



# Winds of Change: *Are Physicians Ready for the Five Core Areas of Proficiency?*

Kendall Ho, MD, FRCPC



In Canada, health care is always a top priority in the minds of the general public and the various levels of government. As one of the several key health professional groups, physicians make substantial contributions to and significantly influence the vitality of our Canadian health-care system.

It is widely recognized that our current approaches to delivering health care in Canada are undergoing substantial structural changes; some of the key drivers for change include uneven geographic access to health-care services, limited resources and health personnel to deliver services, changing public expectations and rapid innovations in disease management.

Many physicians personally experience these systemic pressures in their day-to-day practices, as there are more patients to see, more types of demands on their time beyond patient care and less time available to renew their own knowledge base through reading or continuing medical education (CME).

In the call for metamorphosing our health-care system to better fulfill the needs of our population, one domain impacting directly on physician practice is the evolving roles of various health professionals as synergistic teams. For example, the April 2003 Report of the U.S. Institute of Medicine of the National Academies “Health Professions Education: A Bridge to Quality”<sup>1</sup> asserted that “to be consistent with the principles of the 21<sup>st</sup> century health system [...] (there is a need for health) students and working professionals need (to) develop and maintain proficiency in five core areas:

1. Delivering patient-centred care
2. Working as part of interdisciplinary teams
3. Practising evidence-based medicine
4. Focusing on quality improvement
5. Using information technology.”

Many physicians would correctly point out that in their individual practices, they both espouse and put into practice these five core proficiencies with success.

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**Kendall Ho,  
MD, FRCPC**

Associate Dean  
Division of Continuing  
Professional Development &  
Knowledge Translation  
Faculty of Medicine  
University of British Columbia  
Vancouver, British Columbia

Many CME providers would also appropriately validate that their CME events provide opportunities for participants to gain knowledge and skills in these areas. However, it is often the interface between individual practices and the health system re-engineering that requires commitment and attention. For example:

- Are physicians regularly monitoring their entire population of diabetic patients in their own practices to ensure that, over time, they all have appropriate monitoring of their A1C, blood pressure and neurologic and ophthalmologic examinations in line with evidence-based clinical practice guidelines?
- Are they participating in dialogues with their colleagues in family practice or medical specialty, nursing, occupational therapists, pharmacists and others to explore how best to function as an interdisciplinary team to provide co-ordinated health care centred around their patients?
- Do they place importance on the notion that regional and national surveillance efforts to identify patients with infectious diseases or monitoring of adverse outcomes due to iatrogenic causes start at their offices, community health units or emergency departments and, if so, how can they best contribute?
- Are the policy makers and health administrators helping to encourage these dialogues through financial and non-monetary recognition of physicians' efforts?

- Are CME providers implementing educational initiatives that promote dialogue and skill development in these five areas of proficiency to help individual physicians contribute to the health system?

In Canada, several important and exciting movements are currently in full swing to actively promote the system's change:

1. Health Canada's Inter-professional Education for Collaborative Patient-Centred Practice<sup>2</sup> encourages team-based practice to improve access of health care, recruitment and retention of health-care providers, patient safety and satisfaction among patients and health-care providers.
2. The Public Health Agency of Canada<sup>3</sup> and the Canadian Public Safety Institute<sup>4</sup> are dedicated to the effective monitoring and surveillance of illnesses and rapid response to them to ensure public safety.
3. Canada Health Infoway<sup>5</sup> is committed to the fostering of pan-Canadian electronic health information systems to "provide Canadians and their health-care providers timely, appropriate and secure access to the right information when and where they enter into the health-care system."

All these national efforts—with strong provincial participation—are noteworthy examples of systems-based change management to complement and reinforce the five core areas of proficiency of future health professionals.

Are CME providers ready and able to provide continuing professional development opportunities in line with these five

core areas of competencies? Are they encouraging the interface between individual practice and systems change to blossom?

Are physicians willing to embrace and prepare themselves to take on these roles, both in their individual practices and as members of the larger health-care system?

Canada is in an excellent position to succeed in defining our 21<sup>st</sup> century health-care system, and all of us can play important roles in this evolution, if we so choose.

#### References

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2. Health Canada. Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP): <http://www.hc-sc.gc.ca/english/hhr/interprofessional>.
3. Public Health Agency of Canada: [http://www.phac-aspc.gc.ca/new\\_e.html](http://www.phac-aspc.gc.ca/new_e.html).
4. Canadian Public Safety Institute: <http://www.hc-sc.gc.ca/english/care/cpsi.html>.
5. Canada Health Infoway: <http://www.canadahealthinfoway.ca>.

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