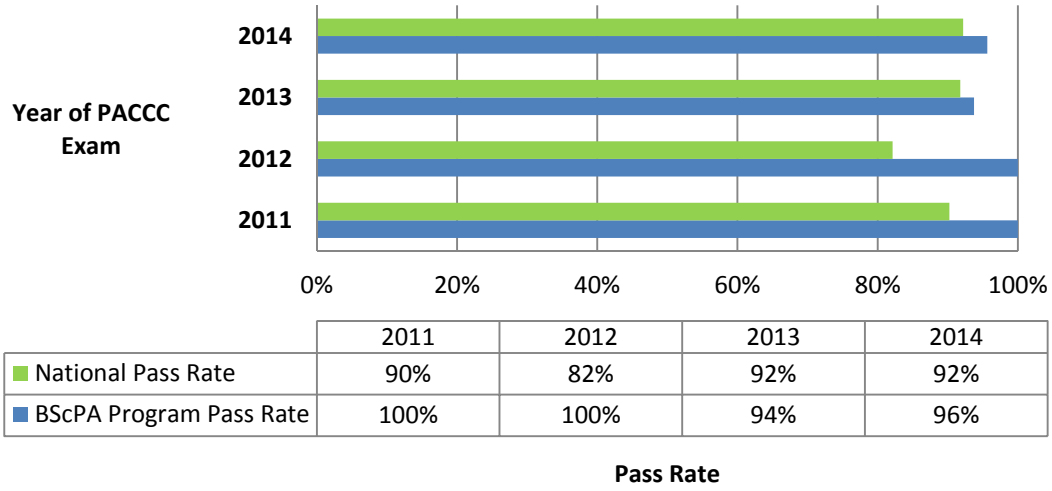
Class of	# Admitted Students	# Graduates	Retention Rate
2011	24	17	71%
2012	14	11	79%
2013	21	17	81%
2014	30	27	90%
2015	32	26	81%
2016	34	30*	88%
Total	***146***	***128***	***88%***

(**Anticipated as of Sept 2015)*

National Certification Results

The results of the BScPA students on the National Certification Exam continue to be impressive, with the BScPA students achieving scores above the national average. University of Toronto BScPA program students have performed very well on the National Certification Exam, scoring above the national average (see Figure 2). At the October 2014 sitting, our students represented 30% of the 77 individual candidates who wrote this national exam for the first time. **Our pass rate was 96%**, while the overall national pass rate was 92%. To date, the UofT student writers have represented 13–30% (year dependent) of all writers nationally.

Figure 2. Comparison of Pass Rate on PACCC National Certification Exam by Year

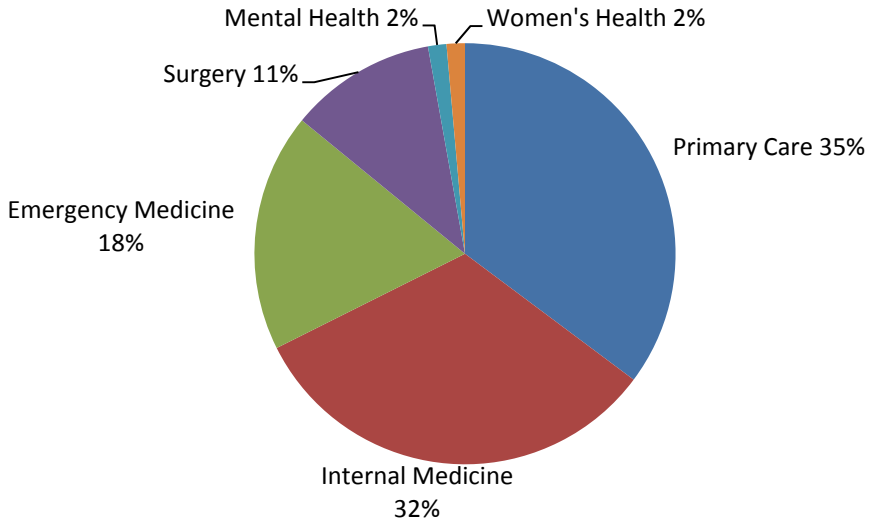


	2011	2012	2013	2014
National Pass Rate	90%	82%	92%	92%
BScPA Program Pass Rate	100%	100%	94%	96%

Graduate Employment

As of January 2015, 71 students have graduated from the BScPA Program. **100% have been employed as a PA within two months of graduation**, **99% within one month of completing the program**. More than 35% of the graduates started employment in Primary Care, and a similar percentage garnered their initial employment in Northern Ontario or in rural communities.

Figure 3. BScPA Program Graduate Employment by Discipline, Jan 2012–Jan 2015



Postgraduate Medical Education Faculty Council Update

1. PGME Governance, Leadership and Staffing

Dr. Salvatore Spadafora returned from administrative leave on July 1, 2015 and has taken on a new role as Vice Dean Post MD Education (PGME & Continuing Professional Development [CPD]). Many thanks to Drs. Glen Bandiera and Linda Probyn, who acted as excellent stewards of PGME activities during Dr. Spadafora's leave.

2. Enrollment – 2015

In light of population health needs, requests from Program Directors, and other factors, the Quotas Allocation Subcommittee of the Postgraduate Medical Education Advisory Committee (PGMEAC) approved a re-allocation of PGY1 quotas for 2015. It allocated an additional five Canadian Medical Graduate (CMG) positions to Psychiatry, and two additional CMG positions to Internal Medicine. In total in 2015, the number of enrolled trainees is: 1,418 fellows, 2,054 residents, 991 international Visa trainees from 74 countries, and 839 elective trainees from other medical schools in 1,018 rotations.

3. Accreditation

The following is a summary of PGME accreditation decisions from July 1, 2014 to June 30, 2015:

Royal College of Physicians and Surgeons of Canada	
Accredited New Programs	2
Full Accreditation with Follow-up at next Regular Survey	4
Accredited program with Follow-up by mandated Internal Review	2
College of Family Physicians of Canada	
Accepted Update Reports with Full Accreditation	2
Areas of Focused Competence	
Accredited New Program	1
Submitted Fundamental Innovations in Residency Education (FIRE) applications:	1

4. Scholarly Activity and Awards

From July 1, 2014 to June 30, 2015:

PGME Office Scholarly Activity

- 12 Paper Presentations at Conferences
- 14 Posters
- 15 Workshops
- 17 Peer-reviewed Publications

PGME Awards

- 2 Resident Teaching
- 3 Global Health (see also section #7 below)
- 4 Resident Leadership
- 6 Faculty Excellence/Advocacy
- 11 Clinician Graduate Scholarships ($137,014)
- 33 Resident Research Awards ($232,095)

5. Global Health

Over 250 residents, fellows and faculty attended Global Health Day on June 11, 2015. The day's theme was "Is Global Health Possible?" and included lectures, debates and 20 roundtable sessions with global health leaders from across the university and affiliated non-governmental organizations.

Global Health at PGME also inaugurated a new social responsibility award for residents and faculty in recognition of their outstanding contributions in the development and/or implementation of socially responsible initiatives, programs or research related to postgraduate medical education. The 2015 Inaugural PGME Social Responsibility Award recipients were Dr. Lisa Andermann and Dr. Kenneth Fung, who were jointly recognized with the faculty award; and Dr. Nicole Kozloff, PGY6, who was recognized with the resident award.

6. Resident Wellness

In 2014–15, 184 residents and fellows sought support services at the Office of Resident Wellness (ORW). In total, trainees seeking help attended 681 individual sessions. Broadly, mental health concerns are the most common issues that bring trainees to the ORW, including general stress and feeling anxious or low mood. For the first time, concerns regarding personal relationships entered the list of top presenting issues, followed by concerns with work relationships. Included in this category are difficulties managing relationships with faculty, staff and training colleagues, as well as concerns regarding learner mistreatment. Trainees in academic difficulty continue to be a common reason for seeking ORW services.

The ORW also embarked on a new partnership with the Office of Health Professionals Student Affairs, University of São Paolo (USP) to consult on the creation of a Learner/Faculty Wellness Office in the Faculty of Medicine at USP. This included hosting a delegation from the Faculty of Medicine, USP which reviewed the student and resident wellness programs at U of T, followed by an invitation to visit USP in March 2015, where a needs assessment of learner and faculty wellness programs was completed and consultation on the development of a wellness office was provided.

7. Certificate Ceremonies

In June 2015, PGME again partnered with UofT Advancement and the Faculty of Medicine clinical departments to host certificate ceremonies at Hart House and The Faculty Club with the Departments of Radiation Oncology, Obstetrics & Gynaecology, Medicine, Pediatrics and Anesthesia.

These memorable events mark the successful completion of the advanced training of our medical residents and clinical fellows as they seek out the next chapter in their careers. It was an opportunity for our learners to celebrate their accomplishments with warm congratulations from family, friends and faculty members.

8. Leadership/Stewardship

PGME recognizes the critical role played by faculty in teaching and role modeling the core competencies of resource stewardship. To that end, a half-day faculty development workshop was designed to give faculty the educational tools and resources they require to be most effective. This workshop will take place in November 2015.

The Future of Medical Education in Canada (FMEC) reports highlighted the need to impart leadership attributes to health professional learners. PGME collaborated with the Institute of Health Policy, Management and Evaluation and the RCPSC to develop the inaugural Toronto International Summit on Leadership Education for Physicians (TISLEP). The goal was to create guiding principles for a physician leadership curriculum and drive improvement of the health care system. The event attracted 64 stakeholders from eight countries who discussed physician leadership education. These conversations will continue at TISLEP 2015 on October 20, 2015 in Vancouver, a pre-International Conference on Residency Education (ICRE) event.

9. Projects/Initiatives

Rotation and Education Site Evaluation Changes

The new Rotation and Education Site Evaluation (RESe) tool was piloted in 36 RCPSC Programs and 18 FM Programs in 2014-15. The new tool evaluates six categories of the rotation, including: organization, educational design, learning supports, learning climate, educational experience and facilities, and has an overall rating question and comments section. For the 2015-16 academic year, the standardized RESe form will be implemented in POWER in all residency programs.

Continuing Professional Development Faculty Council Update

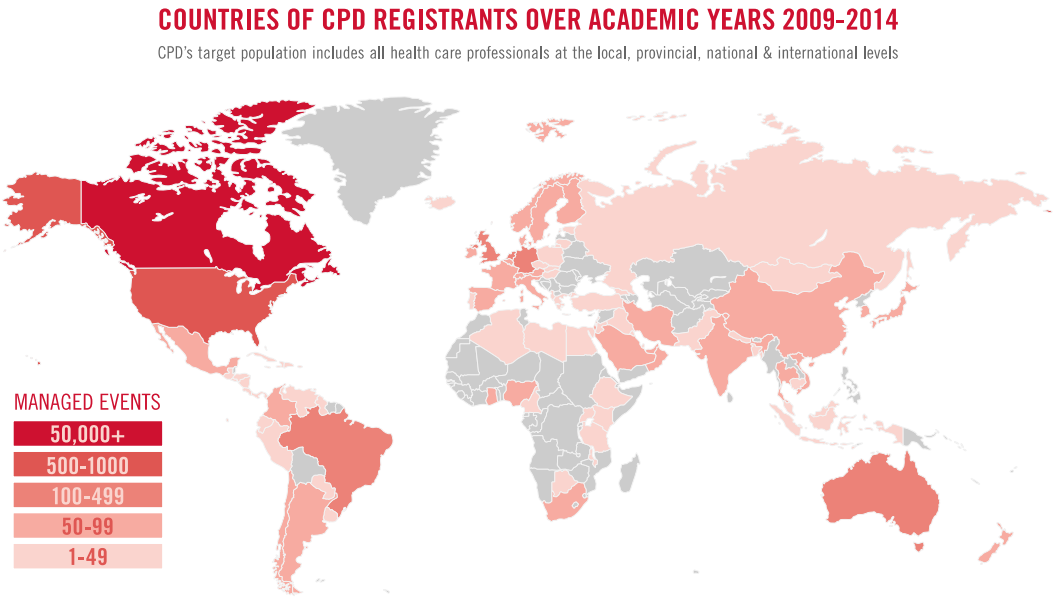
1. CPD Enrolment + Business Operations

Trevor Cuddy, Director, CPD Portfolio

In the 2014-2015 fiscal year there were over 39,400 learners who participated in 380 accredited U of T CPD events. This was a record high, up from 34,500 in 2013-2014. The CPD Office managed over 130 courses working with over 500 course directors.

The CPD Marketing and Communications team was recipient of a 2015 CAUCE marketing award for its work on promoting the inaugural Indigenous Health Conference.

Enrolment growth in 2015-2016 will continue to be a focus, including growing international participation. Over the past 5 years, CPD managed events have attracted learners from over 100 countries.



2. CPD Academic

Dr. Suzan Schneeweiss, Academic Director

CPD academic has continued to provide excellence in academic programming over the spring/summer 2015. The 2-day IDEAS Quality Improvement course continues to attract a wide audience from across all professions and sectors. University of Toronto CPD partnered with William Osler Health Systems and North York General Hospital to host 2 courses in the winter and spring of this year respectively. Registration continues to be strong with courses fully subscribed within 24 hours of opening registration. The Safe Opioid Prescribing Course successfully completed a spring webinar series with a revised face-to-face program in June. Fifteen Medical Recording Keeping courses were held over the past academic year with a >35 % increase in registration. CPD is also collaborating with Western University to hold a course in Windsor this fall. Both programs are well received with excellent evaluations and feedback.

For the third year, University of Toronto CPD presented the Essential Skills in CPD (ESCPD) as a pre-conference course with the Association of Medical Education in Europe Conference (AMEE). Participants were inter-professional and represented countries from around the world including Australia, Singapore, Taiwan, Qatar, Mexico and Portugal. We have also developed a new innovative faculty development international foundations certificate program in CPD which will launch in October 2015. The program is webinar-based and aims to aid CPD professionals to build better programs to improve health outcomes.

The group has also been working on facilitating integration of self-assessment and simulation into CPD activities by developing a Quick Tip guide for Royal College Section 3 credits and improving the accreditation process. Dr.

Schneeweiss will also be facilitating a workshop at the 7th Annual National Accredited Providers Conference in September 2015 to help other providers better integrate these activities in CPD learning activities.

3. Global and Indigenous Health

Dr. Anna Banerji, Director

The goal of Global and Indigenous Health at CPD is to build internationally recognized educational programs that create inter-disciplinary academic activity around social responsibility and health equity globally. The 3 areas of focus include: Immigrant and Refugee Health in Canada, Indigenous Health and International Health and Social Development. Currently we run two international conferences: the North American Refugee Health Conference and the Indigenous Health Conference.

The North American Refugee Health Conference was held 4-6 June 2015 at the Metro Toronto Convention Centre. The event attracted 530 participants, and for the first time more than half were from outside Canada. There was representation from all corners of the globe. Speakers included the Director General of Citizenship and Immigration Canada, the Director of the Division of Global Migration and Quarantine at CDC Atlanta, and the Deputy Director, Division of Programme Support and Management United Nations High Commissioner for Refugees (UNHCR). Over 220 abstracts were submitted, and there were 35 workshops, 50 oral presentations and numerous posters. This event is now the largest clinical refugee health conference in the world.

Planning is underway for the second Indigenous Health Conference: “Towards Health and Reconciliation”. The event will take place in Toronto in May 2016. Tentative speakers include prominent indigenous leaders Justice Murray Sinclair and Wab Kinew.

4. Standardized Patient Program (SPP)

Trevor Cuddy, Director, CPD Portfolio
Dr. Brian Simmons, Academic Director

The Standardized Patient Program continues in the three major areas of focus: (1) teaching, learning and assessment, (2) national licensure examinations, (3) research in human simulation methodology and pedagogy. The Faculty of Medicine continues to be our primary client related to teaching, learning and assessment, with 70% of activities based in MD education.

Dr. Brian Simmons has assumed a new role with the SPP as Academic Director. Program administration will be overseen by Trevor Cuddy until a new administrative director is appointed.

Competency-based medical education presents new opportunities for the SPP. Competence by Design (CBD) is a multi-year change initiative launched by the Royal College of Physicians and Surgeons of Canada, which in the coming years will influence the teaching and learning of our health care students. CBD will introduce a competency-based education model to learning and assessment in undergraduate/postgraduate education, preparing students to be geared towards patient needs and excellent health care. The
SPP will be used to enable students to be focused on demonstrating skills and performance, instead of time-spent in training. This will require a different approach to assessment, using entrusted activities as the students’ progress through their performance based milestones. This will involve performance based progress testing and the development of portfolios.

5. Innovations and Education (i+e)

Peter Azmi, Business Development Officer

i+e's mandate is to help faculty and departments develop sustainable education-based programs and assets. i+e continues to grow its book of business with the addition of new projects related to business development, communications, marketing and reputation management.

Since the last report, some recent activities and accomplishments include:

1. As a consequence of recommendations made by the Faculty of Medicine's eLearning Taskforce (see: http://elearning.innovatingedu.ca/), i+e is taking on several key initiatives related to eLearning, partnerships brokering and revenue generation. Current initiatives include, but are not limited to:
    a. The Innovating Education Seminar Series: organized and presented by i+e, this series introduces education faculty in medicine (life sciences, health sciences, undergrad, postgrad, and CPD/CME) to innovative tools and technologies that enable new ways of creating, presenting and distributing educational content. Since its inception, over 150 faculty and staff have attended the series. For more information: http://innovatingedu.ca/iess/
    b. The Virtual Learning Centre (VLC): The VLC was originally conceived in a business case put-forward by i+e to develop a centre for the advancement of eLearning at the Faculty of Medicine. The VLC business case is under active review and the creation of the VLC is considered a strategic priority for the FOM.
    c. The Health Sciences Online: i+e is working with several departments in the Faculty of Medicine to help attract new learners to specific online continuing education courses. See: http://healthscionline.ca

2. i+e is supporting national partnerships for The Advanced Clinician Practitioner in Arthritis Care Program (ACPAC: http://acpacprogram.ca/) and has developed new sources of support for learners. Supported by i+e, the ACPAC program has recently developed an national faculty network - see Regional Faculty Representatives: http://acpacprogram.ca/about-us/faculty/. Additionally, i+e has developed a new fellowships program that can provide support for up to 4 ACPAC learners in the 2015/16 academic year - see: http://acpacprogram.ca/fellowships/.

    In partnership with the ACPAC program and CPD, i+e has helped to launch a new online resource for Chronic Diseases Management (see: http://chronicdiseases.ca/). This resource aims to: 1) inform stakeholders about current challenges in Chronic Diseases Management, 2) propose an innovative model for improving access to care for patients with Chronic Diseases, 3) call on stakeholders to become champions of improved patient care through innovative educational programming for allied health professions.

Graduate and Life Sciences Education Faculty Council Update

Undergraduate Life Sciences Education

1. Communication Strategies

a) Fourth Annual Graduate and Undergraduate Research Information Fair will be held on November 12, 2015, Medical Sciences Building (10:30 am to 2:00 pm). Exhibitors in attendance will include our undergraduate and graduate units, as well as hospitals, Life Sciences Career Development Society and the School of Graduate Studies. Approximately over 1000 students will visit this fair.

b) Career Centre Seminar – Resumés / CVs for Graduate School and Research – November 12, 2015 (4:00 pm to 4:45 pm).

c) Graduate Alumni Panel Discussion – November 12, 2015 (5:00 pm to 6:00 pm) - GLSE will invite 8 alumni to talk about their graduate school experience and current career.

d) GLSE Recruitment Student Group of 4 undergraduate and graduate students to assist with advertising and general help for upcoming events.

e) GLSE included a searchable catalogue to the Undergraduate Research Opportunities section of the website.

2. Undergraduate Faculty Teaching Awards

Four awards will be adjudicated in three categories.

- Excellence in Undergraduate Teaching in Life Sciences
- Excellence in Undergraduate Laboratory Teaching in Life Sciences
- Excellence in Linking Undergraduate Teaching to Research in Life Sciences

Each awardee will receive a framed certificate and $1,000 cash prize. **Deadline**: January 29, 2016

3. Graduate Recruitment

a) Second Annual Interactive Graduate School Webinar will be held on October 30, 2015 to meet admission deadlines. GLSE will be inviting undergraduate students thinking about graduate studies to explore our interdisciplinary MSc and PhD programs. Streaming will be available (also via mobile device) being presented by seven of the graduate departments. The videos will be available on the GLSE website.

b) Graduate Applicant Survey – Understanding Decliners to the Faculty of Medicine

GLSE and OSCER hired Rand Market Research Corporation to provide a qualitative survey from our 13 graduate departments (excluding IBBME because they are engineering students). Detailed telephone interviews were conducted of 27 applicants who had declined offers of admission to do graduate training in Life Sciences or Rehabilitation Sciences at the University of Toronto in 2015 and had chosen to go elsewhere for the same training. This survey provided very detailed information as to why these

students chose not to come to the Faculty of Medicine for graduate school. **The results of this survey will be presented to the Graduate Chairs and SGS Dean on September 9.**

c) Graduate and Professional School Fairs

GLSE will be attending the University of Toronto Graduate and Professional School Fairs for the 2015-16 academic year. We will continue to provide support to the 14 graduate departments.

Graduate Education

1. Strategic Priorities: 2015–2016

a) Development of New Funding Model for Graduate Education, Including International Graduate Students

GLSE instituted for this September a new International Graduate Student Funding Program; for each international student accepted, graduate departments will receive $6000 to help offset higher tuition costs for international students. In addition, a merit based scholarship program has been established for international students (see below).

b) Training Graduate Students For The New Job Market - Development Of Co-Curricular Transferable Professional Skills

The GLSE Graduate Innovative Curriculum Taskforce met in early March 2015 to brainstorm and identify key professional skills that Faculty of Medicine graduate students should have in order to build successful career paths in the life and biomedical field. Among the deliverables for the end of the summer include promotional recruitment material (e.g. outline career paths of alumni) and an inventory of professional skills currently offered at the Faculty of Medicine across all graduate units.

The Taskforce is co-chaired by Dr. Allan Kaplan and Professor Joseph Ferenbok and includes:

Samih Alqawlaq	PhD Student, Laboratory Medicine and Pathobiology
Prof. Dina Brooks	Rehabilitation Sciences Institute
Prof. Leah Cower	Molecular Genetics, Assistant Chair
Prof. Julie Claycomb	Molecular Genetics, Assistant Graduate Coordinator
Richard Foty	PhD student, IMS
Sean Froese	PhD student, Physiology
Victoria Higgins	PhD student, Laboratory Medicine and Pathobiology
Sascha Hunschede	PhD student, Nutritional Sciences
Prof. Nana Lee	Immunology
Prof. Reinhart Reithmeier	Special Advisor to the Dean, Graduate Skills Development and Engagement
Liam O'Leary	Grad Room Programming Coordinator
Rachel Zulla	Graduate Affairs Administrator, Graduate and Life Sciences Education

C) Supporting Entrepreneurship | Health Innovation Hub (H2i) Program at the Faculty of Medicine

Since May 1, 2015, the Graduate and Life Sciences Office (GLSE) has taken oversight of the finances for the Health Innovation Hub (H2i) program. This program is part of the University's Campus Linked Accelerator initiative funded by the Ontario Government. Professors Paul Santerre and Joseph Ferenbok are the appointed Co-Directors of H2i. The mission of the program is to enable, collaborate, educate and facilitate student initiated entrepreneurial translation of ideas to positively impact human health . Three student entrepreneurial fellowships of $5000 each will be awarded in the academic year 2015-16 to student innovations on health matters

2. Summary of Academic Changes at the Faculty of Medicine

a. Below is a snapshot of academic changes that have been approved in 2014/15

Number of New Courses	15[a]
Changes to Admission Requirements	3
Change in course weights/rename course	4
New Field(s)	1[b]
New Program(s)	1[c]
Establishment of new EDU	1[d]
Other	2

[a] *8 new course proposals are in the final stages of obtaining divisional governance approval, implementation for Fall 2015*
[b] *MSc Applied Immunology*
[c] *MHSc in Translational Research*
[d] *Rehabilitation Sciences Institute (EDU:B)*

b. Transfer of the Institute for Life Course and Aging and the Joint Centre for Bioethics

Effective July 1, 2015, the Institute of Life Course and Aging transferred from the Faculty of Medicine to the Factor-Inwentash Faculty of Social Work. It was agreed that 2015-16 would be a transition year for financial arrangements to be made, such as transfer of funds and process of student award payments.

Effective July 1, 2015, the Joint Centre for Bioethics transferred from the Faculty of Medicine to the Dalla Lana School of Public Health. It was agreed that 2015-16 would be a transition year for financial arrangements to be made, such as transfer of funds and process of student award payments as well.

3. External Reviews

The following graduate units/graduate programs will be externally reviewed within the next calendar year:

- Department of Molecular Genetics, October 19 and 20, 2015

- Rehabilitation Sciences Institute, Fall 2015 (exact dates to be announced)

The MSc in Biomedical Communications External Review took place on February 25 and 26, 2015.

4. Enhanced Graduate Awards

a) Merit Entrance Scholarships (MES)

The *Centralized Entrance Scholarships* (mentioned in the last report) have been renamed the ***Merit Entrance Scholarships***. GLSE will adjudicate these merit-based entrance scholarships valued at $2,000 each. The funds will be provided by individual departments to a limited number of incoming MSc and PhD who have demonstrated the highest degree of academic excellence. Inaugural competition deadline is early Spring 2015 and recipients will be granted the MES for September 2015 admissions.

b) FoM GSEF Merit Scholarships for International Students

For the first time, the Office of the Vice-Dean, Graduate and Life Sciences Education (GLSE) will be offering merit-based entrance scholarships valued at $5,000 each to international graduate students who have demonstrated the highest degree of academic excellence. Each Graduate Scholarship Endowment Fund (GSEF) will be approved by the Awards Committee chaired by the Vice Dean, Graduate and Life Sciences Education, and will contribute to the student's total stipend. No more than 20 scholarships will be given out on an annual basis.

The GSEF is designed to retain international students by mitigating the cost to the department.

c) Faculty of Medicine OSOTF, GSEF, PPEF, Departmental Endowed and Expendable Awards

- 25 Faculty of Medicine-wide OSOTF, Expendable and Other Endowed Awards were adjudicated by the Awards Committee chaired by the Vice Dean, Graduate and Life Sciences Education in June and July 2015 with over $575,000 available for distribution for the 2015-16 academic year.

- 366 OSOTF, GSEF, PPEF, Departmental Expendable and Endowed Funds with over $17.2 million was distributed to 14 graduate departments, 21 clinical departments, and 7 affiliated hospitals (total 42) for distribution for the 2015-16 academic year.

- A total of $3,703,735 University of Toronto Fellowships was distributed in May 2015 to 10 graduate departments for 2015-16 graduate students funding. Note: the Institute of Health Policy, Management and Evaluation's base budget allocation was transferred to the Dalla Lana School of Public Health. The Department of Speech-Language-Pathology's allocation now resides under the Rehabilitation Sciences Institute (formerly Graduate Department of Rehabilitation Science).

- 68 QEII-GSST (49 doctoral-steam awards and 19 clinician/surgical-scientist trainee awards) at $15,000 each are to be distributed for the 2015-16 academic year (total $1,020,000).

- $275,000 Doctoral Completion Award (DCA) has been allocated to 10 graduate departments for 2015–16 academic year. The DCA is to support full-time PhD students who are beyond the funded cohort and within time-limit for the degree. Note: the Institute of Health Policy, Management and

Evaluation's base budget allocation was transferred to the Dalla Lana School of Public Health. The Department of Speech-Language-Pathology's allocation new resides under the Rehabilitation Sciences Institute (formerly Graduate Department of Rehabilitation Science).

- $224,775 will be distributed to 5 graduate departments with professional masters programs in early-Fall 2015 Note: the Institute of Health Policy, Management and Evaluation's base budget allocation was transferred to the Dalla Lana School of Public Health.

- Over 40 graduate studentships, including CIHR CGS D and other external doctoral research awards are being paid through ROSI to doctoral-stream students with Principal Investigators affiliated with the Faculty of Medicine.

d) Weston Brain Institute International Fellowships in Neuroscience

The Weston Brain Institute International Fellowships in Neuroscience provided an award of $30,000-$60,000 (6–12 months) to 4 Canadian graduate students from the University of Toronto conducting research in neurodegenerative diseases of aging. This award will enable outstanding students to travel to and work in world-renowned labs to further their research in neurodegenerative diseases of aging. The goal is to build international collaborations, foster influential neuroscience research and bring enhanced research capabilities back to Canada

Awardees:

- Jelena Borovac, Molecular Genetics
- Zainab Fatima, Institute of Medical Science
- Sarah Gagliano, Institute of Medical Science
- Joelle Zimmermann, Psychology

UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Report to Faculty Council

2014-2015

October 14, 2015

The Board of Examiners – Postgraduate Programs (BOE-PG) is a committee of faculty and residents appointed by Faculty Council, chaired by Dr. Jonathan Pirie. Trainees in a residency program are routinely evaluated on an ongoing basis, both formally and informally. This evaluation must be conducted in accordance with the policies of the University of Toronto, the RCPSC and the CFPC. When residents have difficulty achieving the goals and objectives of the residency program they are referred to the BOE-PG. The evaluation procedures are outlined in the Guidelines for the Evaluation of Postgraduate Trainees of the Faculty of Medicine at the University of Toronto [February 2007].
http://www.pgme.utoronto.ca/sites/default/files/public/EdResearch/BoardOfExaminers/PoliciesGuidelines/5.1.3.1%20Guidelines_for_Evaluation_of_PG_Trainees_UofT_2010_TB_v1_20Dec2011.pdf

Role of the BOE-PG

At the request of a Program Director and the Vice Dean Postgraduate Medical Education, the Board of Examiners-Postgraduate Committee reviews the cases of residents in academic difficulty to decide the appropriate course(s) of action, which may include: remediation, remediation with probation, probation, or suspension and dismissal (Table 1). The assessment of a resident's performance may include the evaluation of the resident's academic, behavioural, ethical and/or professional performance in their residency program, or the evaluation and recommendation received through an independent process (Table 2).

Table 1: BOE-PG Case Volumes and Outcomes

BOE-PG Case Volumes	2013-2014	2014-2015
Total cases over the year	35	36
Total cases open and active at beginning of academic year (July 1)	13	21
Number of NEW cases over the year	22	15
BOE-PG Outcomes		
Total closed cases over the year	14	26
Successful completion	13	23
Withdrawal	0	1
Dismissal	0	1
Resignation	0	1
Transfer	1	0
Appeal	0	1

Table 2: BOE-PG Cases by Category

Category	Criteria	2013-2014 Count (%) N=35	2014-2015 Count (%) N=36
Training Level	PGY1	2 (6%)	2 (6%)
	PGY2	8 (23%)	11 (31%)
	PGY3	7 (20%)	5 (14%)
	PGY4	7 (20%)	6 (17%)
	PGY5+	11 (31%)	12 (33%)
Types of Trainees	MOH CMG	18 (51%)	20 (56%)
	MOH IMG	15 (43%)	15 (41%)
	Visa / Other	2 (6%)	1 (3%)
Type of Problem by Case (most cases have >1 CanMEDS problem area)	Medical Expert	25 (71%)	24 (67%)
	Professional	19 (54%)	19 (53%)
	Communicator	19 (54%)	15 (42%)
	Manager	9 (26%)	8 (22%)
	Collaborator	5 (14%)	7 (19%)
	Health Advocate	0	1 (3%)
	Scholar	1 (3%)	1 (3%)

National Leadership

In February 2015 Dr. Jonathan Pirie along with several staff from Postgraduate Medical Education (PGME) hosted a one day information session for PGME staff from McGill University. The McGill group was interested in learning more about BOE-PG processes, learner assessment strategies, remediation plans and tools, and ways in which to develop capacity among staff to effectively implement a similar program. The BOE-PG at the University of Toronto continues to be a national leader in the field of resident remediation.

Respectfully Submitted,

Jonathan Pirie, MD, MEd, FAAP, DABPed
Chair, Board of Examiners – Postgraduate Programs

Council of Education Vice-Deans Faculty Council Report

February 8, 2016

Submitted on behalf of:
Dr. Allan Kaplan, Vice-Dean, Graduate and Academic Affairs
Dr. Jay Rosenfield, Vice-Dean, MD Program
Dr. Salvatore Spadafora, Vice-Dean, Post MD Education (PGME & CPD)

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Office of the Education Vice-Deans, Integrative Activities

1. 2016 EDF Cycle | Timeline

The Education Development Fund 2016 application deadline is February 5th. The formal adjudication process will proceed between February 8th and May 1st. Below is a tentative timeline and is subject to change. For further information, please refer to the Education Development Fund website.

February 5, 2016:	Application process closes at 5pm
February 8 – May 1, 2016:	Adjudication process
May 2016:	Notification of Funding
June 2016:	Deadline for final ethics approval

2. 14th Annual Education Achievement Celebration

The Faculty of Medicine's **14th Annual Education Achievement Celebration** will be held on **Wednesday, May 11th, 2016** from **5:30–7:30pm** in the **Great Hall at Hart House**. This annual evening of celebration hosted by the Education Vice-Deans is a Faculty-wide forum to recognize and showcase excellence in teaching and education. We are pleased to announce that this year's **C.I. Whiteside Education Achievement Keynote Address will be delivered by Dr. Herbert Ho Ping Kong**. To learn more, please visit the EAC webpage.

3. Integrated Projects

Inaugural Annual UPAR Retreat

The **Inaugural Annual University Partnership for Academic Rehabilitation Retreat**, presented by the University Steering Committee for Academic Rehabilitation (USCAR), was successfully held on **Wednesday, November 4th, 2015** from **12–5pm** in the **Music Room at Hart House**.

The retreat consisted of a plenary address, delivered by Walter Wodchis, PhD, Institute of Health Policy Management and Evaluation, entitled: "Implementing Research in Practice: Context, Mechanism and Outcomes," and followed by three short presentations on related topics, and an afternoon of facilitated small group discussion. The purpose of the retreat was to engage the rehab community to identify new opportunities for collaboration in the academic enterprise – in particular exploring the feasibility of designing, developing, implementing and evaluating successful new applied research and educational opportunities at hospital and community sites; Identify and promote best practices among the affiliated institutions, including systematic evaluation and analysis of new and existing programs and initiatives giving USCAR the ability to make strategic recommendations; and to foster knowledge exchange. The University Steering Committee for Academic Rehabilitation (USCAR) will be meeting in February to discuss next steps and begin planning for the 2016 UPAR retreat. A tentative retreat date will be forthcoming.

Undergraduate Medical Education (MD) Program

1. Accreditation

Full Accreditation Survey

In October 2015, we were informed by the Committee on Accreditation of Canadian Medical Schools (CACMS) and Liaison Committee on Medical Education (LCME) that the MD program is in full compliance with all 128 accreditation standards, bringing the program's 2012 accreditation to a successful conclusion, with no further follow-up required. This is a very significant achievement for the medical school, and reflects the collective efforts of the many individuals and institutions involved in the MD program, including students, administrative staff, teachers, the medical school leadership, and our hospital partners. The MD program's next full accreditation survey will take place in 2019–20.

Interim Accreditation Review

Prior to the full accreditation survey in 2019-20, the MD program will engage in an interim accreditation review. As mandated by CACMS, the interim accreditation review is an important part of a continuous quality improvement process. The interim accreditation review takes place at approximately the half-way point of the 8 year accreditation cycle. It is a formative, internal review, intended to help the program:

- detect emerging problems with accreditation standards;
- identify critical issues requiring immediate attention;
- increase local accreditation expertise; and
- develop a culture of continuous quality improvement.

The interim accreditation review process, including data collection and formation of a survey team, is currently being put into place under the leadership of Martin Schreiber, in his capacity as Senior Academic Coordinator, Accreditation. The interim accreditation review site visit is planned to take place in the Spring of 2017.

2. Enrollment

The fall 2015 enrolment counts for the MD program (including MD/PhD students) are:

Year 1	260
Year 2	274
Year 3	250
Year 4	258
Total	*1042*

3. Curriculum

Foundations Curriculum

The redevelopment of the first two years of the MD program, traditionally called the preclerkship, and which we are now calling the Foundations Curriculum, is well underway. The new curriculum will be

launched for students entering the MD program in August 2016. It will feature a highly integrated program with clinical content from the beginning of medical school, early exposure to patients and the community setting, extensive use of online materials to support learning, and an assessment program designed to support learning. Activity is occurring on multiple fronts to ensure a smooth implementation of the new curriculum.

With respect to curriculum design, a comprehensive blueprint of learning outcomes for each unit has been created. Next steps include the creation of a detailed framework of weekly activities which will then be used to guide curriculum content development. (As noted below under Governance & Leadership, a number of Foundations Curriculum Unit Directors have been appointed and are engaged in the design and development of the new curriculum.)

The development of a new programmatic assessment model that aligns with the new curriculum and will help ensure that students are proficient across diverse competencies, including each of the CanMEDS roles, is also underway. This new assessment model will involve frequent lower-stakes assessments with feedback and individualized coaching designed to support learning.

A variety of resources that new and returning faculty can take advantage of to prepare to teach the new curriculum are being developed, and steps are being taken to ensure that the appropriate technology and resources are in place to support all aspects of the new curriculum, including classroom spaces and new software to support the curriculum design process as well as student assessment.

4. Clerkship Capacity at MAM

Over the last several months Trillium Health Partners has been working to prepare for the August 2016 start of core clerkship for 1T8 (year 3) learners at the Mississauga Academy of Medicine (MAM).

Trillium Health Partners has undergone a thorough review to accurately assess capacity projections for 2016/17. This review included face-to-face dialogue with Programs Chiefs, Education Leads and Program Directors, and a robust assessment of program-specific operational capacity, space allocation and physician and clinical stakeholder engagement. We are pleased to report that based on this internal assessment, Trillium Health Partners will achieve an overall 92% capacity to take core clerks in Mississauga across the ten mandatory clinical programs for the 2016/17 year, representing 5% overall growth from 2015/16, and 18% since the first year of clerkship at MAM in 2013/14. This figure also takes into account unknown variance, and therefore is the best estimate for this year. As more information becomes available in the coming months, this projected capacity may increase, allowing for more rotations at Trillium Health Partners.

The table below provides an overview of the projected capacity at Trillium Health Partners for 2016/17 by program:

Program	2013/14 Capacity	2014/15 Capacity	2015/16 Capacity	2016/17 Capacity
Anesthesiology	100%	100%	100%	100%
Otolaryngology	100%	100%	100%	100%
Ophthalmology	56%	56%	56%	89%
Emergency Medicine	67%	76%	89%	89%
General Surgery	44%	67%	100%	100%

Surgical Subspecialties	100%	100%	100%	100%
Medicine	89%	100%	100%	100%
Obstetrics & Gynecology	56%	61%	61%	78%
Paediatrics	44%	44%	56%	56%
Psychiatry	100%	100%	100%	100%
Family Medicine	100%	100%	100%	100%
Total Overall	**74%**	**83%**	**87%**	**92%**

This continuing growth is a testament to the ongoing collaboration between and commitment from Trillium Health Partners and our university departments and faculty.

5. Revitalizing the Curriculum Symposium

On Friday, November 27, 2015, the MD program partnered with the Wilson Centre for Research in Education to hold *Revitalizing the Curriculum*, a symposium that highlighted curricular innovations and educational research currently underway within the MD Program. Over 100 education leaders, teachers, researchers and administers from the University and our partner hospitals attended the symposium, which included a keynote address by Dr. Brian Hodges on the challenges of curriculum reform followed by discussions and interactive small group tasks on topics related the symposium's overall theme, integration.

6. 2015 Medical Psychiatry Alliance (MPA) Annual Conference

The 2015 Medical Psychiatry Alliance (MPA) Annual Conference was held on Oct. 29 -30, 2015. Hosted by the University of Toronto, the theme of this year's conference was Integration and Complexity in Health Professional Education. Close to 200 people attended the conference, with over 80 health care leaders participating in Expert Think Tank sessions. The conference emphasized the need to take steps that will enable a generation of health leaders and caregivers to better recognize and treat patients with combined physical and mental illnesses. A formal report summary is currently being created to capture the valuable input and feedback generated by audiences from the conference's discussions and Expert Think Tank sessions.
The 2016 Medical Psychiatry Annual Conference, which will be hosted by The Hospital for Sick Children, and focus on Child and Youth Health, will be held on October 5-6, 2016 at the Peter Gilgan Centre for Research and Learning in Toronto.

7. Consortium of Longitudinal Integrated Clerkships (CLIC) Conference 2016

The University of Toronto MD program is delighted to be hosting the Consortium of Longitudinal Integrated Clerkships (CLIC) Conference 2016, which will take place on October 16-19, 2016. We are excited to partner with the Wilson Centre to highlight and advance the Longitudinal Integrated Clerkship (LIC) research agenda at CLIC 2016. We look forward to welcoming faculty, administrators and students from schools around the world who have a LIC, as well as those who are interested in learning more about them. Conference information and registration details will be available soon.

8. Governance & Leadership

Foundations Curriculum

As noted above, the Foundations Curriculum will be launched for students entering the MD program in August 2016, and will replace the existing preclerkship program.

- Dr. Eleanor Latta was appointed as Unit Director, Foundations Curriculum, Unit 1, "Introduction to Medicine". Unit 1 represents the first eleven weeks of the program, and provides instruction in the foundational medical sciences, social sciences, the culture of medicine, and the role of the physician.
- Dr. Lori Albert was appointed as Unit Director, Foundations Curriculum, Unit 2(a), and Dr. David Chan was appointed as Unit Director, Foundations Curriculum, Unit 2(b). Collectively, Unit 2(a) and Unit 2(b) are called "Concepts, Patients and Communities", and cover 25 weeks in year 1, and 16 weeks in year 2. Unit 2 provides systems-based instruction on foundational sciences, clinical presentations and diseases of the major organ systems. Unit 2(a) includes sections on host defense, oxygen delivery and metabolism and homeostasis, while the Unit 2(b) sections are divided among musculoskeletal, neurologic, special senses, and psychiatric.
- Dr. James Owen was appointed as Unit Director, Foundations Curriculum, Unit 4, "Complexity and Chronicity". Unit 4 covers eleven weeks in year 2, and provides instruction designed with two major goals in mind: to consolidate learning from the preceding three units with a view to preparing students for their further learning in the clerkship; and, to provide students with exposure to a breadth of clinical problems that emphasize complex issues (both medical and psychosocial) and long-term, chronic care.

Clinical Skills

Dr. Katina Tzanetos was appointed as Faculty Lead for Clinical Skills.

Integrated Leadership

Dr. Isser Dubinsky was appointed as Integrated Leadership Portfolio Director in the Institute of Health Policy, Management and Evaluation (IHPME) and Undergraduate Medical Education (UME), Faculty of Medicine.

Office of Health Professions Student Affairs

Although facilitated study groups, such as PREP, are generally characterized by a marked decline in student participation, this year's sessions continued to attract a significant number of students throughout the term. Evaluations of sessions suggested that participants found the use of interactive worksheets, charts and diagrams "really useful," and they appreciated the PREP Leaders' organization, dedication and enthusiasm.

Three submissions from the Counselling team—academic, career and personal counselling—were selected to present at the 2016 CCME in Montreal, Quebec.

The Summer Mentorship Program (SMP) is entering its 22nd year. We are currently in our early application process (of two) and have received 64 applications. Six of those applications are from Indigenous students which represents an increase over this time last year.
The 2015 SMP cohort had 61 students, including 11 Indigenous students.

Physician Assistant Program

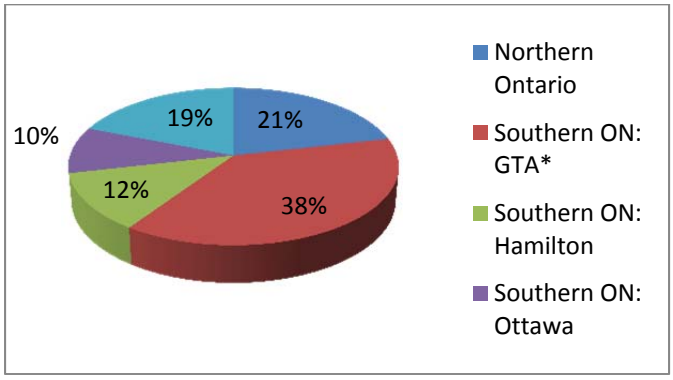
1. National Certification Results

As of January 15, 106, the detailed report for the October 4 2015 Physician Assistant Certification Council of Canada (PACCC) exam is not available. However, we do know that 100% of our students who were eligible to write the exam were successful. Over the previous four years (2011-2014), our student success rate has ranged from 94% to 100%, with the national average ranging from 82% to 92%.

2. Graduate Employment

As of January 15, 2016, we have information on 22 of the 27 graduates who completed their program December 2015, 15 of whom have confirmed employment as PAs. We maintain an employment rate of 35% in northern or rural communities, which roughly match the Ministry of Health and Long Term Care/HealthforceOntario PA Graduate Career Start opportunities by geographic area (see Figure 2).
The currently known employment of our graduates (Classes 2011-2015) includes 40% in Primary Care, 22% in Internal Medicine, and 16% each in Emergency Medicine and Surgery. Other grads have found employment in a variety of other specialties and subspecialties.

Figure 1. Career Start Opportunities by Geographic Area (Fall 2015)



There are concerns regarding the current lull in PA employment opportunities (approximately 40% of the current graduates have yet to confirm employment). This year, HealthForceOntario posted fewer "Career Start" funded opportunities than there were graduates (see Table 1). Prior to this, there have been at least 40% more opportunities than graduates. In addition to the low return on "Career Start" opportunities, there are some alumni whose original employers were not able to sustain their position once the "Career Start" funding ended. While many of these alumni have obtained employment as a PA in another position, not all have been able to do so. Although "Career Start" is not the only route to PA employment, we have communicated our concerns to HealthForceOntario and are awaiting a reply.

Table 1. Career Start opportunities vs. PA graduate numbers, Fall 2015

Total Career Start Opportunities	Approved	42
	Pending	2
	Total potential	**42**
PA Graduates	UofT	26
	McMaster	24
	Total	**50**
Ratio of opportunities to Graduates		**0.84**

Post MD Education (PGME & CPD)

Post MD Structure

As of July 2015 Dr. Salvatore Spadafora took on a new role as Vice Dean Post MD which encompasses both Postgraduate Medical Education (PGME) and Continuing Professional Development (CPD). During the initial phase of his tenure Dr. Spadafora has ensured that key leadership positions are in place for both departments. Dr. Spadafora is now reviewing the organizational structure of both departments with a view to identifying opportunities for integration and collaboration. This work will continue over the next several months.

PGME Section

1. Governance, Staffing

Glenys Babcock joined the PG staff in October 2015 as the Manager, Data & Analytics to lead the data extraction and analysis activities and provide innovative reporting for our partners and government. Glenys holds a PhD in Public Policy from the RAND Graduate School and has held several senior positions in government and industry including Ipsos Reid, Ontario Lottery and Gaming and Toronto Community Housing. She has expertise in process mapping, organizational design, stakeholder relations, and strategic planning.

2. Enrolment

At the request of the Ontario Ministry of Health, the number of CaRMS entry positions for Canadian Medical Graduates at the PGY1 level for the 2016-17 academic session will be reduced by 9 positions – from 347 to 338. At the University of Toronto, the reductions occurred as follows:

Specialty	CMG 2015 PGY1 Quota	CMG 2016 PGY1 Quota	Reduction
Internal Medicine	54	51	-3
Dermatology	5	4	-1
General Surgery	11	10	-1
Neurology	5	4	-1
Ob/Gyn	10	9	-1
Orthopedic Surgery	8	7	-1
Psychiatry	32	31	-1

The number of International Medical Graduate positions will be reduced from 71 to 70 to reflect the transfer of 1 position to the Northern Ontario School of Medicine at the request of the MOHLTC. The total number of PGY1 CaRMS positions is reduced from 417 in 2015 to 407 in 2016.

3. Accreditation

The Internal Review Committee is 2 ½ years through the 6 year accreditation cycle, leading to the RCPSC and CFPC external survey visit in 2019. Approximately 30 specialty programs have been reviewed to date. The review of the 14 Family Medicine program sites will begin this month. Since the September 2015 report to the Faculty Council, Pain Medicine was approved for U of T as a sub-specialty program administered by Anesthesia and will begin accepting residents for July 2016. Of the 19 programs put forward by the Royal College for Areas of Focused Competence, 11 have received accredited status. UofT has received approval for 3 of the AFC programs: Transfusion Medicine and Interventional Cardiology and Cytopathology. The Subspecialty Examination Affiliate program (SEAP) – which allows clinical fellows without the core specialty training to take the subspecialty exam for diplomate certification --- was extended from 5 to 29 programs.

4. Competency Based Medical Education

In 2011, the College of Family Physicians of Canada revised their residency education to a Triple C Competency Based curriculum. Triple C stands (i) Comprehensive care and education (ii) Continuity of care and education and (iii) Centred in Family Medicine. Family Medicine has been developing assessment and feedback tools to make sure residents obtain necessary information about their achievement of targets in this curriculum.

The Royal College of Physicians and Surgeons of Canada has moved to a new framework for residency education with the launch of CanMEDS 2015 this past year and implementation in 2016. In addition, the RCPSC has promoted Competency by Design (CBD) as its new framework for competency based education. Importantly, the RC recently took a decision to delay the original implementation for 2 programs (ENT and Medical Oncology) on this new curriculum, pending further assessment of implementation issues. In the meantime, PGME at U of T is moving forward with CBD implementation to ensure programs are well supported and coordinated with assessment tools, faculty development and learner preparation. The inaugural newsletter for CBME at PGME U of T was sent out November 25, 2015. Susan Glover Takahashi is the PGME central lead to support programs in their transition to CBME.

5. Conferences, Workshops, Leadership, Faculty Development

The Royal College International Conference on Residency Education (ICRE) and the RC Administrator's was held in Vancouver BC from October 21-24, 2015. PG staff presented or participated in 25 events: 8 workshops, 7 papers, 5 posters, 4 panels/forums, and 1 presentation.

The 2nd annual Toronto International Summit on Leadership Education (TISLEP) was held just prior to the ICRE Conference on Tuesday October 20, 2015. Co-hosted by UofT and the RCPSC, the summit saw over 75 international leaders discuss curriculum development for Physician Leadership and essential leader milestones.

As part of its outreach and administrative support to residency program administrators and hospital medical education office staff, PGME offered 12 sessions in this 4-month period including topics such as Medical Trainee Days, re-appointments, CaRMS basic, internal reviews, and the PARO contract.

During this same period, 5 Program Director development workshops were held regarding Best Practices on Admissions and Selection, Assessment, Board of Examiners, Competency Based Education, and Internal Review documentation.

PGME recognizes the critical role played by faculty in teaching and role modeling the core competencies of resource stewardship. To that end, a half-day faculty development workshop took place in November 2015 organized by Dr. Anne Matlow designed to provide faculty the educational tools and resources they require to be most effective.

As noted above, a newsletter to support the implementation of Competency Based Education was developed and the first edition released in December 2015. The newsletter is a communication tool to assist programs and partners in understanding and implementing the transition from time-based learning to CBD and provide resources and curriculum support.

6. Global Health

The Global Health Education Initiative (GHEI) is a 2 year certificate program for medical residents and fellows, consisting of several modules delivered in a seminar format over a two-year period

Applications are now open for the Global Health Education Initiative (GHEI) Class of 2018, with the program to begin September 2016 and run until June 2018. Planning is underway for the 2016 Global Health Day to take place on Thursday June 9, 2016 from 12 noon to 5 pm at the McLeod Auditorium. The opening address on the State of Humanitarianism will be given by Dr. James Orbinski.

7. Projects/Initiatives

The environmental scan of Learner Management Systems was undertaken by an external consultant (Ambit) to consider the needs of both PGME and UGME over the next few years and possible system solutions to meet those needs related to registration, evaluation and other functions such as scheduling and the impact of competency based education. A report was delivered to the Vice Deans who are considering options.

A new Committee is being formed with a first meeting in January to review and develop ***Best Practices for Evaluation and Assessment in PGME (BPEA).*** The committee will be chaired by Dr. Linda Probyn and includes representation from residents, Program Directors, hospital division chief, hospital medical education lead and PGME staff. The purpose of the Working Group is to develop minimum requirements for residency program evaluation practices and resident assessments, draft updated Evaluation Guidelines for Residency Education, and recommend implementation strategies including consultations, resources development and faculty development.

Continuing Professional Development Section

1. Governance, Staffing

Professor Suzan Schneeweiss has been appointed Associate Dean, Continuing Professional Development (CPD) for a 5-year term effective November 1, 2015. Prof. Schneeweiss is an Associate Professor in the Department of Paediatrics at the University of Toronto and a Paediatric Emergency Medicine physician at the Hospital for Sick Children. Prof. Schneeweiss is a respected leader in the field of continuing professional development and formerly served as Academic Director, Continuing Professional Development in the Faculty of Medicine, is the Director of Education in the Division of Paediatric Medicine at the Hospital for Sick Children and is a Continuing Professional Development Educator with the Royal College of Physicians and Surgeons of Canada.

Renice Jones has joined the CPD team as the new Manager of Marketing and Communications. Renice brings to the position significant international marketing experience, including the marketing professional programs. Prior to joining CPD she worked at the Schulich School of Business as the Assistant Director, Recruitment and Admissions. Renice holds a Bachelor of Commerce degree in Marketing Management from the University of Guelph as well as a Master of Business Administration in Marketing from Ryerson University.

2. CPD Academic

Continuing Professional Development in the Faculty of Medicine has continued to provide excellence in academic programming. Our annual report went paperless this year, with a user-friendly format that highlights the people and activities that make the University of Toronto Faculty of Medicine leaders in the world of CPD (http://www.cpd.utoronto.ca/ar15/). The number of accredited courses continues to grow annually, and while the majority are live events, increasingly innovative methods of learning are being incorporated into courses and conferences, including web-based and simulation-based learning. The 2-day IDEAS Quality Improvement course continues to attract a wide audience from across all professions and sectors. Our fall session and our upcoming winter session are both fully subscribed. The Safe Opioid Prescribing Course successfully completed a fall series. Eight Medical Recording Keeping courses were held over the fall with one course held in Windsor in collaboration with Western University. All programs were well received with excellent evaluations and feedback from participants.

The Advanced Clinician Practitioner in Arthritis Care (ACPAC) program has admitted 9 health practitioners to its current cohort, having graduated 7 health practitioners in June 2015. This cohort includes 3 Registered Nurses and 6 Physiotherapists, with one trainee coming from Saskatchewan, one from Newfoundland, and 7 from across Ontario.

For the third year, University of Toronto CPD presented Essential Skills in CPD (ESCPD) as a pre-conference course with the Association of Medical Education in Europe Conference (AMEE) in Glasgow, Scotland. Participants were inter-professional and represented countries from around the world including Australia, Singapore, Taiwan, Qatar, Mexico and Portugal. Our innovative webinar-based

International CPD Foundations Certificate Program was launched in October 2015 and participants represent a spectrum of professionals from administrative health professionals to physicians and allied health, all deeply committed to advancing CPD.

CPD received the 2015 Royal College Accredited Providers Award at the 7th National Accredited Providers conference for leadership and innovation with our Continuing Education Leadership Program (CELP). Dr. Schneeweiss continues to work with members of the Royal College of Physicians and Surgeons of Canada to develop a white paper addressing the transition to competency-based CPD. Results will be discussed at the National Competency-Based CPD Summit in May 2016. In addition, as undergraduate medical education moves toward a competency-based framework, Dr. Schneeweiss has been working this group in the development of competencies and milestones in lifelong learning.

3. CPD Enrolment & Accreditation

The number of accredited course offerings continues to grow. In the period July 1 to December 31, 2015, 190 courses were accredited through the CPD office. This was up from 172 in the same period last year.

4. Global and Indigenous Health CPD

Building on the success of the inaugural *Indigenous Health Conference (IHC): Challenging Health Inequities*, the next biennial *Indigenous Health Conference: Towards Health and Reconciliation* will take place May 26-28, 2016. In keeping with the TRC recommendations, a primary objective of this conference is to give health care providers skills and knowledge to improve cultural competency and safety for Indigenous populations. IHC fosteres dialogue between Indigenous and non-Indigenous participants, and we are anticipating 700 registrants and 150 abstract submissions. The conference will also feature a job fair to assist with recruitment to underserviced Indigenous communities. Child Wilton Littlechild from the TRC will be a keynote speaker. Also speaking are Chief Isadore Day from Assembly of First Nations, President Natan Obed from Inuit Tapiriit Kanatami, and Gary Lipinski from *Métis* Nation of Ontario.

5. Innovations and Education

i+e's mandate is to help faculty and departments develop sustainable education-based programs and assets. i+e continues to grow its portfolio of projects. i+e regularly delivers key services related to business development, communications, legal review, marketing and reputation management for education programs.
Since the last report, some recent activities and accomplishments include:

1. As a consequence of recommendations made by the Faculty of Medicine's eLearning Taskforce (see: http://elearning.innovatingedu.ca/), i+e is taking on several key initiatives related to eLearning, partnerships brokering and revenue generation. Current initiatives include, but are not limited to:

    a. Establishing Elevate Toronto: "Elevate" is an education company and eLearning platform owned and operated by Utrecht University and University Medical Center Utrecht. An

MOU with Elevate was signed in September 2015 and underpins an initiative to develop a partnership to deliver online education. i+e is supporting contract negotiations, business development and marketing related to this project.

b. HealthSciences Online: i+e continues to work with several departments in the Faculty of Medicine to support online continuing education courses. i+e recently supported a successful application to the Online Ontario Fund program to enhance and update an online Medical Microbiology course.

c. ImageSim: i+e is working with Faculty in the Department of Paediatrics to develop a fully accredited online CPD program called ImageSim. i+e developed the communications and reputation strategy as well as the business plan for the program. http://www.imagesim.com/

d. The Innovating Education Seminar Series: organized and presented by i+e, this series introduces education faculty in medicine (life sciences, health sciences, undergrad, postgrad, and CPD/CME) to innovative tools and technologies that enable new ways of creating, presenting and distributing educational content. Since its inception, over 150 faculty and staff have attended the series. i+e plans to develop at least 5 seminars for 2016. For more information: http://innovatingedu.ca/iess/

e. LearnDash: LearnDash is a learning management system (LMS) compatible with Wordpress websites. i+e has developed the capacity to create sites capable of delivering online education content using the LearnDash system. i+e is inviting faculty to consider LearnDash when creating online learning resources. http://innovatingedu.ca/learndash

2. i+e lead a very successful Stakeholders Meeting for the Advanced Practitioner in Arthritis Care Program (ACPAC). The meeting had attendees from industry, government, health care providers, patient groups and academia. i+e managed all aspects of the communications and stakeholder engagement on behalf of ACPAC. i+e also produced, published and co-authored the ACPAC Brief, a yearly update on the ACPAC program provided to Stakeholders. http://acpacprogram.ca/acpac-stakeholder-meeting-2015;

3. The International Pro-Resilience and Efficiency Program (iPREP) is a new continuing education program for police officers and use of force trainers. i+e is working with faculty to develop and support the iPREP program's accreditation through CPD, as well as its communications and reputation management strategy. http://proresilience.org/

4. i+e has helped launch a new online resource for Chronic Diseases Management (see: http://chronicdiseases.ca/). A description of the CDM resource was previously provided. i+e continues to seek partners for the program and aims to help launch a new CDM Program in 2016.

5. In partnership with the ACPAC program, i+e has co-authored a policy white paper on innovative models of Arthritis care. The paper can be accessed here: http://acpacprogram.ca/acpac-model-of-care-policy-briefing/

6. Standardized Patient Program (SPP)

The Standardized Patient Program has three areas of focus: teaching, learning and assessment; coordinating national licensure examinations; and research in academic simulation methodology. The Faculty of Medicine is the primary client of the SPP related to teaching, learning and assessment, with 70% of activities based in undergraduate education. The SPP is heavily involved in 1st-3rd year education (ASCM I, II, end of clinical clerkship rotation OSCEs and the iOSCE). The iOSCE is a summative assessment consisting of a spring and fall exam, concentrating upon integration of knowledge, performance and competence (259 medical students). The Toronto site of the MCC Qualifying Examination has grown over the years and now spans two days in spring and fall (300 candidates). As competency frameworks change there, will be new opportunities for the use of standardized patients in training techniques.

Graduate and Life Sciences Education (GLSE)

Undergraduate Life Sciences Education

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1. Events

a) Second Annual Interactive Graduate School Webinar was held on October 30, 2015 to meet admission deadlines. GLSE invited undergraduate students thinking about graduate studies to explore our interdisciplinary MSc and PhD programs. Streaming was available (also via mobile device) being presented by seven of the graduate departments. The videos are available on the GLSE website.
b) Fourth Annual Graduate and Undergraduate Research Information Fair was held on November 12, 2015, Medical Sciences Building (10:30 am to 2:00 pm). Exhibitors in attendance included our undergraduate and graduate units, as well as hospitals, Life Sciences Career Development Society and the School of Graduate Studies. Approximately over 1000 students visited this fair. The next fair will be held on November 11, 2016.
c) Career Centre Seminar – Resumés/CVs for Graduate School and Research – November 12, 2015 (4:00 pm to 4:45 pm). The next seminar will be held on January 25, 2016 (3:00 pm to 4:00 pm), JJR MacLeod Auditorium.
d) Graduate Alumni Panel Discussion was held on November 12, 2015 (5:00 pm to 6:00 pm. GLSE invited 7 alumni to talk about their graduate school experience and current career.

2. Awards

Undergraduate Faculty Teaching Awards

Four awards will be adjudicated in three categories.

- Excellence in Undergraduate Teaching in Life Sciences
- Excellence in Undergraduate Laboratory Teaching in Life Sciences

- Excellence in Linking Undergraduate Teaching to Research in Life Sciences

Each awardee will receive a framed certificate and $1,000 cash prize.

Deadline: January 29, 2016

Undergraduate Research Opportunity Program

115 UROP awards were allocated to 10 departments within the Faculty of Medicine. Support is set at $2,000 per student. The students must be guaranteed at least an additional $2,000 in compensation from other sources managed by the sponsoring department / centre / institute / program, and are expected to engage in full-time research for at least 12 weeks in the summer.

Deadline: April 1, 2016

University of Toronto Excellence Awards (NSERC & SSHRC)

University of Toronto Excellence Award (UTEA) program is funded by the Vice-President Research. The UTEA program provides eligible undergraduate students with opportunities to conduct summer research projects under the supervision of eligible U of T faculty members. The value of each 2016 UTEA is TBD, and the research term required is 14 weeks.

Deadline: April 1, 2016

GLSE Undergraduate Leadership Awards

Three annual undergraduate student leadership awards in life sciences will be awarded to undergraduate students in the Faculty of Medicine, Arts and Science Programs to be recognized for their leadership and scholarship.

Each awardee will receive a framed certificate and $500 cash prize.

Deadline: March 4, 2016

GLSE Undergraduate Summer Research Studentship

Seven annual summer research project studentships will be awarded to our third or fourth year major and/or specialist students in our Basic Science departments and in Laboratory Medicine and Pathobiology. The award carries a value of $4,800 each. The award period is from May 1 – August 31, 2016.

Deadline: April 1, 2016

3. Website

- GLSE is working with the Office of Communications at the Faculty of Medicine on a new initiative to implement Google Analytics to improve our recruitment as well as alumni tracking. The following departments have agreed to participate, Institute of Medical Science, Translational Research Program, Biochemistry, Molecular Genetics, Physical Therapy, Occupational Science and Occupational Therapy and Speech-Language Pathology.
- Update the GLSE website

4. Recruitment Strategies

- Graduate Student Ambassador postcards

Graduate Education

1. Summary of Academic Changes at the Faculty of Medicine

a. Below is a snapshot of academic changes that have been approved in 2015/16

Number of New Courses	4
Changes to Admission Requirements	1
Change in course weights/rename course	1
Add new degree to existing Collaborative Program	2
Other minor modification	2

2. External Reviews

The following graduate units/graduate programs were externally reviewed in Fall 2015:

- Molecular Genetics
- Rehabilitation Sciences (MSc and PhD program only)

3. Graduate Awards/Initiatives

a) Merit Entrance Scholarships (MES)

The MES centralized recruitment strategy has been changed to adjudication through the individual participating Graduate Units and no longer through the Office of the Vice Dean, GLSE.

b) Graduate Faculty Teaching Awards

The Graduate Faculty Teaching Award Competition deadline was on December 4, 2015. Six awards will be adjudicated in three categories:

- Early Career Excellence in Graduate Teaching & Mentorship
- Continuing Excellence in Graduate Teaching & Mentorship
- Sustained Excellence in Graduate Teaching & Mentorship

Each awardee will receive a framed certificate and $1,000 cash prize.

c) Queen Elizabeth II Graduate Scholarships in Science and Technology (QEII-GSST)

To better align QEII-GSST application process with the School of Graduate Studies, starting 2016-17 award year, students no longer apply with a hardcopy Cover Page and must now submit an online Cover Page using the Faculty of Medicine website.

d) Weston Brain Institute International Fellowships in Neuroscience

The second year of the Weston Brain Institute International Fellowships in Neuroscience has now been announced under the auspices of GLSE. $30,000-$60,000 (6-12 months) will be awarded to Canadian graduate students from the University of Toronto conducting research in neurodegenerative diseases of aging. This award enables outstanding students to travel to and work in world-renowned labs to further their research. The goal is to build international collaborations, foster influential neuroscience research and bring enhanced research capabilities back to Canada.

e) Health Innovation Hub (H2i) Campus Linked Accelerator Program at the Faculty of Medicine

Since May 1, 2015, the Graduate and Life Sciences Office (GLSE) have taken oversight of the finances for the Health Innovation Hub (H2i) program. This program is part of the University's Campus Linked Accelerator initiative funded by the Ontario Government. Professors Paul Santerre and Joseph Ferenbok are the appointed Co-Directors of H2i. The mission of the program is to enable, collaborate, educate and facilitate student initiated translation of health matters. The initiatives that have been launched during the fall 2015 include:

MaRS Get Your Bot On! (Sept 11- 13th, 2015) – H2i Sponsor
Lean Startups & financing--MaRS Seminar Series (Oct – Nov, 2015);
IP Confidential (Early Oct, 2015) – Workshop on BioTech IP
Techna Symposium - Big Machine: Healthcare Built to Learn (Oct 30, 2015)
Hacking Food – student focused initiative to end hunger in GTA (three seminars 2015/2016
Hacking Healthcare 4 Innovation (H24i) – 'problem' to 'proof'

- Identify Problems (Sept – Oct)
- Ideation Hackathon (Nov 20, 2015)
- Proof-of-Concept (Jan-Apr 2015)

UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

FOR APPROVAL

TO:	Faculty Council
SPONSOR:	Dr. Martin Schreiber, Director, UME Curriculum Education
CONTACT INFO:	Paul Tonin, Manager, UME Strategic Operations & Policy paul.tonin@utoronto.ca
DATE:	February 8, 2016
AGENDA ITEM:	**5.1.1**
ITEM OF BUSINESS:	Major Program Modification – UME Program Competencies

JURISDICTIONAL INFORMATION:

The University of Toronto Quality Assurance Process (UTQAP) indicates that the approval of Major Modifications to undergraduate and graduate programs are approved by divisional governance (Faculty Council) and reported to the Office of the Vice-Provost, Academic Programs for information.

The Education Committee of the Faculty of Medicine Faculty Council reviews and recommends to Council for approval proposals for major modifications to existing academic programs.

GOVERNANCE PATH:

1. Education Committee [For recommendation to Council] – December 10, 2015
2. Faculty Council [For approval] – February 8, 2016
3. Quality Council [For information]

HIGHLIGHTS:

This is a proposal to align the existing U of T MD program objectives with a competency-based approach to medical education, effective August 1, 2016, for all students in the MD program, regardless of year of entry.

To ensure alignment with the Faculty of Medicine's vision, mission and values, we are also proposing minor revisions to the overarching curricular goals of the MD program.

PROPOSED MOTION:

"THAT the proposal to align the University of Toronto MD program objectives with a competency-based approach to medical education be approved as submitted."

Undergraduate Medical Education (UME) Program Competencies

A Proposal to Align the U of T MD Program Objectives with a Competency-based Approach to Medical Education

November 18, 2015

Dr. Martin Schreiber, Director, UME Curriculum

Contents

1. Statement of purpose

This is a proposal to align the existing U of T MD program objectives with a competency-based approach to medical education, effective August 1, 2016, for all students in the MD program, regardless of year of entry. The proposed key and enabling competencies for the U of T MD program are provided in Appendix A.

To ensure alignment with the Faculty of Medicine's vision, mission and values, we are also proposing minor revisions to the overarching curricular goals of the MD program, as indicated in Appendix A.

2. Background

In 2003, the U of T MD program adopted the Royal College of Physicians and Surgeons of Canada (RCPSC) CanMEDS Physician Competency Framework as the basis for our medical education program objectives. We were among the first medical schools in Canada to ground our MD program objectives in the CanMEDS Framework. A further construct known as the "Four Principles of Family Medicine" also informed the framework. The program's existing objectives were approved by Faculty of Medicine Faculty Council in 2003. As currently articulated, the program's existing goals include three to ten objectives for each of the seven CanMEDS roles. These objectives describe the knowledge, skills and abilities that our students are expected to have achieved by the end of the MD program. In total, there are 40 program objectives across all seven Roles. The existing program objectives can be found here: www.md.utoronto.ca/program/goals.htm.

3. Rationale for change

In 2013-14, a review of the program's objectives was commenced under the leadership of Dr. Martin Schreiber, Director, UME Curriculum. Several factors prompted this review.

First, there was a desire on the part of the medical school leadership to make the objectives clearer and more usable.

Second, in 2007, the College of Family Physicians of Canada (CFPC) articulated the competencies of family physicians using the CanMEDS roles framework into a system known as CanMEDS-FM. While the four principles of family medicine remain an important guideline, it became apparent that the CanMEDS roles could form a sufficient framework for the MD program objectives, which would be congruent with both the RCPSC and the CFPC competencies.

Third, compliance with relevant accreditation standards was a major impetus for both the review of the existing program objectives and the proposed change to a competency-based framework. According to Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation standard 6, an MD program must "define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enables its medical students to achieve those competencies and objectives." More specifically, accreditation element 6.1 (which falls under standard 6) stipulates that MD programs must "define its medical education program objectives in competency-based terms that reflect and support the continuum of medical education in Canada and allow the assessment of medical students' progress in developing the competencies for entry into residency and expected by the profession and the public of a physician." The Interim Accreditation Review checklist for accreditation element 6.1 provides even more direction with respect to the specific competency-based terms that MD programs must use to define their medical education program objectives as well as expectations regarding the regular review and revision of those objectives, as follows:

- The medical education program objectives are framed in competency-based terms that reflect CanMEDS and CanMEDS-FM competencies.
- The medical education program objectives were reviewed and revised at least once since the time of the last full survey and approved formally by appropriate key committees of the medical school.

Finally, a further reason for the review of and proposed change to the program's objectives was CanMEDS 2015, a multi-year project by the RCPSC intended to update and further align the CanMEDS framework with a competency-based approach to medical education. This involved a detailed review of all competencies, and also the articulation of milestones for entry into residency training, and all of these efforts are relevant to the development of medical school program objectives.

4. Review process

To facilitate the review of the U of T MD program objectives, a Steering Committee and working groups for each of the seven CanMEDS roles were established. (A separate working group was put into place to develop planning principles to guide the implementation of the curriculum.) The inaugural Steering Committee meeting was held in March 2014, and working groups for each of the seven CanMEDS roles were formed by September 2014.

The Steering Committee agreed, through an iterative process, upon a number of review principles, including:

- That we articulate program-level key and enabling competencies – rather than objectives – that are consistent with and clearly relatable to, but not necessarily the same as, the CanMEDS 2015 key and enabling competencies, our existing program objectives, and the CanMEDS-Family Medicine competencies. (A mapping of the CanMEDS-FM key competencies to the proposed program key and enabling competencies is included as Appendix C.)
- That the program-level key and enabling competencies be generic, not specialty-specific. The program-level competencies will, in other words, provide the framework for the subsequent development of course- and discipline-specific objectives.
- That we continue to be mindful of Medical Council of Canada (MCC) Objectives, and that the AAMC Core Entrustable Professional Activities (EPAs) for Entering Residency (as well as plans underway to develop similar EPAs for Canadian medical schools) are taken into account in order to ensure that our medical students are ready to enter residency.
- That, as a second phase of the review, we define milestones for each enabling competency, and that the language of those milestones will indicate the level of achievement expected of medical students and the possible ways that achievement can be assessed and confirmed.

Over the fall of 2014 and winter of 2015, the working groups developed draft key and enabling competencies for each of the seven CanMEDS Roles. The Steering Committee endorsed those draft key and key and enabling competencies in the spring of 2015, and invitations to provide feedback to these draft competencies (in the form of a UME Competencies Consultation Document) were widely circulated in early May 2015. The UME Competencies Consultation Document was provided to all:

- UME Course Directors
- UME Course Committee members (preclerkship courses)
- Hospital Site Directors (clerkship courses)
- UME Theme Leads
- UME Curriculum Committee members
- Faculty of Medicine Departmental Chairs (basic and clinical)
- Faculty of Medicine Departmental Vice-Chairs Education
- Hospital Vice-Presidents Education (or equivalent)
- Medical students (years 1 – 4, including our most recent graduates)

Well over 60 individuals provided feedback to the consultation document. The respondents included a range of curriculum leaders and teachers, departmental chairs, site directors, and students. In general, the respondents noted that the competencies were comprehensive, thorough, well-written and complete. A recurring concern was the achievability (by students) and usefulness (for teachers) of the competencies, particularly in relation to the "scope" or "level" of achievement expected of medical students.

The Steering Committee agreed that concerns regarding the "scope" or "level" of achievement expected of medical students and "usefulness" for teachers would, in general, best be addressed through the development of milestones, which is proceeding as a second phase of the program. (An outline of the principles that will inform the development of milestones is attached as Appendix D.) Each of the working groups considered the feedback provided in relation to their respective Role, and submitted revised competencies (including brief rationales, as appropriate) for consideration by the Steering Committee.

Over several meetings, the Steering Committee discussed and revised the key and enabling competencies. As part of that review and revision process, the Steering Committee paid attention to integration and questions of appropriate versus unnecessary redundancy. The Steering Committee also paid attention to the language and format of the competencies, with the goal of using consistent and jargon-free language throughout the competency framework. Finally, brevity was a principle that informed the development of the competencies, but with two important caveats: First, that the development of milestones will provide context regarding the "scope" or "level" of achievement expected of medical students; and, second, that several appendices will provide details about aspects of several Medical Expert enabling competencies.

The Steering Committee agreed that it is important to separate out and include in appendices details that often require ongoing consideration and revision. These appendices are, in other words, intended to operate as "living documents" that are responsive to ongoing changes in medical knowledge and practice. The four Medical Expert appendices provide details regarding:

- Aspects of selected enabling competencies, including the domains of foundational knowledge and clinical topics relevant to the study and practice of medicine (Appendix 1, included as Appendix E1)
- The Medical Council of Canada clinical presentations classified by body system /clinical discipline (Appendix 2, included as Appendix E2)
- Common and life-threatening acute and chronic illnesses (Appendix 3, still under development)
- Essential medical procedures (Appendix 4, included as Appendix E4)

At its October 20, 2015 meeting, the UME Curriculum Committee considered and, pending some minor revisions which were reported to the committee at its November 17, 2015 meeting, approved the proposed key and enabling competencies.

A summary description of the roles of the steering committee and working groups, as well as the committee and working group members, is provided in Appendix F.

5. Relationship between CanMEDS 2015 and proposed U of T MD program competencies

- Significant changes to the CanMEDS framework

Included below in Table 1 is a summary of significant changes to the CanMEDS framework brought about as part of the CanMEDS 2015 project. These changes to the CanMEDS framework have been incorporated into the proposed U of T MD program competencies.

Table 1 – Significant changes to the CanMEDS framework included in proposed U of T MD program competencies

Role	Changes to CanMEDS Framework
General Change	○ Patient safety integrated throughout the framework.
Medical Expert	○ Integration of the six other CanMEDS Roles (the Intrinsic Roles) included as an explicit enabling competency. ○ Concepts of complexity, uncertainty, and ambiguity explicitly included in enabling competencies. ○ Patient safety and continuous quality improvement added as a key competency.

Role	Changes to CanMEDS Framework
Communicator	○ Scope of Communicator Role revised to focus exclusively on the interaction between physicians and their patients, including patients' family members, partners, and caregivers. (Communication with other health care professionals is now covered mainly by the Collaborator Role.) ○ Greater emphasis on patient-centred and therapeutic communications. ○ Concept of cultural safety explicitly included in an enabling competency.
Collaborator	○ Concept of intraprofessional collaboration given more emphasis. ○ Concept of collaboration extended beyond the context of a formalized health care team. ○ Key competency focusing on handovers and care transitions added.
Leader (formerly Manager)	○ Similar to the change adopted by the RCPSC CanMEDS 2015 project, the name of this role was changed from "Manager" to "Leader", which reflects a greater emphasis on the leadership skills needed by physicians to contribute to the shaping of health care. ○ Patient safety and quality improvement processes given increased emphasis, including important role played by health care informatics. ○ Resource allocation conceived as a function of good stewardship. ○ Greater emphasis placed on the development of skills to achieve a balance between professional practice (or professional learning, for medical students) and personal life.
Health Advocate	○ Definition and description of the Role expanded and refined. ○ Notion of partnership in advocacy adopted.
Scholar	○ "Life-long learner" component of the Scholar Role reorganized into three enabling competencies. ○ Concepts of patient safety and a safe learning environment explicitly added to the "teacher" component of the Role. ○ Key component on evidence-informed decision-making added, separate from structured critical appraisal. ○ New emphasis on skills in structured critical appraisal. ○ Concept of research has been broadened, including increased emphasis on dissemination of skills.
Professional	○ Increased emphasis on physician health and well-being. ○ Key competencies reorganized to reflect the commitment of the physician to the patient, to society, and to the profession. ○ Notion of commitment to actions or tasks is emphasized as germane to the Professional Role, as distinct from the specific actions or tasks themselves.

- Distinctions between CanMEDS 2015 and proposed U of T MD program competencies

As noted above, one of the review principles adopted by the working groups and steering committee was that we would articulate program-level key and enabling competencies – rather than objectives – that are consistent with and clearly relatable to, but not necessarily the same as, the CanMEDS 2015 key and enabling competencies. Included below in Table 2 is a summary of significant distinctions between CanMEDS 2015 key and enabling competencies and those proposed for the U of T MD program.

In general, the rationale for the distinctions between CanMEDS 2015 and proposed U of T MD program competencies is that the primary audience of CanMEDS 2015 consists of residents and practicing physicians. Consequently, there were several instances in which the CanMEDS 2015 language had to be revised to make particular key and enabling competencies more appropriate for and relevant to medical students.

Table 2 – Significant distinctions between CanMEDS 2015 and proposed U of T MD program competencies

CanMEDS 2015	Proposed U of T of T MD program competencies
Key Competencies	
Medical Expert 1. Practise medicine within their defined scope of practice and expertise.	Medical Expert 1. Apply medical knowledge, clinical skills and professional attitudes to the provision of patient centered care.

CanMEDS 2015	Proposed U of T of T MD program competencies
Key Competencies	
Medical Expert 2. Perform a patient-centred clinical assessment and establish a management plan.	Medical Expert 2. Perform a patient-centred clinical assessment. Medical Expert 3. Propose and participate (under appropriate supervision) in implementing management plans.
Health Advocate 2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner.	Medical Expert 5. Contribute to improving the health of individuals and the population.
Not explicitly addressed in CanMEDS 2015.	Collaborator 2. Consult effectively with physicians, trainees and other colleagues in the health care professions to provide care for individuals, patients and populations.
Leader 4. Manage career planning, finances and health human resources in a practice.	Leader 4. Manage one's time and plan one's career.
Scholar 2. Teach students, residents, the public and other health care professionals.	Scholar 2. Teach students, residents and other colleagues in the health care professions.
CanMEDS 2015 Enabling Competencies Not Directly Included in U of T Framework	
Medical Expert 1.1 Demonstrate a commitment to high-quality care of their patients.	Covered under Professional 1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards.
Medical Expert 1.4 Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner.	Covered under Medical Expert 3.2 Formulate a plan of management that includes a description and explanation of further investigations and/or therapeutic interventions, including considerations of priority and timing.
Leader 4.2 Manage a career and a practice.	Not included – beyond scope for MD graduate.
Leader 4.3 Implement processes to ensure personal practice improvement.	Covered under Scholar 1. Engage in the continuous enhancement of their professional activities through ongoing learning.
Health Advocate 2.2 Improve clinical practice by applying a process of CQI to disease prevention, health promotion and health surveillance activities. Health Advocate 2.3 Contribute to a process to improve health in the community or population they serve.	Covered under Medical Expert 5. Contribute to improving the health of individuals and the population.

6. Relationship between existing U of T MD program objectives and proposed program competencies

Included below in Table 3 is a summary of proposed enabling competencies that are "new" for the U of T MD program, meaning they are not explicitly or directly included in the existing program objectives. Appendix B provides a detailed mapping between the existing U of T MD program objectives and the proposed program competencies. For a number of the roles, it was necessary to add enabling competencies to ensure coverage of Medical Council of Canada (MCC) Objectives.

Table 3 – Proposed enabling competencies that are "new" for the U of T MD program

Medical Expert
Medical Expert 1.1 Demonstrate integration of the CanMEDS roles into the practice of medicine in order to address the health care needs of individual patients and populations throughout the life cycle.
Medical Expert 1.2 Apply and integrate knowledge in the following domains [*followed by specification of the domains*]
Medical Expert 1.5 Carry our professional duties in the face of multiple, competing demands.
Medical Expert 2.1 Prioritize issues to be addressed in a patient encounter.

Medical Expert 2.5 Generate a problem list and for each problem a differential diagnosis, when applicable.
Medical Expert 2.6 Recognize a patient who requires urgent or emergent care.
Medical Expert 3.2 Formulate a plan of management that includes a description and explanation of further investigations and/or therapeutic interventions, including considerations of priority and timing.
Medical Expert 3.3 Under appropriate supervision, implement plans for assessment and/or treatment.
Medical Expert 3.7 Initiate evaluation and treatment of a patient who requires urgent or emergent care, and seek help.
Collaborator
Collaborator 3.2 Identify the common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals.
Collaborator 3.3 Recognize one's own approach to conflict and be able to recognize the conflict handling type in team members.
Collaborator 3.5 Apply basic principles of negotiation when collaborating with team members to ensure optimal patient outcomes.
Collaborator 3.6 Seek help and advice when necessary, recognizing personal and professional limitations in conflict resolution.
Collaborator 4.3 Recognize the impact on patient safety of poor handover of care and identify the common sources of error and barriers to safe handover of care
Health Advocate
Health Advocate 1.4 Contribute to working with patients and their families to navigate health care and social support systems to secure the resources and supports required to maintain or achieve the best possible health outcomes.
Health Advocate 2.2 Contribute to taking action with patients and their families, their communities, relevant organizations, the health care sector, and private sector and political institutions to foster the conditions that promote good health and health equity.
Scholar
Scholar 3.2 Identify, select, and navigate evidence-based resources to address knowledge gaps. These resources include online applications and publications that provide summaries and appraisals of clinical evidence and also primary research articles. The U of T medical graduate is able to use digital technology for efficient retrieval of these resources and for their application at the point-of-care.
Professional
Professional 1.6 Demonstrate appreciation for patient autonomy and respect for persons in patient-physician interactions.

7. Relationship between CanMEDS-Family Medicine (FM) competencies and proposed U of T MD program competencies

As noted above, it is an accreditation requirement that "medical education program objectives are framed in competency-based terms that reflect CanMEDS and CanMEDS-FM competencies." Appendix C provides a detailed mapping between the existing CanMEDS-FM competencies and the proposed U of T MD program competencies. The mapping does not include all of the U of T MD program key and enabling competencies relevant to particular CanMEDS-FM (2009) key competencies. Rather, the mapping references the "highest order" and/or most highly relevant U of T MD program key and/or enabling competencies. Keeping with the goal that graduates of the U of T MD program will demonstrate the foundation of knowledge, skills an attitudes necessary to achieve the CanMEDS 2015 and CanMEDS-FM competencies, the intent of the mapping is to demonstrate alignment between the CanMEDS-FM and U of T MD program competency frameworks.

8. Lexicon

There are multiple definitions of "competence", "competency", and "milestones". The definitions of these terms articulated as part of the CanMEDS 2015 project have informed the review of the UME program objectives. The Steering Committee is overseeing the development of a UME Program Competencies Lexicon, which will include a series of relevant definitions.

9. Impact of the change on students

As noted above, the proposed MD program competency framework is proposed effective August 1, 2016, for all students in the MD program, regardless of year of entry. Students currently in the program will not need to be

accommodated as the introduction of the proposed framework does not involve any major changes to the program requirements in place at the time those students entered the MD program. That said, implementation of the framework may result in minor course-level modifications to ensure that the curriculum supports achievement of the program competencies and milestones, particularly any of the “new” enabling competencies identified above in Table 3 that are not already addressed in the existing program curriculum.

Since CanMEDS 2015 and CanMEDS-FM are the competency frameworks for Canadian residency programs, an anticipated positive impact of the proposed MD program competency framework is that graduates of the U of T MD program will be even better prepared for the transition to postgraduate medical education. As noted in Appendix D, one of the principles for the development of milestones for the MD program is that “the milestones to be achieved prior to graduation will be at a level of achievement equivalent to or greater than the CanMEDS 2015 requirements for residency milestones.”

10. Resources

No new resources are required to support implementation of the proposed MD program framework. While implementation of the framework may result in minor course-level modifications, as described above, these will involve curricular shifts rather than any net new additions to the program curriculum.

University of Toronto Faculty of Medicine
Undergraduate Medical Education
Appendix A – Proposed Key and Enabling Competencies

This document provides the "key" and "enabling" competencies that graduates of the MD program are expected to have achieved. The competencies are classified according to the seven CanMEDS roles of Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional. These competencies have been derived through a collaborative process involving hundreds of faculty members, students and others, and they incorporate significant elements of competencies identified by:

- the Royal College of Physicians and Surgeons of Canada CanMEDS 2015 project;
- the College of Family Physicians of Canada CanMEDS-FM project;
- the Medical Council of Canada objectives;
- the Association of American Medical Colleges Core Entrustable Professional Activities;
- the existing University of Toronto UME program objectives.

Learning within each of these CanMEDS roles is facilitated by pursuing the relevant key competencies, and each of the key competencies is in turn supported by achievement of several enabling competencies. The language used to describe the competencies is of necessity fairly general, and for the most part does not specify precisely the desired level of achievement within any given domain. A separate document provides guidance about the desired level of achievement through the use of milestones.

Further elaboration of several of the competencies (those marked with an asterisk) is provided in Appendix E1. Appendix E2 provides additional details about clinical presentations and Appendix E3 (under development) about common and life-threatening acute and chronic illnesses (Medical Expert role, enabling competency 1.2). Appendix E4 provides additional detail about technical procedures (Medical Expert role, enabling competency 3.5).

This document also includes minor revisions to the overarching curricular goals of the MD program. These revisions are intended to ensure that the program's curricular goals are aligned with the Faculty of Medicine's vision, mission and values.

Proposed Changes to the UME Goals

To ensure alignment with the Faculty of Medicine's vision, mission and values, and given the adoption of the CanMEDS Framework by the College of Family Physicians of Canada, the following revisions to the UME Goals are proposed (changes in **red** font):

> UME GOALS:
> Recognizing the continuum of medical education, and the compelling logic of linking medical student education to subsequent post-graduate training and continuing education, and the scientific and humanistic foundations of Medicine, the University of Toronto, Faculty of Medicine has adopted the following goals for the undergraduate curriculum:
>
> 1. Graduates of the Undergraduate Medical Program will demonstrate the foundation of knowledge, skills and attitudes necessary to achieve the CanMEDS and CanMEDS-FM competencies ~~and the four principles of Family Medicine~~.
> 2. In keeping with the Faculty of Medicine's vision of international leadership in improving health through innovation in research and education ~~International Leadership in Health Research and Education~~ and commitment to social responsibility, the Undergraduate Medical Education Curriculum will encourage, support and promote the development of future academic health leaders, who will contribute to our communities, and improve the health of individuals and populations through the discovery, application and communication of knowledge.

Rationale

1. The UME Goals were approved by Faculty of Medicine Faculty Council in February 2003, at the same time as the existing program objectives. Since that time, the Faculty of Medicine developed a new Strategic Academic Plan (2011-2016), which included revisions to the Faculty's vision and mission, as follows (changes in **red** font):

   Vision
   International **leadership in improving health** through **innovation** in research and education

   Mission
   We fulfill **our social responsibility** by developing leaders, contributing to our communities, and improving the health of individuals and populations through the discovery, application and communication of knowledge

2. In 2009, the College of Family Physicians of Canada approved CanMEDS-Family Medicine (CanMEDS-FM), which is an adaptation of the CanMEDS Framework. As noted in the CanMEDS-FM document, "the Four Principles [of Family Medicine] and the CanMEDS roles coexist in a complementary way", and "CanMEDS-FM retains the Four Principles by integrating them into the appropriate CanMEDS-FM roles". The CFPC Board recently endorsed the content of the CanMEDS 2015 Framework, and plans to adapt, revise and to contextualize the CanMEDS 2015 Framework for the discipline of Family Medicine. Given the integration of the four principles of Family Medicine into the CanMEDS Framework, explicit reference to those four principles in the UME Goals is no longer required. However, it is an accreditation requirement that MD program objectives are framed in competency-based terms that reflect CanMEDS and CanMEDS-FM competencies.

Medical Expert

Key Competencies	Enabling Competencies
1. Apply medical knowledge, clinical skills and professional attitudes to the provision of patient centered care	1.1 Demonstrate integration of the CanMEDS roles into the practice of medicine in order to address the health care needs of individual patients and populations throughout the life cycle
	1.2. Apply and integrate knowledge in the following domains, relevant to the study and practice of medicine: FOUNDATIONAL DISCIPLINES o Biomedical sciences * o Population and public health sciences o Social sciences * o Medical humanities* CLINICAL TOPICS o Approach to clinical presentations* o Features of common and/or life-threatening acute and chronic illnesses* o Use of diagnostic tests* o Application of therapeutic interventions*
	1.3. Demonstrate an awareness of limits of their expertise and their potential biases
	1.4 Recognize the complexity, uncertainty and ambiguity inherent in medicine
	1.5 Carry out professional duties in the face of multiple, competing demands
2. Perform a patient-centered clinical assessment	2.1 Prioritize issues to be addressed in a patient encounter
	2.2 Obtain a history of the clinical presentation of the patient*
	2.3 Perform a physical and mental status examination relevant to the patient's presentation*
	2.4 Order and interpret appropriate diagnostic investigations based on the clinical assessment
	2.5 Generate a problem list and for each problem a differential diagnosis, when applicable
	2.6 Recognize a patient who requires urgent or emergent care
3. Propose and participate (under appropriate supervision) in implementing management plans	3.1 Involve the patient and family in developing the care plan and determining goals of care*
	3.2 Formulate a plan of management that includes a description and explanation of further investigations and/or therapeutic interventions, including considerations of priority and timing
	3.3 Under appropriate supervision, implement plans for assessment and/or treatment
	3.4 Obtain informed consent
	3.5 Perform, under appropriate supervision, essential medical procedures* skillfully and safely with attention to patient comfort, including providing appropriate care prior to and following the procedure
	3.6 Propose a follow-up plan regarding results of investigation and response to interventions
	3.7 Initiate evaluation and treatment of a patient who requires urgent or emergent care, and seek help
4. Understand and participate in continuous improvement in health care quality and patient safety	4.1 Describe the concept of continuous improvement in health care quality and be engaged in this process
	4.2. Identify an approach to patient safety based on individual and system factors

Key Competencies	Enabling Competencies
5. Contribute to improving the health of individuals and the population	5.1 Assess the health status of individuals and of populations, in terms of the impact of determinants of health
	5.2. Apply principles of health promotion, health protection, health equity and disease prevention in the management of the health of individuals and populations
	5.3. Work together with public health to manage the health of individuals in situations that require public health intervention, including those subject to legal requirements
	5.4. Describe the roles of physicians and public health in the identification of health problems in the community, and their role in diagnosis and management of these problems
	5.5 Work together with community-based agencies to support patient care and community health
	5.6. Use epidemiological methods and data and other appropriate information sources to describe and assess the health of individuals and populations, and to assist in the diagnosis of disease

Communicator

Key Competencies	Enabling Competencies
1. Establish professional therapeutic relationships with patients and their families	1.1 Communicate using a patient-centred approach* that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
	1.2 Engage the patient by optimizing the physical environment for patient comfort, dignity, privacy, and safety
	1.3. Recognize when professional or personal values, biases or perspectives may have an impact on the quality of care and modify the approach to the patient accordingly
	1.4 Respond to patients' cues and use appropriate behaviour to enhance communication
	1.5 Appropriately respond to disagreements and emotionally charged conversations
	1.6 Demonstrate adaptability towards patients' unique needs and preferences and their clinical circumstances
2. Use patient-centred skills to seek, gather, select and interpret accurate and relevant information of the clinical situation, incorporating the perspectives of patients and their families to inform management	2.1 Effectively seek and gather relevant biomedical and psychosocial information from a variety of sources including the patient, family, caregivers and/or other relevant individuals, while adhering to principles of confidentiality and consent
	2.2 Accurately select and interpret biomedical and psychosocial information
	2.3 Provide a clear structure for and manage the flow of the entire clinical encounter
	2.4 Deliver messages (which are the sum total of everything that has been gathered, selected, interpreted, and managed) to patients and their caregivers in a clear and concise manner
3. Engage patients and their families in developing plans that reflect the patient's health care needs and goals	3.1 Approach discussions with patients and families in a manner that is respectful, non-judgmental, and culturally safe
	3.2 Assist patients and their families to identify, access and make use of information and communication technologies to support their care and manage their health
	3.3 Support patients and their families to make informed decisions regarding their health
4. Share health care information and plans with patients and their families while adhering to principles of confidentiality and consent	4.1 Ensure information is shared in a timely and accurate manner which is adapted to the patient's and family's needs
	4.2 Appropriately respond to adverse events affecting patients and the health care team
5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, and privacy	5.1 Document clinical encounters in an accurate, complete, timely and accessible manner, in compliance with legal and regulatory requirements
	5.2 Effectively communicate using a written health record, electronic medical record, or other digital technology, such as phone, social media or email
	5.3 Share patient information with other members of the health care team in a manner that respects patient privacy and confidentiality

Collaborator

Key Competencies	Enabling Competencies
1. Work effectively with physicians, trainees and other colleagues in the health care professions	1.1 Cultivate healthy relationships with collaborating colleagues in the clinical environment
	1.2 Explain how the organization, policies, and financing of the health care system impact collaborative patient care
	1.3 Demonstrate an understanding of the roles and responsibilities of collaborators in the clinical environment
	1.4 Employ a distributed leadership approach when solving problems with the health care team and be able to facilitate the creation of an optimal environment for collaborative practice
2. Consult effectively with physicians, trainees and other colleagues in the health care professions to provide care for individuals, communities and populations	2.1 Recognize a clinical situation that requires expertise beyond one's own
	2.2 Prioritize, based on urgency, the need for consultation
	2.3 Demonstrate comprehensive oral and written communication to the consultant that defines the rationale for consultation, urgency of consultation, and proposed clinical follow-up
	2.4 Carry out recommendations proposed by other colleagues in the health care professions as appropriate and/or ensure that transfer of care takes place
	2.5 Act collegially and responsibly when other health care providers request assistance and when requesting assistance from others
3. Work with physicians, trainees and other colleagues in the health care professions to prevent misunderstandings, manage differences, and resolve conflicts	3.1 Show respect toward collaborators
	3.2 Identify the common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals
	3.3 Recognize one’s own approach to conflict and be able to recognize the conflict handling type in team members
	3.4 Implement strategies to resolve conflict in a manner that supports a collaborative culture
	3.5 Apply basic principles of negotiation when collaborating with team members to ensure optimal patient outcomes
	3.6 Seek help and advice when necessary, recognizing personal and professional limitations in conflict resolution
4. Effectively and safely transfer care to another health care professional	4.1 Determine when care should be transferred to another physician or health care professional
	4.2 Demonstrate safe handover of care, using both structured verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care
	4.3 Recognize the impact on patient safety of poor handover of care and identify the common sources of error and barriers to safe handover of care

Leader

Key Competencies	Enabling Competencies
1. Contribute to the improvement of health care delivery in teams, organizations, and systems	1.1 Describe the governance, structure, financing, and operation of the health care system and its facilities and how this influences patient care, research and educational activities at a local, provincial/territorial, regional, and national level
	1.2 Apply the science of quality improvement to contribute to improving systems of patient care
	1.3 Contribute to a culture that promotes patient safety
	1.4 Analyze patient safety incidents to enhance systems of care
	1.5 Use health informatics to improve the quality of patient care and optimize patient safety
2. Engage in the stewardship of health care resources	2.1 Allocate health care resources for optimal patient care
	2.2 Apply evidence and management processes to achieve cost-appropriate care
3. Demonstrate leadership in professional practice	3.1 Develop their leadership skills to enhance health care
	3.2 Facilitate change in health care to enhance services and outcomes
4. Manage one's time and plan one's career	4.1 Set priorities and manage time to integrate professional learning and personal life
	4.2 Develop and implement a career plan

Health Advocate

Key Competencies	Enabling Competencies
1. Respond to the individual patient's health needs by advocating with the patient within and beyond the clinical environment	1.1 Work with patients and their families, in the context of their communities, to identify and take action on the determinants of health that impede their ability to maintain or achieve the best possible health outcomes
	1.2 Work with patients and their families, in the context of their communities, to recognize and overcome barriers to facilitating and supporting healthy behaviour
	1.3 Identify and reduce barriers to disease prevention and health promotion for individual patients
	1.4 Contribute to working with patients and their families to navigate health care and social support systems to secure the resources and supports required to maintain or achieve the best possible health outcomes
2. Respond to the needs of the communities or patient populations they serve by advocating with them for system-level change	2.1 Work with a community and a population to identify the determinants of health that affect them
	2.2 Contribute to taking action with patients and their families, their communities, relevant organizations, the health care sector, and private sector and political institutions to foster the conditions that promote good health and health equity
	2.3 Informed by principles of health equity, address the unique health needs and barriers to access to appropriate health and social services of medically underserved populations [*see note below*]

[*Note: With respect to Health Advocate enabling competency 2.3, discussions are ongoing about whether or not to list, perhaps in an appendix, specific populations that will be given attention within the program curriculum. This list would be informed by MCC objectives (which identify specific populations) as well as underserved populations identified by the program, often through the appointment of theme leads. Examples include but are not limited to Indigenous people, those identifying as LGBTQ, and the elderly.*]

Scholar

Key Competencies	Enabling Competencies
1. Engage in the continuous enhancement of their professional activities through ongoing learning	1.1 Develop, monitor and revise a personal learning plan to enhance professional learning
	1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
	1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
2. Teach students, residents, and other colleagues in the health care professions	2.1 Recognize the influence of role-modeling and the impact of the formal, informal, and hidden curriculum on learning
	2.1 Promote a safe learning environment
	2.3 Maintain patient safety when learning in the clinical setting
	2.4 Plan and deliver a learning activity
	2.5 Provide feedback to enhance learning and performance
	2.6 Assess and evaluate learners, teachers, and programs in an educationally appropriate manner
3. Integrate best available evidence into practice	3.1 Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them
	3.2 Identify, select, and navigate evidence-based resources to address knowledge gaps. These resources include online applications and publications that provide summaries and appraisals of clinical evidence and also primary research articles. The U of T medical graduate is able to use digital technology for efficient retrieval of these resources and for their application at the point-of-care.
	3.3 Critically evaluate the integrity, reliability, and applicability of health-related research, literature and digital technologies
	3.4 Integrate evidence into decision-making in their practice
4. Contribute to the creation and dissemination of knowledge and practices applicable to health	4.1 Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in contemporary health care.
	4.2 Identify ethical principles for research and incorporate them into obtaining informed consent, considering the potential harms and benefits, and protecting vulnerable populations.
	4.3 Contribute to the work of a research project.
	4.4 Pose questions amenable to scholarly inquiry and select appropriate methods to address them
	4.5 Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry.

Professional

Key Competencies	Enabling Competencies
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, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, respect for boundaries, and maintenance of confidentiality, as well as a willingness to receive and act upon both positive and negative feedback from teachers, colleagues, other health care workers, and patients
	1.2 Demonstrate a commitment to excellence in all aspects of practice
	1.3 Recognize and respond to ethical issues in practice
	1.4 Recognize and manage conflicts of interest
	1.5 Exhibit professional behaviours in the use of technology-enabled communication and social media
	1.6 Demonstrate appreciation for patient autonomy and respect for persons in patient-physician interactions
2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care	2.1 Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
	2.2 Demonstrate a commitment to patient safety and quality improvement
3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation	3.1 Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice
	3.2 Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
	3.3 Participate in peer assessment
4. Demonstrate a commitment to physician health and well-being to foster optimal patient care	4.1 Exhibit self-awareness and manage influences on personal well-being and professional performance
	4.2 Manage personal and professional demands for a sustainable practice throughout the physician life cycle
	4.3 Promote a culture that recognizes, supports, and responds effectively to colleagues in need

Appendix B – Existing Program Objectives Mapped to Proposed Program Competencies

1. Medical Expert		
Existing Objectives	**Proposed Competencies**	**Notes**
1.1 Demonstrate a knowledge of the scientific* and humanistic foundations of medicine and be able to apply that knowledge to the practice of medicine. *Scientific foundations include among others, the contemporary content of those disciplines that have been traditionally titled anatomy, behavioral science, biochemistry, genetics, immunology, microbiology, pathology, pharmacology and therapeutics, physiology, and preventive medicine.	Medical Expert 1. Apply medical knowledge, clinical skills and professional attitudes to the provision of patient centered care Medical Expert 1.2. Apply and integrate knowledge in the following domains, relevant to the study and practice of medicine: FOUNDATIONAL DISCIPLINES i. Biomedical sciences* ii. Population and public health sciences iii. Social sciences* iv. Medical humanities*	Medical Expert Appendix 1 provides details regarding the domains of foundational knowledge and clinical topics relevant to the study and practice of medicine.
1.2 Demonstrate a thorough knowledge of the etiology, pathogenesis, clinical features, complications, principles of prevention and management of common and life-threatening illnesses presenting throughout the age spectrum, including all of the core clinical presentations outlined by the Medical Council of Canada.	Medical Expert 1. Apply medical knowledge, clinical skills and professional attitudes to the provision of patient centered care Medical Expert 1.2. Apply and integrate knowledge in the following domains, relevant to the study and practice of medicine: CLINICAL TOPICS v. Approach to clinical presentations* vi. Features of common and/or life-threatening acute and chronic illnesses*	Medical Expert Appendix 2 provides details regarding the Medical Council of Canada clinical presentations classified by body system/age group/clinical discipline. Medical Expert Appendix 3 provides details regarding common and/or life-threatening acute and chronic illnesses.
1.3a Demonstrate the ability to obtain and document both a complete and a focused medical history, as the situation requires.	Medical Expert 2 Perform a patient-centered clinical assessment Medical Expert 2.2 Obtain a history of the clinical presentation of the patient*	Medical Expert Appendix 1 provides details regarding the major elements of the medical history.

1.3b Demonstrate the ability to perform and document both a complete and focused physical and mental status examination, as the situation requires.	Medical Expert 2 Perform a patient-centered clinical assessment Medical Expert 2.3Perform a physical and mental status examination relevant to the patient's presentation*	Medical Expert Appendix 1 provides details regarding the major elements of the physical examination.
1.3c Demonstrate the ability to interpret commonly-employed laboratory tests, including tests of blood and other body fluids, various imaging modalities, and other specific tests such as electrocardiography.	Medical Expert 1. Apply medical knowledge, clinical skills and professional attitudes to the provision of patient centered care Medical Expert 1.2. Apply and integrate knowledge in the following domains, relevant to the study and practice of medicine: CLINICAL TOPICS vii. Use of diagnostic tests*	Medical Expert Appendix 1 provides details regarding the use of diagnostic tests.
1.3.d Demonstrate the ability to integrate the above history, physical and laboratory test findings into a meaningful diagnostic formulation.	Medical Expert 2 Perform a patient-centered clinical assessment Medical Expert 2.4 Order and interpret appropriate diagnostic investigations based on the clinical assessment Medical Expert 2.5Generate a problem list and for each problem a differential diagnosis, when applicable	
1.3e Demonstrate therapeutic and on-going management skills with respect to health and disease	Medical Expert 1. Apply medical knowledge, clinical skills and professional attitudes to the provision of patient centered care Medical Expert 1.2 Apply and integrate knowledge in the following domains, relevant to the study and practice of medicine: CLINICAL TOPICS viii. Application of therapeutic interventions* Medical Expert 3: Propose and participate (under appropriate supervision) in implementing management plans. All enabling competencies are relevant.	Medical Expert Appendix 1 provides details regarding the application of therapeutic interventions.

1.4 Retrieve, analyze, and synthesize relevant and current data and literature, using information technologies and library resources, in order to help solve a clinical problem.	Scholar 3 Integrate best available evidence into practice Scholar 3.2 Identify, select, and navigate evidence-based resources to address knowledge gaps. These resources include online applications and publications that provide summaries and appraisals of clinical evidence and also primary research articles. The U of T medical graduate is able to use digital technology for efficient retrieval of these resources and for their application at the point-of-care. Scholar 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research, literature and digital technologies	In CanMEDS 2015, critical appraisal and evidence-based medicine have been integrated into a single "evidence-informed decision-making" key competency in the Scholar Role (Scholar 3, Integrate best available evidence into practice).
1.5 Propose clinical decisions utilizing methods which integrate the best research evidence with clinical expertise and patient values.	Medical Expert 3. Propose and participate (under appropriate supervision) in implementing management plans 3.1 Involve the patient and family in developing the care plan and determining goals of care* Scholar 3 Integrate best available evidence into practice Scholar 3.4 Integrate evidence into decision-making in their practice	See note above re: critical appraisal and evidence-based medicine.
	Medical Expert 1 Apply medical knowledge, clinical skills and professional attitudes to the provision of patient centered care Medical Expert 1.1 Demonstrate integration of the CanMEDS roles into the practice of medicine Medical Expert 1.3. Demonstrate an awareness of limits of their expertise and their potential biases Medical Expert 1.4 Recognize the complexity, uncertainty and ambiguity inherent in medicine Medical Expert 1.5 Carry out professional duties in the face of multiple, competing demands	Medical Expert key competency 1 includes three enabling competencies that are not explicit in the existing objectives.

	Medical Expert 2 Perform a patient-centered clinical assessment Medical Expert 2.1 Prioritize issues to be addressed in a patient encounter Medical Expert 2.6 Recognize a patient requiring urgent or emergent care	Medical Expert key competency 2 includes one enabling competencies that is not explicit in the existing objectives.
	Medical Expert 3. Propose and participate (under appropriate supervision) in implementing management plans Medical Expert 3.1 Involve the patient and family in developing the care plan and determining goals of care* Medical Expert 3.2 Formulate a plan of management that includes a description and explanation of further investigations and/or therapeutic interventions, including considerations of priority and timing Medical Expert 3.3 Under appropriate supervision, implement plans for assessment and/or treatment Medical Expert 3.4 Obtain informed consent Medical Expert 3.5 Perform, under appropriate supervision, essential medical procedures* skillfully and safely with attention to patient comfort, including providing appropriate care prior to and following the procedure Medical Expert 3.6 Propose a follow-up plan regarding results of investigation and response to interventions Medical Expert 3.7 Initiate evaluation and treatment of a patient requiring urgent or emergent care, and seek help	Medical Expert key competency 3 includes seven enabling competencies that are not explicit in the existing objectives. Medical Expert Appendix 1 provides details regarding the goals of care. Medical Expert Appendix 4 provides details regarding essential medical procedures.

	Medical Expert 4 Understand and participate in continuous improvement in health care quality and patient safety Medical Expert 4.1 Describe the concept of continuous improvement in health care quality and be engaged in this process Medical Expert 4.2. Identify an approach to patient safety based on individual and system factors	Medical Expert key competency 4 includes two enabling competencies that are not explicit in the existing objectives. There may, however, be overlap between the Medical Expert for competencies and the existing Manager objective 8, Participate in innovative approaches to clinical care.
	Medical Expert 5 Contribute to improving the health of individuals and the population Medical Expert 5.1 Assess the health status of individuals and of populations, in terms of the impact of determinants of health Medical Expert 5.2. Apply principles of health promotion, health protection and disease prevention in the management of the health of individuals and populations Medical Expert 5.3. Work together with public health to manage the health of individuals in situations that require public health intervention, including those subject to legal requirements Medical Expert 5.4. Describe the roles of physicians and public health in the identification of health problems in the community, and their role in diagnosis and management of these problems Medical Expert 5.5 Work together with community-based agencies to support patient care and community health Medical Expert 5.6. Use epidemiological methods and data and other appropriate information sources to describe and assess the health of individuals and populations, and to assist in the diagnosis of disease	A community and public health key competency and corresponding enabling competencies have been added. This is not a topic included in CanMEDS 2015, but reflects an important curricular focus of the UofT MD program and of the Medical Council of Canada objectives (Clinical Presentation #78). A number of the Medical Expert community and public health key competencies overlap with existing Manager and Health Advocate objectives, as follows: • Existing Manager 4.6 (“population-based health care services”) = proposed Medical Expert 5.6 • Existing Health Advocate 5.1 (“determinants of health and principles of disease prevention”) = proposed Medical Expert 5.1 and 5.2 • Existing Health Advocate 5.2 (“population health”) = proposed Medical Expert 5.6 • Existing Health Advocate 5.3 (“diversity and collaboration”) = proposed Medical Expert 5.3 and 5.4 • Existing Health Advocate 5.4 (“community-based interventions” = proposed Medical Expert 5.5 and Health Advocate 2.3

2. Communicator		
Existing Objectives	**Proposed Competencies**	**Notes**
1. Communicate effectively with patients, their families and the community through verbal, written and other non-verbal means of communication, respecting the differences in beliefs and backgrounds among patients and students.	Communicator 2.4 Deliver messages (which are the sum total of everything that has been gathered, selected, interpreted, and managed) to patients and their caregivers in a clear and concise manner Communicator 3.1 Approach discussions with patients and families in a manner that is respectful, non-judgmental, and culturally safe	
2. Establish professional relationships with patients, their families (when appropriate) and community that are characterized by understanding, trust, respect, empathy and confidentiality.	Communicator 1. Establish professional therapeutic relationships with patients and their families Communicator 1.1 Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion Communicator 1.2 Engage the patient by optimizing the physical environment for patient comfort, dignity, privacy, and safety Communicator 1.3. Recognize when professional or personal values, biases or perspectives may have an impact on the quality of care and modify the approach to the patient accordingly Communicator 1.4 Respond to patients' cues and use appropriate behaviour to enhance communication Communicator 1.5 Appropriately respond to disagreements and emotionally charged conversations Communicator 1.6 Demonstrate adaptability towards patients' unique needs and preferences and their clinical circumstances	The existing "establish professional relationships" objective has been expanded to include a number of enabling competencies that are not explicit in the existing program objectives.

3. Deliver information to the patient and family (as appropriate) in a humane manner, and in such a way that it is easily understood, encourages discussion and promotes the patient's participation in decision-making	Communicator 3. Engage patients and their families in developing plans that reflect the patient's health care needs and goals Communicator 3.1 Approach discussions with patients and families in a manner that is respectful, non-judgmental, and culturally safe Communicator 3.2 Assist patients and their families to identify, access and make use of information and communication technologies to support their care and manage their health Communicator 3.3 Support patients and their families to make informed decisions regarding their health Communicator 4 Share health care information and plans with patients and their families while adhering to principles of confidentiality and consent Communicator 4.1 Ensure information is shared in a timely and accurate manner which is adapted to the patient's and family's needs Communicator 4.2 Appropriately respond to adverse events affecting patients and the health care team	The existing "deliver information" objective has been expanded to include two key competencies and number of explicit enabling competencies that are not explicit in the existing program objectives.
4. Gather information, negotiate a common agenda, and develop and interpret a treatment plan, while considering the influence of factors such as the patient's age, gender, ethnicity, cultural and spiritual values, socioeconomic background, medical conditions, and communication challenges.	Communicator 2 Use patient-centred skills to seek, gather, select and interpret accurate and relevant information of the clinical situation, incorporating the perspectives of patients and their families to inform management Communicator 2.1 Effectively seek and gather relevant biomedical and psychosocial information from a variety of sources including the patient, family, caregivers and/or other relevant individuals, while adhering to principles of confidentiality and consent Communicator 2.2 Accurately select and interpret biomedical and psychosocial information Communicator 2.3 Provide a clear structure for and	The existing "gather information" objective has been expanded to include a number of enabling competencies that are not explicit in the existing program objectives.

	manage the flow of the entire clinical encounter Communicator 2.4 Deliver messages (which are the sum total of everything that has been gathered, selected, interpreted, and managed) to patients and their caregivers in a clear and concise manner	
5. Demonstrate the importance of cooperation and communication among health professionals so as to maximize the benefits to patient care and outcomes, and minimize the risk of errors.	Communicator 5 Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, and privacy Communicator 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner, in compliance with legal and regulatory requirements Communicator 5.2 Effectively communicate using a written health record, electronic medical record, or other digital technology, such as phone, social media or email Communicator 5.3 Share patient information with other members of the health care team in a manner that respects patient privacy and confidentiality Collaborator 2. Consult effectively with physicians, trainees and other colleagues in the health care professions to provide care for individuals, communities and populations 2.3 Demonstrate comprehensive oral and written communication to the consultant that defines the rationale for consultation, urgency of consultation, and proposed clinical follow-up Collaborator 4. Effectively and safely transfer care to another health care professional 4.2 Demonstrate safe handover of care, using both structured verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care	The existing “cooperate and communicate with team members” objective has been expanded to include a number of enabling competencies that are not explicit in the existing program objectives. These are found in both communicator and collaborator key competencies.

3. Collaborator		
Existing Objectives	**Proposed Competencies**	**Notes**
1. Describe the roles and expertise of all members of an interdisciplinary team that are required to optimally achieve a goal related to patient care, a research problem, an educational task, or an administrative responsibility.	Collaborator 1.3 Demonstrate an understanding of the roles and responsibilities of collaborators in the clinical environment	
2. Develop a care plan for a patient he/she has assessed, including investigation, treatment and continuing care, in collaboration with the members of the interdisciplinary team.	Collaborator 2 Consult effectively with physicians, trainees and other colleagues in the health care professions to provide care for individuals, communities and populations Collaborator 2.1 Recognize a clinical situation that requires expertise beyond one's own Collaborator 2.2 Prioritize, based on urgency, the need for consultation Collaborator 2.3 Demonstrate comprehensive oral and written communication to the consultant that defines the rationale for consultation, urgency of consultation, and proposed clinical follow-up Collaborator 2.4 Carry out recommendations proposed by other colleagues in the health care professions as appropriate and/or ensure that transfer of care takes place Collaborator 2.5 Act collegially and responsibly when other health care providers request assistance and when requesting assistance from others	The existing "collaborative multidisciplinary care plan" objective has been expanded to include a number of enabling competencies that are not explicit in the existing program objectives.
3. Participate in interdisciplinary team discussions, demonstrating the ability to accept, consider and respect the opinions of other team members, while contributing an appropriate level of expertise to patient care.	Collaborator 1. Work effectively with physicians, trainees and other colleagues in the health care professions Collaborator 1.1: Cultivate healthy relationships with collaborating colleagues in the clinical environment Collaborator 1.3: Demonstrate an understanding of the roles and responsibilities of collaborators in the clinical environment	The existing "team discussions" objective has been expanded to include a number of enabling competencies that are not explicit in the existing program objectives.

	Collaborator 1.4: Employ a distributed leadership approach when solving problems with the health care team and be able to facilitate the creation of an optimal environment for collaborative practice Collaborator 3. Work with physicians, trainees and other colleagues in the health care professions to prevent misunderstandings, manage differences, and resolve conflicts Collaborator 3.1 Show respect toward collaborators Collaborator 3.2 Identify the common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals Collaborator 3.3 Recognize one's own approach to conflict and be able to recognize the conflict handling type in team members Collaborator 3.4 Implement strategies to resolve conflict in a manner that supports a collaborative culture Collaborator 3.5 Apply basic principles of negotiation when collaborating with team members to ensure optimal patient outcomes Collaborator 3.6 Seek help and advice when necessary, recognizing personal and professional limitations in conflict resolution	

	Collaborator 1 Work effectively with physicians, trainees, other colleagues in the health care professions Collaborator 1.1 Cultivate healthy relationships with collaborating colleagues in the clinical environment Collaborator 1.2 Explain how the organization, policies, and financing of the health care system impact collaborative patient care Collaborator 1.4 Employ a distributed leadership approach when solving problems with the health care team and be able to facilitate the creation of an optimal environment for collaborative practice	Collaborator key competency 1 includes three enabling competencies that are not explicit in the existing objectives.
	Collaborator 4 Effectively and safely transfer care to another health care professional Collaborator 4.1 Determine when care should be transferred to another physician or health care professional Collaborator 4.2 Demonstrate safe handover of care, using both structured verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care Collaborator 4.3 Recognize the impact on patient safety of poor handover of care and identify the common sources of error and barriers to safe handover of care	Collaborator key competency 4 includes three enabling competencies that are not explicit in the existing objectives.

4. Leader		
In CanMEDS 2015, the Manager Role has been renamed Leader. The RCPSC issued a summary report summarizing the name change, including what "Leader" is intended to represent in CanMEDS 2015. The Steering Committee agreed to adopt the name change to Leader.		
Existing Objectives	**Proposed Competencies**	**Notes**
1. Participate effectively in health care organizations, ranging from individual clinical practices to Academic Health Sciences Centres, exerting a positive influence on clinical practice and policy-making in one's professional community.	Leader 3 Demonstrate leadership in professional practice Leader 3.1 Develop their leadership skills to enhance health care Leader 3.2 Facilitate change in health care to enhance services and outcomes	Leader key competency 3 and the two enabling competencies (3.1 and 3.2) that overlap with the existing "participate in health care organizations" objective have shifted in a manner that reflects the name change from Manager to Leader. There may also be overlap between the Leader 3 competencies and the existing Scholar 6.3 ("creative professional activities") objectives.
2. Describe the governance, structure, financing, and operation of the health care system and its facilities and how this influences patient care, research and educational activities at a local, provincial, regional, and national level.	Leader 1 Contribute to the improvement of health care delivery in teams, organizations, and systems 1.1 Describe the governance, structure, financing, and operation of the health care system and its facilities and how this influences patient care, research and educational activities at a local, provincial/territorial, regional, and national level	
3. Apply a broad base of information to the care of patients in ambulatory care, hospitals and other health care settings.	Leader 1 Contribute to the improvement of health care delivery in teams, organizations, and systems 1.5Use health informatics to improve the quality of patient care and optimize patient safety	Leader enabling competency 1.4 includes a greater emphasis on patient care and safety.
4. Describe the rationale for wise stewardship of available resources, appreciating the overall framework for resource allocation, and the absolute and relative levels of resources in various components of the health care system.	Leader 2 Engage in the stewardship of health care resources Leader 2.2 Apply evidence and management processes to achieve cost-appropriate care	

5. Help to build better teams.	Collaborator 1. Work effectively with physicians, trainees and other colleagues in the health care professions Collaborator 1.4, Employ a distributed leadership approach when solving problems with the health care team and be able to facilitate the creation of an optimal environment for collaborative practice. Leader 3: Demonstrate leadership in professional practice 3.1 Develop their leadership skills to enhance health care 3,2 Facilitate change in health care to enhance services and outcomes	The existing "build better teams" objective is captured under Collaborator key competency 1, and enabling competency 1.4, as well as key competency 3.
6. Describe how population-based approaches to health care services can improve medical practice.	Medical Expert 5.6. Use epidemiological methods and data and other appropriate information sources to describe and assess the health of individuals and populations, and to assist in the diagnosis of disease	The existing Manager 6 objective is captured in general under Medical Expert key competency 5 (Contribute to improving the health of individuals and the population), and in particular under enabling competency 5.6.
7. Participate in planning, budgeting, evaluation and outcome of a patient care program.	Leader 2 Engage in the stewardship of health care resources Leader 2.1 Allocate health care resources for optimal patient care	
8. Participate in innovative approaches to clinical care.	Medical Expert 4 Understand and participate in continuous improvement in health care quality and patient safety Medical Expert 4.1 Describe the concept of continuous improvement in health care quality and be engaged in this process Medical Expert 4.2. Identify an approach to patient safety based on individual and system factors	The existing "innovation in clinical care" objective may be captured in Medical Expert 4, which reflects a greater emphasis on QI and patient safety (rather than "innovative approaches").

	Leader 1 Contribute to the improvement of health care delivery in teams, organizations, and systems Leader 1.3 Contribute to a culture that promotes patient safety Leader 1.4 Analyze patient safety incidents to enhance systems of care	Leader key competency 1 includes two enabling competencies that are not explicit in the existing Manager program objectives. There may, however, be overlap between the Leader 1 competencies and the existing Scholar 6.3 (“creative professional activities”) objectives.
	Leader 4 Manage one’s time and plan one’s career Leader 4.1 Set priorities and manage time to integrate professional learning and personal life Leader 4.2 Develop and implement a career plan	Leader key competency 4 includes two enabling competencies that are not explicit in the existing objectives.

5. Health Advocate		
Existing Objectives	**Proposed Competencies**	**Notes**
1. Describe the determinants of health and principles of disease prevention and behavior change appropriate for specific patient populations within a community and internationally, and apply these to patient care responsibilities and broader patient care initiatives.	Medical Expert 5.1 Assess the health status of individuals and of populations, in terms of the impact of determinants of health Medical Expert 5.2. Apply principles of health promotion, health protection and disease prevention in the management of the health of individuals and populations	
2. Define and describe a population, its demography, cultural and socioeconomic constitution, circumstances of living, and health status; and understand how to gather health information about this population in order to better serve its needs.	Medical Expert 5.6. Use epidemiological methods and data and other appropriate information sources to describe and assess the health of individuals and populations, and to assist in the diagnosis of disease	
3. Respect diversity, be willing to work through systems, collaborate with other members of the health care team, and accept appropriate responsibility for the health of populations.	Health Advocate 2.3 Informed by principles of health equity, address the unique health needs and barriers to access to appropriate health and social services of medically underserved populations Medical Expert 5.3. Work together with public health to manage the health of individuals in situations that require public health intervention, including those subject to legal requirements Medical Expert 5.4. Describe the roles of physicians and public health in the identification of health problems in the community, and their role in diagnosis and management of these problems Leader 1 (system) Collaboration 1 (collaborate with other members of the team) Medical Expert 5 and Health Advocate 2 (health of the population)	This existing program objective was always difficult to grasp. It covers all at once issues related to diversity, the health care system, to collaboration, and to advocacy related to health of populations.

4. Participate in community activities directed at improving health, utilizing the best evidence, effective teamwork and communication skills.	Medical Expert 5.5 Work together with community-based agencies to support patient care and community health Health Advocate 2.3 Informed by principles of health equity, address the unique health needs and barriers to access to appropriate health and social services of medically underserved populations	
5. Describe the importance of the individual physician/patient relationship, and develop it appropriately, as a means to identify and implement individual health and disease management strategies on an individual basis.	Health Advocate 1 Respond to the individual patient's health needs by advocating with the patient within and beyond the clinical environment Health Advocate 1.1 Work with patients and their families, in the context of their communities, to identify and take action on the determinants of health that impede their ability to maintain or achieve the best possible health outcomes Health Advocate 1.2 Work with patients and their families, in the context of their communities, to recognize and overcome barriers to facilitating and supporting healthy behaviour Health Advocate 1.3 Identify and reduce barriers to disease prevention and health promotion for individual patients Health Advocate 1.4 Contribute to working with patients and their families to navigate health care and social support systems to secure the resources and supports required to maintain or achieve the best possible health outcomes Also communicator 1: Establish professional therapeutic relationships with patients and their families	The existing "physician-patient relationship" objective has been expanded to include a number of enabling competencies that are not explicit in the existing objectives.

6. Be prepared to challenge clinical orthodoxy, or identify threats to population health and advocate for their amelioration.	Health Advocate 2 Respond to the needs of the communities or patient populations they serve by advocating with them for system-level change Health Advocate 2.1 Work with a community and a population to identify the determinants of health that affect them Health Advocate 2.2 Contribute to taking action with patients and their families, their communities, relevant organizations, the health care sector, and private sector and political institutions to foster the conditions that promote good health and health equity Also Leader 1: Contribute to the improvement of health care delivery in teams, organizations, and systems	The existing "advocate for population health/change orthodoxy" objective has been expanded to include a number of enabling competencies that are not explicit in the existing objectives.

6. Scholar		
Existing Objectives	**Proposed Competencies**	**Notes**
1. Contribute to Research: The medical graduate will be able to pose a research question, help develop a protocol, assist in carrying out the research, and disseminate the results. The medical graduate will demonstrate an understanding of ethics as it relates to medical research.	Scholar 4 Contribute to the creation and dissemination of knowledge and practices applicable to health Scholar 4.1 Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in contemporary health care Scholar 4.2 Identify ethical principles for research and incorporate them into obtaining informed consent, considering the potential harms and benefits, and protecting vulnerable populations Scholar 4.3 Contribute to the work of a research project Scholar 4.4 Pose questions amenable to scholarly inquiry and select appropriate methods to address them Scholar 4.5 Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry	The existing "research" objective has been expanded to include a number of enabling competencies that are not explicit in the existing objectives.
2. Contribute to Education: The medical graduate will: a. demonstrate the ability to engage in life-long, self-directed learning and critical inquiry. b. compare and contrast the diverse learning approaches of peers, patients and others, in order to effectively interact and collaborate. c. assist in teaching others and facilitating learning where appropriate d. understand the importance of being mentors to those less experienced members of the health care teams	Scholar 1 Engage in the continuous enhancement of their professional activities through ongoing learning Scholar 1.1 Develop, monitor and revise a personal learning plan to enhance professional learning Scholar 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources Scholar 1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice Scholar 2 Teach students, residents, and other colleagues in	The existing "contribute to education" objective touches on both "learning" and "teaching". The proposed Scholar competencies include separate life-long learning (Scholar 1) and teaching (Scholar 2) competencies. Taken together, these two key competencies include a number of enabling competencies that are not explicit in the existing "contribute to education" objective.

	the health care professions Scholar 2.1 Recognize the influence of role-modeling and the impact of the formal, informal, and hidden curriculum on learning Scholar 2.1 Promote a safe learning environment Scholar 2.3 Maintain patient safety when learning in the clinical setting Scholar 2.4 Plan and deliver a learning activity Scholar 2.5 Provide feedback to enhance learning and performance Scholar 2.6 Assess and evaluate learners, teachers, and programs in an educationally appropriate manner	
3. Contribute to Creative Professional Activity: The medical graduate will be able to describe the importance of, and contribute to professional innovations, creative excellence, and exemplary professional practice. The graduate will also demonstrate leadership potential by participating in the development of professional practices, such as practice guidelines or health policy development, and participation in professional organizations.	This particular program objective struck many as too lofty for the medical school graduate. Key achievable elements are captured as follows: Leader 1 Contribute to the improvement of health care delivery in teams, organizations, and systems Leader 1.2 Apply the science of quality improvement to contribute to improving systems of patient care Leader 1.3 Contribute to a culture that promotes patient safety Leader 1.4 Analyze patient safety incidents to enhance systems of care Leader 1.5 Use health informatics to improve the quality of patient care and optimize patient safety Leader 3 Demonstrate leadership in professional practice Leader 3.1 Develop their leadership skills to enhance health care	The existing “contribute to creative professional activity” may be captured under the Leader 1 and 3 competencies, which do however include a number of enabling competencies that are different from the existing “contribute to creative professional activity” objective.

	Leader 3.2 Facilitate change in health care to enhance services and outcomes	
	Scholar 3 Integrate best available evidence into practice Scholar 3.1 Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them Scholar 3.2 Identify, select, and navigate evidence-based resources to address knowledge gaps. These resources include various online applications and publications that provide summaries and appraisals of clinical evidence but also include primary research articles. The U of T medical graduate is able to use digital technology for efficient retrieval of these resources and for their use at the point-of-care. Scholar 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature Scholar 3.4 Integrate evidence into decision-making in their practice Professional 3: Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation	Critical appraisal and evidence-based medicine have been integrated into a single "evidence-informed decision-making" key competency in the Scholar Role (Scholar 3). There may be overlap between proposed Scholar 3.2 and 3.3 with existing Medical Expert 1.4 (Retrieve, analyze, and synthesize relevant and current data and literature, using information technologies and library resources, in order to help solve a clinical problem) There may overlap between proposed Scholar 3.4 and existing Medical Expert 1.5 (Propose clinical decisions utilizing methods which integrate the best research evidence with clinical expertise and patient values). There may be overlap between proposed Scholar 3.1 and existing Professional 7.5 (Recognize and accept the limitations in his/her knowledge and clinical skills, and demonstrate a commitment to continuously improve his/her knowledge, ability and skills and leadership, always striving for excellence).

7. Professional		
Existing Objectives	**Proposed Competencies**	**Notes**
1. Recognize and accept the need for self-care and personal development as necessary to fulfilling one's professional obligations and leadership role.	Professional 4 Demonstrate a commitment to physician health and well-being to foster optimal patient care Professional 4.1 Exhibit self-awareness and manage influences on personal well-being and professional performance Professional 4.2 Manage personal and professional demands for a sustainable practice throughout the physician life cycle Professional 4.3 Promote a culture that recognizes, supports, and responds effectively to colleagues in need	The "self care, personal development" objective has been expanded to include a number of enabling competencies that are not explicit in the existing objectives.
2. Demonstrate altruism, honesty and integrity and respect in all interactions with patients, families, colleagues, and others with whom physicians must interact in their professional lives.	Professional 1 Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards Professional 1.1 Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, respect for boundaries, and maintenance of confidentiality, as well as a willingness to receive and act upon both positive and negative feedback from teachers, colleagues, other health care workers, and patients	
3. Demonstrate compassionate treatment of patients and respect for their privacy and dignity and beliefs.	Professional 1 Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards Professional 1.1 Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, respect for boundaries, and maintenance of confidentiality, as well as a willingness to receive and act upon both positive and negative feedback from teachers, colleagues, other health care workers, and patients	Respect for patient privacy, dignity and beliefs is also captured in a number of the Communicator competencies (1.2, 1.6, 2.1, 3.1, 4, 5.3).

	Professional 1.6 Demonstrate appreciation for patient autonomy and respect for persons in patient-physician interactions	
4. Be reliable and responsible in fulfilling obligations.	Professional 1 Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards Professional 1.2 Demonstrate a commitment to excellence in all aspects of practice Professional 1.5 Exhibit professional behaviours in the use of technology-enabled communication and social media	
5. Recognize and accept the limitations in his/her knowledge and clinical skills, and demonstrate a commitment to continuously improve his/her knowledge, ability and skills and leadership, always striving for excellence.	Medical Expert 1.3. Demonstrate an awareness of limits of their expertise and their potential biases Medical Expert 1.4 Recognize the complexity, uncertainty and ambiguity inherent in medicine Scholar 1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice Scholar 3.1 Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them Professional 1.2 Demonstrate a commitment to excellence in all aspects of practice	
6. Describe and abide by the University/Faculty codes of professional conduct, and the relevant professional regulatory requirements concerning medical practice.	Professional 3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation Professional 3.1 Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice Professional 3.2 Recognize and respond to unprofessional and unethical behaviours in physicians	The existing “abide by regulations” objective has been expanded to include a number of enabling competencies that are not explicit in the existing objectives.

	and other colleagues in the health care professions Professional 3.3 Participate in peer assessment	
7. Describe the threats to medical professionalism posed by the conflicts of interest which can occur in the practice of medicine.	Professional 1 Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards Professional 1.4 Recognize and manage conflicts of interest	
8. Demonstrate a sound grasp of the theories and principles governing ethical decision-making, the major ethical dilemmas in medicine, and an approach to resolving these.	Professional 1 Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards Professional 1.3 Recognize and respond to ethical issues in practice	
9. Demonstrates an understanding of the principles and practice of law as they apply to the practice of medicine.	Professional 3.1 Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice	
10. Develop the capacity to recognize common medical errors, report them to the required bodies, and discuss them appropriately with patients.	Professional 2 Demonstrate a commitment to society by recognizing and responding to societal expectations in health care Professional 2.1 Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians Professional 2.2 Demonstrate a commitment to patient safety and quality improvement Communicator 4 Share health care information and plans with patients and their families while adhering to principles of confidentiality and consent 4.2 Appropriately respond to adverse events affecting patients and the health care team Medical Expert 4 Understand and participate in continuous improvement in health care quality and patient safety 4.1 Describe the concept of continuous improvement in health care quality and be engaged in this process 4. 2 Identify an approach to patient safety based on individual and system factors	The existing “manage medical error” objective has been expanded to include a number of enabling competencies that are not explicit in the existing program objectives, including a focus on social accountability, patient safety and quality improvement. The phrase “medical error” is not used as such.

Appendix C – CanMEDS-Family Medicine Competencies Mapped to UME Program Competencies

Note: This mapping does not necessarily include all of the U of T MD program key and enabling competencies relevant to particular CanMEDS-FM (2009) key competencies. Rather, the mapping references only the "highest order" and/or most highly relevant U of T MD program key and/or enabling competencies. Keeping with the goal that graduates of the U of T MD program will demonstrate the foundation of knowledge, skills an attitudes necessary to achieve the CanMEDS 2015 and CanMEDS-FM competencies, the intent of this mapping is to demonstrate alignment between the U of T MD program and CanMEDS-FM competency frameworks.

Family Medicine Expert / Medical Expert

CanMEDS-FM Key Competency	U of T MD Program Key and/or Enabling Competencies
1. Integrate all the CanMEDS-FM roles in order to function effectively as generalists	Medical Expert enabling competency 1.1 Demonstrate integration of the CanMEDS roles into the practice of medicine
2. Establish and maintain clinical knowledge, skills and attitudes required to meet the needs of the practice and patient population served	Medical Expert key competency 1 Apply medical knowledge, clinical skills and professional attitudes to the provision of patient centered care
3. Demonstrate proficient assessment and management of patients using the patient-centred clinical method	Medical Expert key competency 2 Perform a patient-centered clinical assessment Medical Expert key competency 3 Propose and participate (under appropriate supervision) in implementing management plans Medical Expert enabling competency 3.1 Involve the patient and family in developing the care plan and determining goals of care
4. Provide comprehensive and continuing care throughout the life cycle incorporating appropriate preventive, diagnostic and therapeutic interventions	Medical Expert enabling competency 3.2 Formulate a plan of management that includes a description and explanation of further investigations and/or therapeutic interventions, including considerations of priority and timing Medical Expert enabling competency 3.3 Under appropriate supervision, implement plans for assessment and/or treatment Medical Expert enabling competency 3.4 Obtain informed consent Medical Expert enabling competency 3.6 Propose a follow-up plan regarding results of investigation and response to interventions Medical Expert enabling competency 5.2: Apply principles of health promotion, health protection and disease prevention in the management of the health of individuals and populations

5. Attend to complex clinical situations in family medicine effectively	Medical Expert enabling competency 1.3 Demonstrate an awareness of limits of their expertise and their potential biases Medical Expert enabling competency 1.4 Recognize the complexity, uncertainty and ambiguity inherent in medicine
6. Demonstrate proficient and evidence-based use of procedural skills	Medical Expert enabling competency 3.5 Perform, under appropriate supervision, essential medical procedures* skillfully and safely with attention to patient comfort, including providing appropriate care prior to and following the procedure
7. Provide coordination of patient care including collaboration and consultation with other health professionals and caregivers	Collaborator key competency 2 Consult effectively with physicians, trainees and other colleagues in the health care professions to provide care for individuals, communities and populations

Communicator

CanMEDS-FM Key Competency	U of T MD Program Key and/or Enabling Competencies
1. Develop rapport, trust and ethical therapeutic relationships with patients and families	Communicator key competency 1 Establish professional therapeutic relationships with patients and their families
2. Accurately elicit and synthesize information from, and perspectives of, patients and families, colleagues and other professionals	Communicator key competency 2 Use patient-centred skills to seek, gather, select and interpret accurate and relevant information of the clinical situation, incorporating the perspectives of patients and their families to inform management
3. Accurately convey needed information and explanations to patients and families, colleagues and other professionals	Communicator key competency 4 Share health care information and plans with patients and their families while adhering to principles of confidentiality and consent
4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop, provide and follow-up on a shared plan of care	Communicator key competency 3 Engage patients and their families in developing plans that reflect the patient's health care needs and goals Collaborator key competency 2 Consult effectively with physicians, trainees and other colleagues in the health care professions to provide care for individuals, communities and populations
5. Convey effective oral and written information	Communicator enabling competency 2.4 Deliver messages (which are the sum total of everything that has been gathered, selected, interpreted, and managed) to patients and their caregivers in a clear and concise manner Communicator key competency 5 Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, and privacy

Collaborator

CanMEDS-FM Key Competency	U of T MD Program Key and/or Enabling Competencies
1. Participate in a collaborative team-based model and with consulting health professionals in the care of patients	Collaborator key competency 1 Work effectively with physicians, trainees, other colleagues in the health care professions Collaborator key competency 2 Consult effectively with physicians, trainees and other colleagues in the health care professions to provide care for individuals, communities and populations
2. Maintain a positive working environment with consulting health professionals, health care team members, and community agencies	Collaborator key competency 1 Work effectively with physicians, trainees, other colleagues in the health care professions Collaborator key competency 3 Work with physicians, trainees and other colleagues in the health care professions to prevent misunderstandings, manage differences, and resolve conflicts
3. Engage patients or specific groups of patients and their families as active participants in their care	Communicator key competency 3: Engage patients and their families in developing plans that reflect the patient's health care needs and goals

Manager / Leader

CanMEDS-FM Key Competency	U of T MD Program Key and/or Enabling Competencies
1. Participate in activities that contribute to the effectiveness of their own practice, healthcare organizations and systems	Leader key competency 1 Contribute to the improvement of health care delivery in teams, organizations, and systems
2. Manage their practice and career effectively	Leader key competency 4 Manage one's time and plan one's career
3. Allocate finite healthcare resources appropriately	Leadership key competency 2 Engage in the stewardship of health care resources
4. Serve in administration and leadership roles, as appropriate	Leadership key competency 3 Demonstrate leadership in professional practice

Health Advocate

CanMEDS-FM Key Competency	U of T MD Program Key and/or Enabling Competencies
1. Respond to individual patient health needs and issues as part of patient care	Health Advocate key competency 1 Respond to the individual patient's health needs by advocating with the patient within and beyond the clinical environment
2. Respond to the health needs of the communities that they serve	Health Advocate key competency 2 Respond to the needs of the communities or patient populations they serve by advocating with them for system-level change
3. Identify the determinants of health within their communities	Health Advocate enabling competency 1.1 Work with patients and their families, in the context of their communities, to identify and take action on the determinants of health that impede their ability to maintain or achieve the best possible health outcomes Health Advocate enabling competency 2.1 Work with a community and a population to identify the determinants of health that affect them

4. Promote the health of individual patients, communities and populations	Medical Expert enabling competency 5.2. Apply principles of health promotion, health protection and disease prevention in the management of the health of individuals and populations Health Advocate enabling competency 2.2 Contribute to taking action with patients and their families, their communities, relevant organizations, the health care sector, and private sector and political institutions to foster the conditions that promote good health and health equity Health Advocate enabling competency 2.3 Informed by principles of health equity, address the unique health needs and barriers to access to appropriate health and social services of medically underserved populations

Scholar

CanMEDS-FM Key Competency	U of T MD Program Key and/or Enabling Competencies
1. Maintain and enhance professional activities through ongoing self-directed learning based on reflective practice	Scholar enabling competency 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources Scholar enabling competency 1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
2. Critically evaluate medical information, its sources, and its relevance to their practice, and apply this information to practice decisions	Scholar enabling competency 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature Scholar enabling competency 3.4 Integrate evidence into decision-making in their practice
3. Facilitate the education of patients, families, trainees, other health professional colleagues, and the public, as appropriate	Scholar key competency 2 Teach students, residents, and other colleagues in the health care professions
4. Contribute to the creation, dissemination, application, and translation of new knowledge and practices	Scholar key competency 4 Contribute to the creation and dissemination of knowledge and practices applicable to health

Professional

CanMEDS-FM Key Competency	U of T MD Program Key and/or Enabling Competencies
1. Demonstrate a commitment to their patients, profession, and society through ethical practice	Professional key competency 1 Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards Professional key competency 2 Demonstrate a commitment to society by recognizing and responding to societal expectations in health care
2. Demonstrate a commitment to their patients, profession, and society through participation in	Professional key competency 3 Demonstrate a commitment to the profession by adhering to standards

profession-led regulation	and participating in physician-led regulation
3. Demonstrate a commitment to physician health and sustainable practice	Professional key competency 4 Demonstrate a commitment to physician health and well-being to foster optimal patient care Professional enabling competency 4.2 Manage personal and professional demands for a sustainable practice throughout the physician life cycle
4. Demonstrate a commitment to reflective practice	Scholar enabling competency 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources Professional enabling competency 4.1 Exhibit self-awareness and manage influences on personal well-being and professional performance

Appendix D – Principles for the Development of Milestones

The development of milestones for each enabling competency will proceed as a second phase of the review process. The Steering Committee has agreed on the following principles:

1. The milestones will be expressed at two levels of achievement, as appropriate:
   - milestones to be achieved prior to entry into Clerkship, and
   - milestones to be achieved prior to graduation.
2. The milestones will be written as descriptions of the abilities expected of a medical student in order to transition from one stage of training to the next stage; i.e. from Preclerkship to Clerkship or from Clerkship to Residency.
3. The milestones to be achieved prior to graduation will be at a level of achievement equivalent to or greater than the CanMEDS 2015 requirements for residency milestones.
4. The milestones will be demonstrable and measurable, but the actual means of assessment will not be determined by the working groups. The working groups will, however, be conscious of the ability to assess the milestones.
5. To ensure that we can attest that our students are ready to enter residency, the competencies and milestones for the UofT MD program will be mapped to the AAMC Core Entrustable Professional Activities (EPAs) for Entering Residency, and we will be mindful of plans to develop similar EPAs for Canadian medical schools.

Appendix E1 – Appendix 1: Aspects of Selected Enabling Competencies

Enabling Competency	Aspects of the Competency
Medical Expert 1.2 Foundational Disciplines – (i) Biomedical Sciences	The major biomedical sciences are: anatomy, biochemistry, embryology, genetics, histology, immunology, medical imaging, microbiology, nutrition and exercise science, pathology, pharmacology, physiology, radiology
Medical Expert 1.2 Foundational Disciplines – (iii) Social Sciences	The social sciences most relevant to the study and practice of medicine are anthropology, economics, education, psychology and sociology
Medical Expert 1.2 Foundational Disciplines – (iv) Medical Humanities	The humanities most relevant to the study and practice of medicine are the arts, literature, history, and philosophy
Medical Expert 1.2 Clinical Topics – (i) Approach to Clinical Presentations	The most relevant clinical presentations have been identified by the Medical Council of Canada, and are summarized in Appendix 2. Appropriate competence in this domain for the University of Toronto medical graduate involves, for each presentation, being able to present: • an organized list of causes, including those of greatest urgency • an approach to further evaluation (by history, physical examination, and diagnostic tests) • an approach to management pending identification of the underlying cause

Appendix 1 – Aspects of Selected Enabling Competencies (Continued)

Enabling Competency	Aspects of the Competency
Medical Expert 1.2 Clinical Topics – (ii) Features of Common and/or Life-threatening Acute or Chronic Illnesses	The most relevant illnesses have been identified by the Medical Council of Canada, where they are listed as "Causal Conditions" for each clinical presentation. These illnesses are summarized in Appendix 3. Appropriate competence in this domain for the University of Toronto medical graduate involves, for each illness, being able to present: • etiology • pathogenesis • clinical features • complications • therapeutic interventions • prognosis
Medical Expert 1.2 Clinical Topics – (iii) Use of Diagnostic Tests	The relevant diagnostic tests include laboratory tests, medical imaging procedures and special tests such as electrocardiography used in the investigation of the clinical presentations listed above. Appropriate competence in this domain for the University of Toronto medical graduate involves, for each test, being able to present: • indications • risks and contraindications • how the test is performed • how the test is interpreted

Appendix 1 – Aspects of Selected Enabling Competencies (Continued)

Enabling Competency	Aspects of the Competency
Medical Expert 1.2 Clinical Topics - (iv) Application of Therapeutic Interventions	The relevant therapeutic interventions include preventative measures, counselling, medications, intravenous fluids, surgical procedures, rehabilitation, nutrition and exercise used for the illnesses described above. Appropriate competence in this domain for the University of Toronto medical graduate involves, for each intervention, being able to present: • indications • contraindications • how they work • how they are implemented • risks and benefits • procedures involved in monitoring for efficacy and side effects
Medical Expert 2.2 Obtain a history	The major elements of the medical history are: • The chief complaint • History of present illness • Medical interventions to date • Functional system review • Past medical, psychiatric and surgical history • Medications (including supplements and non-prescription medications) • Allergies • Social history • Family history of medical issues

Appendix 1 – Aspects of Selected Enabling Competencies (Continued)

Enabling Competency	Aspects of the Competency
Medical Expert 2.3 Perform a physical examination	The major elements of the physical examination are: • An explanation of the purpose and nature of the physical examination and obtaining of consent • Appropriate attention to patient comfort and draping • General appearance and initial impression of the patient • Vital signs at the start of the examination, when appropriate • Mental status examination • A focused physical examination pertinent to the chief complaint and functional inquiry • A complete physical examination, when appropriate
Medical Expert 3.1 Goals of care	The goals of care to be discussed may include prevention, slowing of disease progression, achieving cure, improving function, treating symptoms, and/or palliation
Medical Expert 3.5 Essential medical procedures	The University of Toronto medical graduate is expected to demonstrate competence in essential medical procedures listed in Appendix 4. Such competence includes an awareness of the procedure's indications, contraindications and risks, and the steps involved in the procedure including care before and after the procedure is carried out.
Communicator 1.1 Patient-centred care	The Institute of Medicine defines patient-centred care as: Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions. (Institute of Medicine Committee on Quality of Health Care in American. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academy Press; 2001, p.6.)
Collaborator 1.4 Distributed leadership approach	A "distributed leadership" approach is one where team members share leadership responsibilities in different aspects of the team's work, depending on each team member's expertise.

Appendix E2 – Appendix 2: Medical Council of Canada Clinical Presentations Classified by Body System or Clinical Discipline

System	MCC Presentation	MCC Presentation Number
Cardiovascular	**Blood pressure, abnormal** - Hypertension - Hypotension/shock	**9** 9.1 9.2
	Cardiac arrest	**13**
	Chest pain	**14**
	Abnormal heart sounds and murmur	**62**
	Palpitations (Abnormal ECG- arrhythmia)	**68**
	Syncope and pre-syncope	**106**
Cutaneous	**Hair and nail complaints** - Alopecia - Nail complaints	**38** 38.1 38.2
	Pruritus	**85**
	Skin tumours and ulcers	**95**
	Skin rash, macules	**96**
	Skin rash, papules - Urticaria, angioedema	**97** 97.2
Endocrine	**Breast disorders** - Gynecomastia	**10** 10.3
	Calcium disorders (Hypocalcemia, Hypercalcemia)	**12**
	Glucose abnormal, serum/diabetes mellitus/ polydipsia - Glucose abnormalities - Diabetes mellitus	**37** 37.1 37.2
	Hirsutism, hypertrichosis	**43**
	Abnormal, serum lipids	**51**

Appendix 2 – Medical Council of Canada Clinical Presentations
Classified by Body System (Continued)

Body System	MCC Presentation	MCC Presentation Number
Gastrointestinal	**Abdominal distention**	**1**
	Abdominal / pelvic mass - Hepatomegaly - Hernia, abdominal wall and groin	**2** 2.2 2.4
	Abdominal pain - Abdominal pain, acute - Abdominal pain, chronic - Abdominal pain, anorectal	**3** 3.2 3.3 3.4
	Blood from gastrointestinal tract - Blood from GI tract, Upper (hematemesis) - Blood from GI tract, lower (hematochezia)	**6** 6.1 6.2
	Constipation - Adult constipation	**16** 16.1
	Diarrhea - Acute diarrhea - Chronic diarrhea	**22** 22.1 22.2
	Dysphagia	**26**
	Jaundice	**49**
	Abnormal liver function tests	**52**
	Vomiting and/or nausea	**116**
Hematologic	**Abdominal / pelvic mass** - Splenomegaly	**2** 2.3
	Coagulation abnormalities - Bleeding tendency, bruising - Venous thrombosis, hypercoagulable state	**15** 15.1 15.2
	Hemoglobin level, abnormal - Anemia - Elevated hemoglobin	**42** 42.1 42.2
	Lymphadenopathy - Mediastinal mass	**54** 54.1
	White blood cells, abnormalities of	**120**
Musculoskeletal	**Joint pain** - Oligoarthralgia (pain in one to four joints) - Polyarthralgia (pain in more than four joints) - Non-articular musculoskeletal pain - Back pain and related symptoms (e.g. sciaticia) - Neck pain	**50** 50.1 50.2 50.3 50.4 50.5
	Lump/mass, musculoskeletal	**53**

Appendix 2 – Medical Council of Canada Clinical Presentations
Classified by Body System (Continued)

Body System	MCC Presentation	MCC Presentation Number
Neurologic	**Diplopia**	**23**
	Dizziness, vertigo	**24**
	Gait disturbances/ataxia	**35**
	Headache	**39**
	Hemiplegia, hemisensory loss with or without aphasia	**41**
	Language and speech disorders	**44**
	Mental status, altered - Coma - Delirium/confusion - Major/mild neurocognitive disorders (Dementia)	**58** 58.1 58.2 58.3
	Movement disorders, involuntary/tic disorders	**61**
	Numbness/tingling/altered sensation	**66**
	Seizures (epilepsy)	**92**
	Weakness, paralysis, paresis, and/or loss of motion	**117**
Ocular	**Eye redness**	**30**
	Strabismus and/or amblyopia	**102**
	Visual disturbance/loss - Acute visual disturbance/loss - Chronic visual disturbance/loss	**115** 115.1 115.2
Otolaryngologic	**Ear pain**	**28**
	Hearing loss/deafness	**40**
	Mouth problems	**60**
	Neck mass/goiter/thyroid disease	**63**
	Sore throat and/or rhinorrhea - Smell/taste dysfunction	**100** 100.1
	Tinnitus	**108**

Appendix 2 – Medical Council of Canada Clinical Presentations
Classified by Body System (Continued)

Body System	MCC Presentation	MCC Presentation Number
Renal and Urinary Tract	**Blood in urine (hematuria)**	**8**
	Edema/anasarca/ascites - Generalized edema - Localized edema	**29** 29.1 29.2
	Acid-base abnormalities, hydrogen	**45**
	Incontinence Incontinence, adult, urine	**47** 47.2
	Impotence/erectile dysfunction	**48**
	Potassium concentration, abnormal, serum - Hyperkalemia - Hypokalemia	**79** 79.1 79.2
	Proteinuria	**84**
	Kidney injury - Acute kidney injury (anuria/oliguria) - Chronic kidney injury	**89** 89.1 89.2
	Scrotal mass	**90**
	Scrotal pain	**91**
	Sodium concentration abnormal, serum - Hypernatremia - Hyponatremia	**99** 99.1 99.2
	Urinary frequency - Dysuria, urinary frequency and urgency, and/or pyuria - Polyuria and/or polydipsia	**110** 110.1 110.2
	Urinary tract obstruction	**111**

Appendix 2 – Medical Council of Canada Clinical Presentations
Classified by Body System (Continued)

Body System	MCC Presentation	MCC Presentation Number
Reproductive	**Blood pressure, abnormal** Pregnancy-associated hypertension	**9** 9.1.4
	Breast disorders - Breast lump, breast cancer screening - Galactorrhea/discharge	**10** 10.1 10.2
	Contraception	**17**
	Infertility	**46**
	Menstrual cycle, abnormal - Amenorrhea, oligomenorrhea - Dysmenorrhea - Premenstrual dysphoric disorder (premenstrual syndrome)	**56** 56.1 56.2 56.3
	Menopause	**57**
	Non-reassuring fetal status (fetal distress)	**65**
	Pap smear screening	**70**
	Pelvic mass	**72**
	Pelvic pain	**73**
	Pregnancy - Antepartum care - Intrapartum and postpartum care - Obstetrical complications	**80** 80.1 80.2 80.3
	Pregnancy loss	**81**
	Preterm labour	**82**
	Prolapse/pelvic relaxation	**83**
	Sexually concerned patient	**94**
	Sexual maturation - Abnormal pubertal development	**93** 93.1
	Vaginal discharge/ vulvar pruritus	**113**
	Vaginal bleeding, excessive/irregular/abnormal	**112**
	Weight, low Intrauterine growth restriction	**118** 118.3
Respiratory	**Blood in sputum (hemoptysis)**	**7**
	Cough	**18**
	Cyanosis, hypoxia	**19**
	Dyspnea	**27**
	Pleural effusion	**76**
	Sleep-wake disorders	**98**

Appendix 2 – Medical Council of Canada Clinical Presentations
Classified by Most Relevant Clinical Discipline

Most Relevant Clinical Discipline	MCC Presentation	MCC Presentation Number
Care of Patients Who Have Had Trauma	**Burns**	**11**
	Trauma/accidents	**109**
	- Abdominal injuries	109.1
	- Bone/joint injury	109.3
	- Chest injuries	109.4
	- Drowning (near-drowning)	109.6
	- Eye injuries	109.7
	- Facial injuries	109.8
	- Fractures and dislocations	109.16
	- Hand and/or wrist injuries	109.9
	- Head trauma/brain death/transplant donation	109.10
	- Insect stings and bites	109.2
	- Nerve injuries	109.11
	- Skin wounds	109.12
	- Spinal trauma	109.13
	- Urinary tract injuries	109.14
	- Vascular injury	109.15
Community, Population and Public Health	**Population health and its determinants**	
	- Concepts of health and its determinants	**78**
	- Assessing and measuring health status at the level of the population	78.1
	- Interventions at the population level	78.2
	- Administration of effective health programs at the population level	78.3
	- Outbreak management	78.4
	- Environment	78.5
	- Health of special populations	78.6
	- Work-related health issues	78.7
		78..8

Appendix 2 – Medical Council of Canada Clinical Presentations
Classified by Most Relevant Clinical Discipline (Continued)

Most Relevant Clinical Discipline	MCC Presentation	MCC Presentation Number
General Medical / Primary Care	**Allergic reactions and atopy**	**4**
	Dying patient	**25**
	Failure to thrive - Frailty in the elderly	**31** 31.1
	Falls	**32**
	Fatigue	**33**
	Incontinence - Fecal incontinence - Incontinence, Urine, Adult	**47** 47.1 47.2
	Pain - Generalized pain disorders - Hip/knee/ankle/foot - Shoulder/elbow/wrist/hand - Spinal compression/osteoporosis - Spine/low back pain - Spine/neck/thoracic - Central / peripheral neuropathic pain - Sympathetic, complex regional pain syndrome, reflex sympathetic dystrophy	**67** 67.1.2.1 67.1.2.3 67.1.2.2 67.1.2.4 67.1.2.6 67.1.2.5 67.2.2 67.2.1
	Periodic health examination - Pre-operative medical evaluation	**74** 74.3
	Poisoning	**77**
	Substance-related or addictive - Substance withdrawal	**103** 103.1
	Temperature abnormal/fever and/or chills - Hyperthermia - Hypothermia - Fever of unknown origin - Fever in the immune-compromised host/recurrent fever - Hypothermia	**107** 107.1 107.5 107.2 107.4 107.5
	Violence, family - Elder abuse - Adult abuse/spousal abuse	**114** 114.2 114.3
	Weight, abnormal - Weight gain/obesity - Weight loss/eating disorders/anorexia	**118** 118.1 118.2
	Pain	**67**

Appendix 2 – Medical Council of Canada Clinical Presentations
Classified by Most Relevant Clinical Discipline (Continued)

Most Relevant Clinical Discipline	MCC Presentation	MCC Presentation Number
Pediatric	**Abdominal pain** Abdominal pain, children	**3** 3.1
	Blood pressure, abnormal Hypertension in childhood	**9** 9.1.1
	Constipation Pediatric constipation	**16** 16.2
	Development disorder/developmental delay	**21**
	Diarrhea Pediatric diarrhea	**22** 22.3
	Dyspnea Pediatric respiratory distress	**27** 27.3
	Failure to thrive Failure to thrive, infant/child	**31** 31.2
	Genetic concerns - Ambiguous genitalia - Dysmorphic features	**36** 36.1 36.2
	Incontinence Incontinence, urine, pediatric (enuresis)	**47** 47.3
	Jaundice Neonatal jaundice	**49** 49.1
	Limp in children	**20**
	Neonatal distress	**64**
	Pediatric emergencies – acutely ill infant/ child - Crying/fussing child - Hypotonic infant	**71** 71.1 71.2
	Periodic Health Examination - Newborn assessment/nutrition - Infant and child immunization	**74** 74.1 74.2
	Stature abnormal (tall stature/short stature)	**101**
	Sudden infant death syndrome (SIDS)/ Acute life-threatening event (ATLE)	**104**
	Temperature abnormal/fever and/or chills - Fever in a neonate, fever in a child	**107** 107.3
	Violence, family - Child abuse	**114** 114.1
Psychiatric	**Attention, learning and school problems**	**5**
	Mood disorders - Depressed mood - Mania / hypomania	**59** 59.1 59.2
	Anxiety	**69**
	Personality disorders	**75**
	Psychosis	**86**
	Suicidal behaviour	**105**

Appendix E3 – Appendix 3: Common and Life-threatening Acute and Chronic Illnesses

This appendix is under development.

Appendix E4 – Appendix 4: Procedures for Assessment and Management

Discipline	Procedure	Level at which procedure is to be performed
Anesthesia	Airway assessment*	Independently
	Airway insertion	Independently
	Capnography interpretation	With assistance
	Cardiac monitor- lead placement	With assistance
	Cardiac monitor interpretation	With assistance
	Endotracheal intubation*	With assistance
	Laryngeal mask insertion*	With assistance
	Mask ventilation*	Independently
	Peripheral i.v. insertion	With assistance
	Pulse oximetry interpretation	With assistance
Emergency medicine	Airway assessment/ management*	Independently
	Casting/ splinting	Independently
	CXR interpretation*	Independently
	ECG interpretation*	Independently
	Extremity x-ray interpretation	Independently
	Suturing/ knot tying*	Independently
Family & Community Medicine	Pediatric immunization	Independently
	Pap test*	With assistance
	Throat swab*	Independently
Internal Medicine	Arterial blood gas interpretation	With assistance
	CXR interpretation*	With assistance
	ECG interpretation*	With assistance
Obstetrics & Gynaecology	Bimanual pelvic exam	With assistance
	Cultures - vagina and/or cervix	With assistance
	Fetal heart rate by doptone	With assistance
	Fetal heart rate tracing interpretation	With assistance
	Pap test*	With assistance
	Placental delivery and examination	With assistance
	Prenatal exam - Leopold manoeuvres, symphysis-fundal height	With assistance
	Speculum insertion	With assistance
	Spontaneous vaginal delivery	With assistance
Ophthalmology	Fundoscopy	Independently
	Pupillary examination	With assistance
	Slit lamp examination	Independently
	Visual acuity assessment	Independently
Otolaryngology	Otoscopy	Independently
Paediatrics	Plot growth parameters	Independently
	Throat swab*	Independently
Psychiatry	Mental status assessment	With assistance
	Legal certification forms	With assistance
	Suicide risk assessment	With assistance
Surgery	Casting and splinting*	Independently
	Suturing/knot tying*	With assistance
	Wound closure/dressing	With assistance

Appendix F –Steering Committee and Working Groups Members

Steering Committee

The role of the Program Objectives Review Steering Committee is to provide guidance regarding and oversight of the review of and revisions to the UME program goals and objectives. The steering committee is also responsible for oversight of the production (by a sub-group struck by the steering committee) of overarching principles to guide ongoing curricular planning and the development of learning activities. The steering committee is chaired by Martin Schreiber (in his capacity as Director of Curriculum) and includes among its membership the leads and sub-leads of the seven Working Groups, the UMPE Vice-Dean, the Director of Evaluations, medical student and resident representatives, and PGME representation.

Working Groups

Working groups have been established for each of the seven CanMEDS roles. The role of the working groups is to review and revise the UME program objectives for their respective CanMEDS role, in accordance with the review goals, principles and aims, culminating in submission of a final draft of revised competencies, enabling competencies and milestones. (An eighth working group is concurrently working on articulating guiding principles intended to inform ongoing curricular planning and learning activities.)

Steering Committee & Working Group Members

Steering Committee

Martin Schreiber, Director UME Curriculum (Chair)
Anita Rachlis, Medical Expert Role Lead
Jean Hudson, Communicator Role Lead
Mark Bonta, Collaborator Role Lead
Geoff Anderson, Manager/Leader Role Lead
Isser Dubinsky, Integrated Leadership Portfolio Director
Philip Berger, Health Advocate Role Lead
Denyse Richardson, Scholar Role Lead
Suzan Schneeweiss, Lifelong Learning Sub-Lead
Brian Wong, Teaching Sub-Lead
Robert Wu, Evidence-based Medicine Sub-Lead
Debra Katzman, Research Sub-Lead
Erika Abner, Professional Role Lead
Kim Blakely, medical student representative
Dahlia Balaban, resident representative
Jay Rosenfield, Vice-Dean, UMPE
Glen Bandiera, Acting Vice Dean, PGME
Richard Pittini, Director, UME Evaluations
Wes Robertson, Director, Discovery Commons
Paul Tonin, UME Strategic Operations & Policy

Medical Expert Working Group

Anita Rachlis (Lead)
Raed Hawa
Melinda Musgrave
Yuna Lee
Angela Punnett
Meredith Juliani
Dara Maker
Joel Davis

Communicator Working Group

1. Jean Hudson (Lead)
2. Yee-Ling Chang
3. Marcella Jones
4. Jana Lazor
5. Adrienne Tan
6. Katina Tzanetos

Collaborator Working Group

1. Mark Bonta (Lead)
2. Noam Berlin
3. Sylvia Langlois
4. Dhanjit Litt
5. Mandy Lowe
6. Shara Nauth
7. Lindsay Schnarr
8. Daniel Shafran
9. Jessica Smith
10. Florentina Teoderascu
11. Brian Wong

Leader Working Group

Geoff Anderson (Lead)
Jordan Bohnen
Isser Dubinsky
Ben Fine
Ilana Halperin
Trevor Jamieson
Melisa Leon
Rory McQuillan
Dante Morra
Geetha Mukerji
Sabrina Nurmohamed
Raman Srivastana

Health Advocate Working Group
Philip Berger (Lead)
Gary Bloch
Thomas Dashwood
Sheila Laredo
Andrew Pinto
Ashley Raeside
Malika Sharma
Lisa Richardson

Scholar Working Group
Denyse Richardson (Lead)
Suzan Schneeweiss (Lifelong Learning Sub-Lead)
Brian Wong (Teaching Sub-Lead)
Robert Wu (Evidence-based Medicine Sub-Lead)
Debra Katzman (Research Sub-Lead)
Gord McSheffrey

Professional Working Group
Erika Abner (Lead)
Melanie Bechard
Rob Boyko
Rachel Fleming
Leslie Nickell
Frank Wagner
Stuart Zacharias