

## UGMS Committee

### Minutes

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DATE & TIME: Wednesday, January 16, 2008 at 4:00 p.m.

PLACE: Professional Development and Conferencing Services Boardroom

PRESENT: Ms. L. Glynn (Chair), Drs. J. Kibble, A. Dorward, D. Allison, S. Moffatt, N. Bandrauk, S. Shah, D. McPhee, Ms. S. Ackerman, Ms. E. Hillman, Mr. G. Beckett, Mr. A. Kennedy (Student Representative), Mr. J. Thorburn (Student Representative) and Dr. S. Peters (Invited Guest)

APOLOGIES: Drs. A. Goodridge, D. Boone and G. Farrell

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Members were advised that this special meeting had been called in order to provide Dr. Peters with the opportunity to explain further the CanMeds roles and to address any questions or concerns that members of the Committee may have.

During the discussion and presentation, the following points were noted:

- There are seven roles identified in CanMeds as being important to all physicians.
- These objectives are not specialty oriented.
- In September the Dean presented a paradigm shift on how to consider generalists and specialists and in looking at these two groups from a different angle, family medicine has now designated themselves as specialists. The four principles of family medicine came from this but are not currently incorporated into CanMeds.
- Seven of seventeen medical schools have already adapted CanMeds as their overarching objectives.
- By adopting CanMeds at the undergraduate level, it gives a framework for doing the needs assessment and linking undergraduate and postgraduate to continuing professional development.
- There is a working group between the College of Physicians and Surgeons and the College of Family Physicians who are working on appropriately combining the CanMeds roles with the CCFP Principles of Family Medicine.
- These objectives were devised for undergraduate curriculum objectives and there were family physicians involved in the development from the beginning.

Dr. Moffatt felt that there was a lot in the CanMeds roles that was not common with the four principles of family medicine. However, from discussion with the College, it appears they are in the process of reviewing CanMeds from a family medicine perspective. He expressed concern that CanMeds is not reflecting what many faculty and students do, which is work in primary care.

It was pointed out that if CanMeds were reviewed objectively, all of the qualities one would like to see in a physician are noted, no matter what the discipline.

It was suggested that if the 4 Principles of Family Medicine could be expressed within the CanMeds format, the Committee could agree to adopt CanMeds with the addendum of these four principles. The Committee is only considering the adoption of the broad, overarching CanMeds roles (Medical Expert, Professional, Communicator, Collaborator, Manager, Health Advocate and Scholar) and not the defining objectives identified under each role.

After some further discussion, Dr. Moffat advised that from his perspective and as a representative of the Family Medicine group, he would be comfortable with the CanMeds if there was something included regarding the patient/physician relationship as a key role. It was also noted that if the needs assessment is completed based on the CanMeds roles, the target roles would need to be considered as well, which should address this concern.

Members agreed in principle to adopt the CanMeds roles for the new curriculum beginning in 2010 and that the physician/patient relationship aspect would be addressed specifically in the mission statement of the school.

It was agreed that the wording would be finalized and a document would be posted on the homepage for review and voting.

### Adjournment

There being no further business, the meeting was adjourned at 4:55 pm.

Ms. L. Glynn  
Chair

LG/mjm