

The Enhancing Specialist Competence Proposal



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA



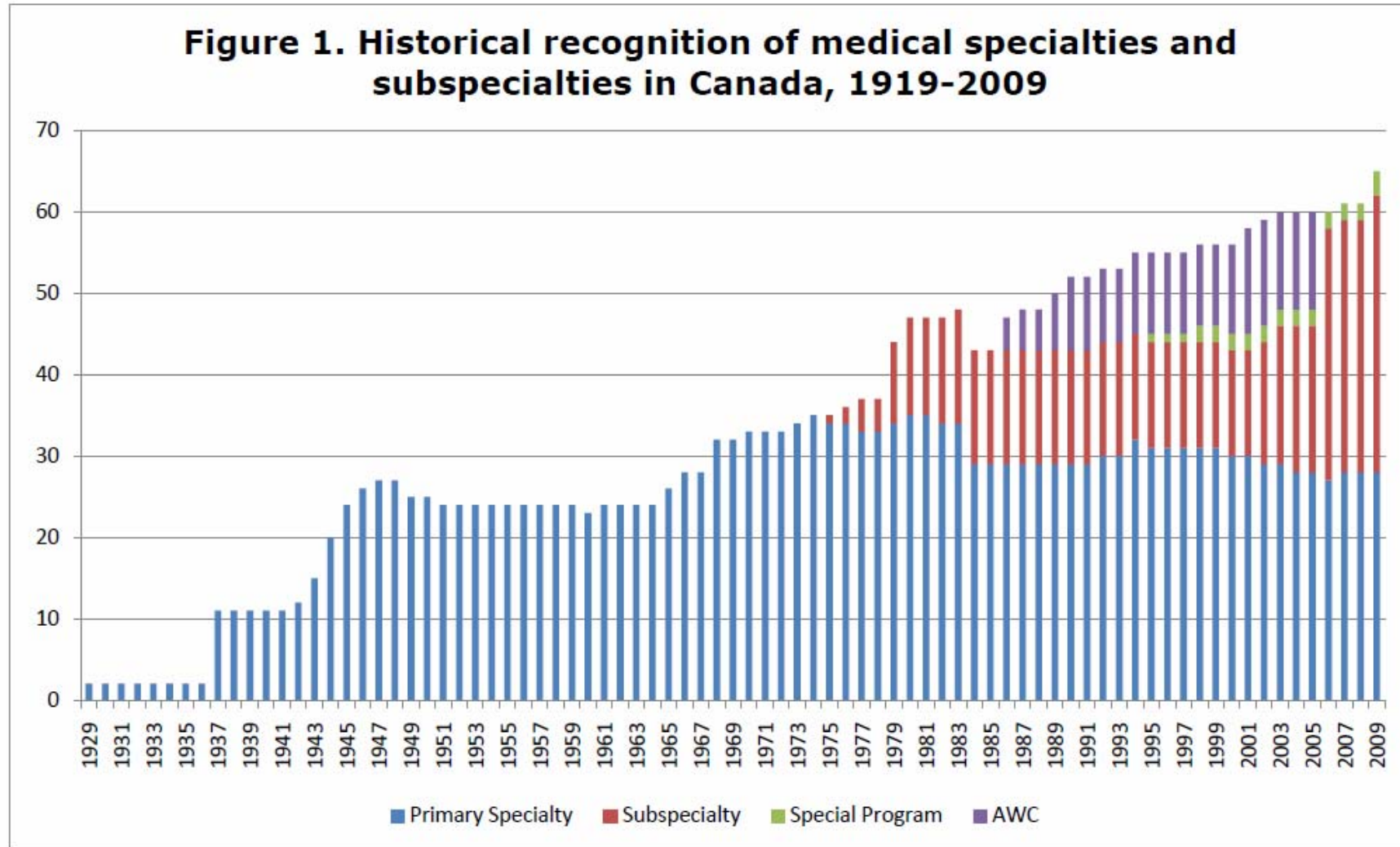
- Background & Current Landscape
- Rationale & Overview
- Frequently Asked Questions
- Current Status & Next Steps

Background - Royal College Specialty Recognition

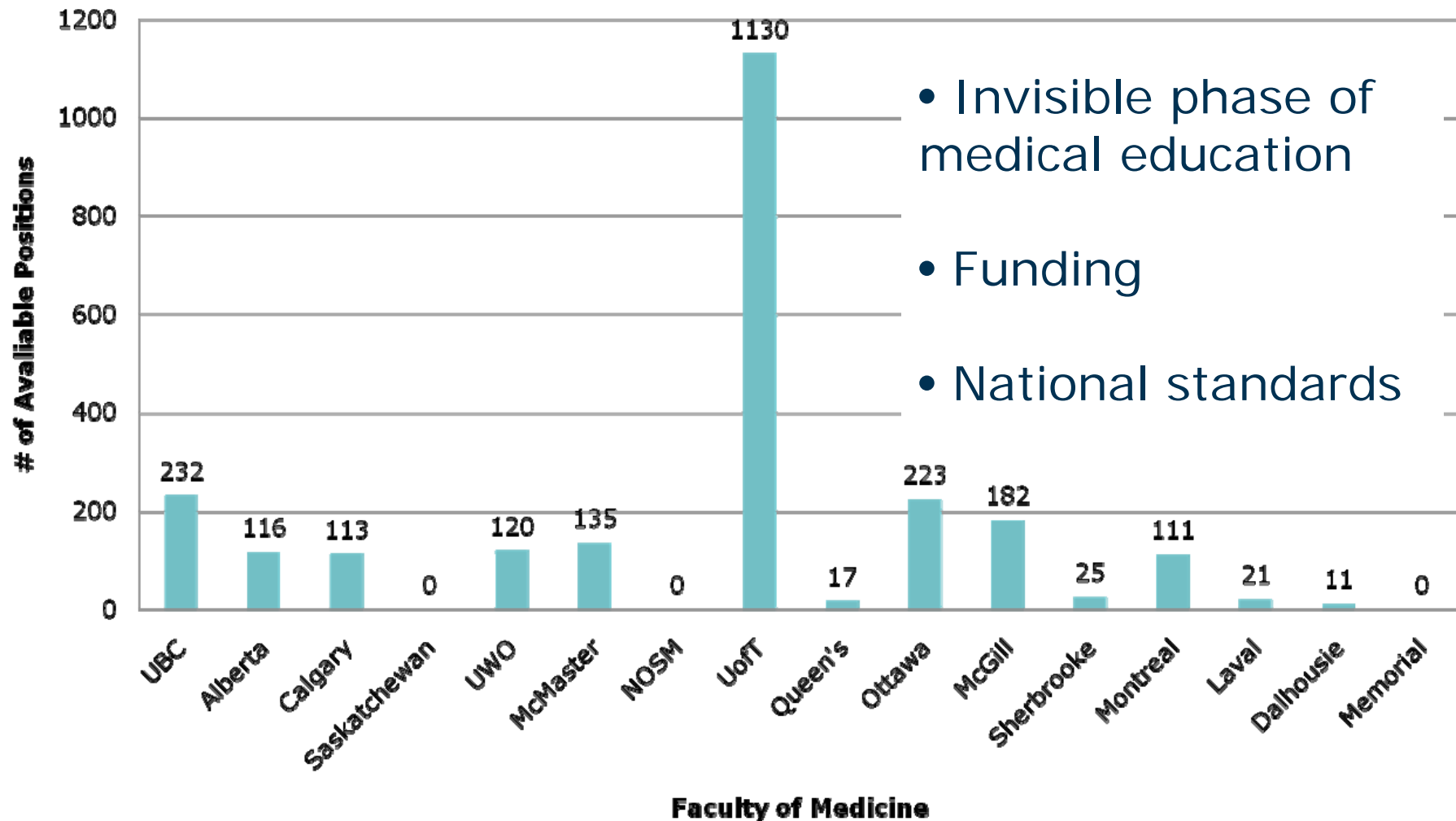
- The Royal College ensures that the recognition of specialties and subspecialties is in alignment with societal needs and supports the ongoing provision of quality health care.
- These key factors underpin the consistent need to critically examine - on a continuing basis - and revise, when appropriate, the recognition criteria.

Canadian Postgraduate Landscape: Royal College Specialties

Figure 1. Historical recognition of medical specialties and subspecialties in Canada, 1919-2009



Clinical fellowships available via Canadian Faculties of Medicine (2009-2010)



Current System of Royal College Discipline Recognition

- Challenges with the existing system of discipline recognition:
 - Need to keep up with **new developments** in medical expertise
 - Influx of **applications** that meet a legitimate societal need, but *do not* meet the other criteria for subspecialty
 - Need for **national standards** for these highly specialized disciplines
 - Concerns regarding **fragmentation** of care

A Call to Action by Fellows



- “We need a national standard for those with this training—there is just too much variability...”
- “...There is no way we could ever move training in Aboriginal Medicine forward...The College’s criteria are just too inflexible.”
- “...We need the Royal College’s help here...The College has the expertise, not the NSS...”

Rationale for Area of Focused Competence (Diploma) Programs

- Pan-Canadian standards will:
 - Enhance quality of care
 - Improve patient safety
 - Provide flexibility and mobility

Areas of Focused Competence (Diplomas)

- Typically 1-2 years of training, but competency-based
- Usually, built upon training in a broader discipline
- Assessment through summative portfolio
- Successful completion confers DRCPSC credential

Areas of Focused Competence (Diplomas)

- The focus of an AFC (diploma) can be either:
 - Narrow scope of practice that meets a legitimate societal need, but does not meet criteria for a subspecialty
 - Enhanced competence, which supplements, but does not replace a physician's scope of practice



Frequently Asked Questions



Why are additional categories of recognition required?

New Categories of Discipline Recognition: Rationale

- A growth in subspecialty applications
- A desire for national standards in additional areas of training
- Calls from Fellows to support the advancement of medical science
- Government concerns about fragmenting medical care
- The need to maintain flexibility in recognizing areas of expertise



**What are the potential implications,
benefits and challenges in implementing
AFC (diploma) programs?**

- Accreditation
- Credentialing
- Assessment
- Maintenance of Certification



How will the new AFCs (diplomas) improve health care?

- Recognize areas of expertise that meet legitimate societal need
- National standards
- Improved patient care - high educational standards achieved and sustained throughout the practitioners' career
- Quality assurance and patient safety



What impact will the AFCs (diplomas) have on fragmentation of care?

AFCs (Diplomas): Impact on Fragmentation

- Not intended to promote or singlehandedly solve the issue of fragmentation
- Create pan-Canadian standards for post-residency training
- Mechanism for the Royal College to lend its expertise to the post-residency phase of medical education
- Create standards to ensure patients across the country receive high quality, safe care



As a Fellow of the Royal College, how are my needs met by the new AFC (diploma) programs?

(i.e. How is it a “value-added” to my membership?)

- Nationally (and internationally) portable credential: DRCPSC
- Recognition for work/training already completed in an AFC (diploma) area
- Area of expertise supported by Royal College infrastructure
- National community of practice



How will the current Royal College credential (FRCPC/FRCSC) be impacted by the new AFCs (diplomas) credential (DRCPSC)?

- DRCPSC will not replace the FRCPC/FRCSC credential
- Not intended to hold the same value
- Signifies a different, unique scope of training in a focused area of medicine (smaller scope than FRCPC/FRCSC)
- DRCPSC recognized in its own right, both nationally and internationally



Will AFCs (diplomas) create a two-tiered system of residency education?

(i.e. a 'backdoor' entry route to primary or subspecialty certification, or as a residency "light"?)

AFCs (Diplomas): Relationship to Residency Education

- AFCs (diplomas) will not create alternative route to primary or subspecialty certification
- Will build on a practitioner's existing scope of practice and will require specific entry criteria

Four Kinds of Eligibility...

Type A: From Specialty

(e.g., pediatric pathology from General Pathology)

Type B: From Subspecialty

(e.g., cardiac electrophysiology entry from Cardiology)

Type C: Conjoint program with CFPC

(e.g., Aboriginal health entry from Royal College specialty or subspecialty or CFPC)

Type D: Non-clinical programs

(e.g., clinician educator, medical administration or patient safety)



**Will there be 'grandfathering' of specialists
who are already in practice?**

- 'Grandfathering' is no longer the policy of the Royal College
- Practice eligibility route (PER) for AFC (diploma) programs
- Portfolio is competency-based



Are Royal College AFCs (diplomas) similar to the “Enhanced Skills Programs” at the CFPC?

Does the Royal College anticipate collaborating with the CFPC?

AFCs (Diplomas): Conjoint Programs with the CFPC

- Flexibility in terms of entry requirements, depending on the program
- Four possible entry routes for AFCs (diplomas), including conjoint programs with the CFPC (e.g. Aboriginal health)
- Avoid dual standards for the two colleges for same area of expertise in Canada
- Ongoing discussions with CFPC



How will this impact the length of training?

Will AFC (diploma) programs result in mandatory longer/additional training for new hires?

AFCs (Diplomas): Impact on Length of Training

- Optional, not intended to lengthen training
- Purpose is to enhance skills and scope of practice
- Not part of core residency training; not a requirement of certification or licensure
- Many disciplines that would become AFCs (diplomas) exist now as clinical fellowships
- Requirements and expectations of employers are outside the mandate of the Royal College

- April 2009 - COS endorsed the draft proposal in principle
- National consultation (fall 2009 – spring 2010)
- April 2010 – COS endorsed 3 new categories of discipline recognition
- May 2010 – Education Committee and Executive Committee discussed the ESC proposal and recommended further dialogue with the Regional Advisory Committees
- June 2010 – Council for input and discussion
- June-August 2010 – Teleconferences with RAC chairs and web-conference for all RAC members

Next Steps

- The proposal will be brought back to the Education Committee at their Nov. 17th, 2010 meeting and to Executive and Council in January and February 2011 respectively
- Office of Education will reassess timelines and strategy



Questions?

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