Collective vision

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This month the Association of Faculties of Medicine of Canada will launch a paper on the future of medical education in Canada (**www.afmc.ca**). This "collective vision" for undergraduate medical education has been in the making for more than 2 years and includes an environmental scan, an extensive literature review, international comparisons, and broad consultations. The process has been inclusive and thorough and highly iterative. What will the report do for family medicine? Does it lay a new foundation for training Canada's future physicians? Or is Flexner rolling in his grave?

Does it go far enough to address the issues in medical education that have been affecting interest in family medicine as a career choice? The paper has 10 recommendations and specific examples on how to move forward. The recommendations include reviewing and redefining the basic science important to medical training and the need to foster leadership skills in medical students. Those most relevant to family medicine include recommendations that emphasize a need for generalism, more community context for learning, addressing the hidden curriculum, and changing admissions processes.

Preaching to the choir

A section on enabling recommendations emphasizes the need for adequate resources for medical education, information technology, and faculty development. Also noted is the need for changes to accreditation to create impetus for system change and assist with much-needed innovation to "fix" what ails our current system. Much of what is identified you could have learned from any department chair or undergraduate medical education director in family medicine in Canada; having been faced with inadequate resources for years, they could talk about the limited databases that exist for tracking faculty appointments, evaluations, placements, on-site visits, and feedback. There are teaching programs that do not use electronic medical records—sometimes owing to lack of consensus on which system to purchase or to inadequate funding.

The chairs could also talk about faculty development and inadequate resources to help community-based colleagues develop teaching skills to deal with the tsunami of medical students being turfed to the community. There are often limited resources to pay preceptors, an overly high reliance on altruistic community doctors who basically volunteer to teach (often losing income as a result), and, in some areas, a lack of essentials like transportation and housing for students in the community. Often the students pay. Rural family doctors can be both preceptor and host.

So we know, first-hand, that these enabling recommendations hit the mark—especially in view of the substantial increase in medical student enrolment in recent years.

What else could chairs and directors tell us? Research by FPs—much of it Canadian—has helped us to understand students' career choices: We need to address admissions policies to ensure a better balance at graduation. They could tell us about the need for more exposure to family medicine from the start of medical school: There needs to be more exposure to generalism, as the report suggests, and more respect for generalists, which speaks to the hidden curriculum. It is time we "outed" the not-so-hidden messages about family medicine heard in medical schools daily: comments during lectures about the mistakes FPs make, the messages that are sent when only specialists give lectures or make diagnoses in problem-based learning cases, and the criticism implied by the common question, "You're not going to be just a GP, are you?"

Talking back

The biggest question for family medicine is how do we respond to this report? How can we take advantage of this opportunity and rise to the challenge it presents? This report resonates with what we know, and we are ready. The College has a very active Undergraduate Medical Education Committee. The undergraduate medical education directors from each of the medical schools meet regularly and are an especially enthusiastic group of FPs. We are well prepared. The future of medical education in Canada looks bright for family medicine!

Topics of the 10 recommendations

1. Social accountability and meeting the needs of individuals and communities—local and global
2. Admissions processes—the need for the right mix and variety
3. Basic science and fostering researchers
4. Prevention and public health
5. The hidden curriculum
6. Learning context—teaching beyond the tertiary care health sciences centre in a variety of settings
7. Valuing generalism—"MD education must be focused on broadly based generalist content, including comprehensive family medicine. Moreover, family physicians and other generalists must be integral participants in all stages of MD education"
8. Interprofessional and intraprofessional practice—how to function on teams
9. Moving toward a competency-based approach
10. Fostering leadership in medicine among faculty and students

Cet article se trouve aussi en français à la **page 96** .