




Enhancing Specialist Competence

New Categories of Royal College Discipline Recognition

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Outline

- Overview and Project Update
- Consultation Strategy
- Discussion: Implications
 - Diplomas
 - Foundations
 - Special Interest Groups of Medical Activity (SIGMAs)


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Background - RCPSC 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.


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Background - RCPSC Specialty Recognition

- Medicine and Surgery (1940s)
- By 1951, nineteen specialties
- 1960s – rapid growth in medical knowledge and technology increased demand for recognition
- To minimize ‘fragmentation’ of parent specialties, a moratorium was placed on recognition of new specialties from 1970-1973 and again in 1996-1999

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Background - RCPSC Specialty Recognition

As of October 2009, the RCPSC recognizes:

- 28 primary specialties
- 34 subspecialties
 - Includes 12 AWCs in process of converting (5 currently paused)
- 3 special programs
 - Palliative Medicine, CIP, Surgical Foundations

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Background - RCPSC Specialty Recognition

- Challenges with the existing system of discipline recognition:
 - Stakeholders call for the Royal College to keep up with **new developments** in medical expertise
 - Influx of **applications** from disciplines that meet a legitimate societal need, but *do not* meet the remaining COS criteria for a subspecialty
 - Need for **national standards** for these highly specialized disciplines
 - Ministry of Health concerns regarding **fragmentation** of care, and the need for more generalist-specialists


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Environmental Scan –
 Specialty Recognition in other Jurisdictions

- Environmental scan: How is medical expertise recognized in other jurisdictions?
- Two main trends:
 - Foundational/prevocational training: UK, Australia
 - Increasing subspecialization: US

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Environmental Scan –
 Specialty Recognition in other Jurisdictions

Australia

- Avoids unnecessary ‘fragmentation’
- Requires 2 years post MD training prior to entry into specialty training (a.k.a. ‘Prevocational’)
- Currently no longer recognizes sub-specialties; complementary / overlapping disciplines may be recognized as distinct specialties
- Criteria for recognition very similar to those of the Royal College’s Committee on Specialties

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Environmental Scan –
 Specialty Recognition in other Jurisdictions

United Kingdom

- Committed to generalist approach to specialty training
- 58 recognized specialties; 33 subspecialties
- Post MD “Foundation Programme”
- Recently instituted “Core” programmes in select specialties
- Clinical and Academic Fellowships for further specialization

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Specialty Recognition
in other Jurisdictions - US

United States

- ‘Fragmentation’ of specialty recognition the norm
 - 24 ABMS member Boards; more that 145 specialties and subspecialties
 - In addition, 180 specialty boards operate independently
 - ABMS member boards may issue certificates alone or with other Boards, to designate competence in specialty areas

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Specialty Recognition
in other Jurisdictions - US

United States

- In 1985, to try to curtail fragmentation of primary specialties, ABMS created two subspecialty certificates:
 - Certificate of Added Qualifications (CAQ)
 - Certificate of Special Qualification (CSQ)
- These designations terminated in 1995; however some Boards continue to use them for existing subspecialty certification
 - Select Boards (e.g. ABIM) now recognize all CAQs as subspecialties of the primary specialty

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Specialty Recognition
in other Jurisdictions -US

United States

- Currently exploring recognition of areas of ‘focused practice’
 - In 2007, ABIM identified the following focused practice areas for development through a special MOC pathway:
 - ❑ Hospital Medicine
 - ❑ HIV Medicine
 - ❑ Comprehensive Care Internal Medicine
 - Hospital Medicine is the first discipline to be considered for focused practice recognition

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Canadian Postgraduate Landscape:

Clinical Fellowships

▪ Scan of postgraduate landscape: clinical fellowships

▪ Request sent to PG Administrators for numbers and types of clinical fellowships at their institution

▪ Have received data back from 13/17 schools (4 remaining schools have the work in progress)

▪ To-date, **1516** clinical fellowships identified

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Canadian Postgraduate Landscape:

Clinical Fellowships

Clinical fellowships available via Canadian Faculties of Medicine




Institution	# of Available Positions
UBC	255
Alberta	117
Calgary	111
UofA	2
McMaster	56
RCPSC	0
Ottawa	213
Queen's	26
U of T	409
LWO	120
McGill	182
Sherbrooke	25
MUN	0

Source: Faculties of Medicine/RCSPC

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Canadian Postgraduate Landscape:

Clinical Fellowships

• Offer additional training in increasingly focused areas of medicine

▪ Eg. Liver Transplant & Major Surgical Oncology (Anaesthesia), Glaucoma & Advanced Anterior Segment Surgery, Hand & Wrist Surgery (Orthopaedics), Cardiac MRI & Aortic diseases

• Difficult to group by (RCSPC recognized) discipline

▪ No common nomenclature for departments and fellowships across institutions

▪ Many fellowships overlap more than one existing discipline

▪ Still others represent disciplines that have applied previously to be Royal College subspecialties,

- I.e. Interventional Radiology

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Canadian Postgraduate Landscape: Clinical Fellowships

- Top five disciplines, by number of fellowships in Canada (100+ each):
 - Orthopaedic surgery
 - Cardiology
 - Anaesthesiology
 - Psychiatry
 - Diagnostic Radiology
- Many as Family Medicine fellowships overlap with existing Royal College disciplines
 - Eg. Geriatrics, Medical Oncology

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Proposal Overview: Enhancing Specialist Competence

- April 2009 Committee on Specialties: Proposal for three new categories of Royal College discipline recognition
 1. Diploma Programs (DRCP(S)C)
 2. Foundations Programs
 3. Special Interest Groups of Medical Activity (SIGMAs)
- COS motion endorsed the proposal in principle
 - Office of Education to further explore each new category and report by April 2010

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1. Diploma Program

- Typically 1-2 years of training
- Usually, built upon training in a broader discipline
- Typically supported within a Specialty Committee of the primary discipline
- Assessment through summative portfolio
- Successful completion confers diploma
- Creation of DRCPC

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1. Diploma Program

Three Kinds of Diplomas by Eligibility...

- From Specialty**


(e.g., Interventional Radiology entry from Diagnostic Radiology)
- From Subspecialty**

(e.g., Electrophysiology entry from Cardiology)
- Any MD**

(e.g., Aboriginal Health entry from any MD program/any certification, i.e. CFPC)

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1. Diploma Program - Continued

Issues:

- Accreditation
- Certification – DRCPC/DRCSC
- Evaluation
- Funding
- CFPC overlaps
- RC infrastructure – Specialty committees
- Faculty infrastructure

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2. Foundations Program

- Typically 2-3 years of training
- Exit exam; successful completion confers 'attestation of completion'; does not confer a license to practice
- Supported by a Specialty Committee with input from all specialties which stream from the Foundations Program.
- Recognized as an entry qualification for higher specialist training

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2. Foundations Program

- Broad knowledge practice & principles of a discipline;
- Training undertaken common to all specialties within a stream; transferable
- Allows greater flexibility and timing of career choices
- Supports the need for generalist-specialist 'balance'
- Allows for the implementation of competency-based medical education programs
- Reflects recent trends in specialty medicine

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3. Special Interest Group

- Emerging or developing areas of interest in specialty medicine
- Addresses legitimate societal need...limited impact as yet
- Intended not to fragment care, but to advance medical science and research
- Could be precursor to 'Area of Focused Competence' programs
- No Specialty Committee; supported by RCPSC via teleconferences, web and electronic means
- No accreditation, national standards...A forum for exploration

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Enhancing Specialist Competence: Project Update

- **June 2009:** Education Committee endorsed the COS motion and confirmed the OE mandate to further explore the proposal
- **August-Sept 2009:** Presented for information to the Royal College Executive and Council
- **August-Oct 2009:** Development, with the Office of Communications and External Relations (OCER), of a comprehensive communications and consultation strategy
- **Sept-Oct 2009:** Development of website materials, memos for different stakeholder groups, and other communication pieces, outlining each of the three proposed categories
- **Oct 27, 2009:** Kick off of the communication strategy with CEO message

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Communication and Consultation Strategy

- Oct-Dec 2009:** Dissemination of communication materials via memos, web updates, and other Royal College vehicles (Dialogue, OE News)
- Dec 2009-Feb 2010:** Several open web-conferences for stakeholders to call in to the College, to ask questions about the proposal or offer feedback
- February 2010:** Launch of a comprehensive, online survey to all stakeholders, requesting feedback on the proposed new categories
- March 2010:** Analysis and consolidation of all feedback received, and preparation for the April 2010 COS meeting
- April 2010** (date to be determined): COS vote on the newly proposed categories

* note* If approved by COS, the proposal could go forward to Royal College Council as early as June 2010.

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Communication and Consultation Strategy *(Cont'd)*

- Several unique stakeholder groups identified:**
 - Deans and Postgraduate Deans
 - Ministries of Health (MoH)
 - Medical Regulatory Authorities (MRA)
 - Specialty Committees (SC) and National Specialty Societies (NSS)
 - Sister Colleges, and other national health organizations
 - General Medical Community, including Fellows and Residents

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Communication Vehicles

- General messaging:** CEO message and e-bulletin; Dialogue; website including FAQs
- Targeted messaging:** specific memos for each stakeholder audience; OE News
- Presentations to all OE standing committees, other Royal College committees (e.g. HPPC), RAC Summit, SC Chairs workshop, Specialty Committees**
- Structured teleconferences with each stakeholder group (Dec 2009-Feb 2010) to clarify messaging and answer questions**

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Consultation Vehicles

- Teleconferences will also provide a mechanism to hear and validate feedback to-date
- Special email address to collect feedback (esc@royalcollege.ca)
- Structured online surveys to gather feedback

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Communication and Consultation Strategy: Response to-date

- CEO e-bulletin and other communiqués have generated numerous emails, and increasing traffic to the website
- Received with much interest at the OE standing committees and SC Chairs’ workshop
- Majority of feedback to-date has been positive

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Communication and Consultation Strategy: Specific Themes

Theme	Frequency
Concern about accreditation/standards	4
Interested in having a diploma for their discipline	28
Want to be involved/hear more/general support	34
Clarification re. how particular specialty/subspecialty would be affected	4
Fragmentation of care	5
Interested in SIGMAs	3
Adamantly against proposal	2
Queries about retroactive recognition	4
Funding for fellowships/diplomas	2
Generalism vs. specialism	2
Is the designation really necessary?	2

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Communication and Consultation
 Strategy: Specific Themes

- General support for the College and its directions:**

"Your email is yet another example of why I am so proud to be a fellow of the Royal College. Your comments are obviously the result of very careful and balanced consideration of the issues, the interests of the fellows, the medical profession as a whole and those of the public whom we all serve."

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Communication and Consultation
 Strategy: Specific Themes

- Opportunities for national standards:**

"... The Canadian Association for the Study of Liver (CASL), our organization would be very interested in investigating the possibility of a diploma in hepatology and liver transplantation... [we] have long tried to obtain a Royal College certificate program in hepatology with little success but perhaps a Royal College diploma program would be more feasible and be a starting point towards the future."

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Communication and Consultation
 Strategy: Specific Themes

- Opportunities for national standards:**

"I'm interested in the possibility of establishing a Canadian diploma program in Electromyography (EMG), aligned with this new proposal from the RCPSC."

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Communication and Consultation
 Strategy: Specific Themes

- Opportunities to expand Royal College membership:**

"Another advantage to this Diploma designation would be the recognition that expertise in a particular area... could be made available to any physician who wishes to pursue training in the area... this will encourage multidisciplinary collaboration (in contrast to subspecialization)."

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Communication and Consultation
 Strategy: Specific Themes

- Comments re: fragmentation of care:**

"Increasing the number of specialties and of subspecialties dilutes the competence of practitioners. Patients need holistic humanistic comprehensive care..."

"Whereas there is always concern about continued fragmentation of medicine and concern about physicians not taking the total patient perspective, the current hugely broad state of medical knowledge supports the route the RCPSC is taking."

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Communication and Consultation
 Strategy: Specific Themes

- Comments re: fragmentation of care:**

"Having diplomas instead of more specialties avoids at least the appearance of proliferation and fragmentation of specialisation that is contrary to the desire for more 'generalist specialists'. I believe however the trend to ... sub-specialize will be ongoing... [due] in part ... to the increasing body of knowledge and of special skills and expertise ... Also it is consistent with pay structures ... and the increased recognition given to those with narrow but deep areas of expertise as opposed to the generalists... However the tools to deal with this are largely in other hands and not with the Royal College."

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Communication and Consultation Strategy: Specific Themes

- Clarifications from AWC disciplines:**

"I have read the memo you have sent out on the new diploma category that the Royal College is proposing and I was hoping for some clarification as to the meaning of this with regards to Neuroradiology. Will it continue to be a recognized sub speciality hopefully with an examination (that as of yet has not been created), or is the Royal College planning to have it designated as a diploma program?"

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Communication and Consultation Strategy: Specific Themes

- Clarifications regarding retroactive recognition:**

"My question relates to the status of physicians already working in some of these areas of practice... Many of us who are fellows of the Royal College and greatly value that designation are also diplomats of the American Board of Radiology and would therefore like to see some appropriate method for recognizing the training and the subspecialty certifications which we have already earned... as well as a specific set of Royal College training and certification standards for physicians who will eventually enter training in these areas in the future."

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Questions – Enhancing Specialist Competence

- What is your initial reaction to the diploma proposal?
- Can you identify any additional benefits, or unintended consequences of a new diploma category?
- What implications/challenges can you identify? Specifically with respect to accreditation, credentialing, evaluation and discipline recognition?

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Questions (Cont'd)

4) How might the diploma category impact:

- *Teaching Faculty?*
- *Postgraduate Offices & administration?*
- *Other related programs, specialties and departments?*
- *The Education Committee?*
- *Canadian society and healthcare?*
- *The Royal College?*

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Questions?

esc@royalcollege.ca

For more information or to register for a web-conference:

http://rcpsc.medical.org/residency/recognition/esc_e.php

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