

**Proceedings of the AFMC-AMS J. Wendell Macleod  
Memorial Symposium:**

**“CELEBRATING THE LEGACY  
OF EFPO AND THE  
SASKATCHEWAN CONNECTION”**

**2005 Medical Education Conference  
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**Abstract**

The annual AFMC-AMS J. Wendell Macleod Memorial lecture given during the Association of Faculties of Medicine of Canada annual meeting and supported by the Associated Medical Services Inc. (AMS) was changed to a symposium format in 2005. It was dedicated to celebrating the Educating Future Physicians for Ontario (EFPO) project and its legacy in medical education in Canada and internationally. In addition, the roles of three Saskatchewan physicians with connections to the AMS and the EFPO project were acknowledged. The establishment of the EFPO Fellowship program influenced the formal development of faculty in modern concepts of educational theory and practice. EFPO has had a lasting impact on medical education by influencing the training of medical students and residents, their teachers and the practice of physicians in Canada and elsewhere.

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## Introduction

Fifteen years ago, a made-in-Canada innovation in medical education, namely the project Educating Future Physicians for Ontario (EFPO), was officially launched. To celebrate this anniversary, the AFMC-AMS J. Wendell Macleod Memorial Symposium of the 2005 Medical Education Conference in Saskatoon, Saskatchewan, sponsored by the Association of Faculties of Medicine of Canada (AFMC) and Associated Medical Services Inc. (AMS) was dedicated to the identification of its impact on medical education nationally and internationally. The roles of those with close links to Saskatchewan, who were involved in this project, were also described. All the speakers had been participants in the development and/or subsequent implementation of the project.

The specific objectives for the Symposium were to:

- become aware of Wendell Macleod's contributions to medical education and also the roots of other Saskatchewan's "sons" to EFPO
- become aware why EFPO came into being and who was involved
- understand the relationship between the Four Principles of Family Medicine, EFPO, and the Royal College CanMEDS roles
- consider the impact of the Four Principles of Family Medicine, EFPO, and the CanMEDS on medical education and health care
- explore what lessons have been learned and what might have been done differently

The Symposium was chaired by **Dr. William Seidelman**, President and Chief Executive Officer, AMS; the speakers and the titles of their presentations were:

**Dr. David Popkin**, Former Dean, College of Medicine, University of Saskatchewan – *The Saskatchewan Connection*

**Dr. Carol Herbert**, President, AFMC; Dean, Schulich School of Medicine and Faculty of Medicine and Dentistry, University of Western Ontario – *CFPC Connection to EFPO, Including Both The Four Principles of Family Medicine and the Janus Project*

**Dr. Jeffrey Turnbull**, Chair, Department of Medicine, University of Ottawa – *EFPO to RCPSC CanMEDs Roles: The History and Application to Medical Education*

**Dr. Brian Hodges**, Associate Professor, Department of Psychiatry, University of Toronto and Director, University of Toronto, Donald R Wilson Centre For Research In Education – *From Student Representative on EFPO to Putting into Practice*

**Dr. Paul Grand'Maison**, Vice dean, UGME, Université de Sherbrooke – *Impact Seen in Medical Education and Health Care*

## Initial remarks

Dr. Seidelman began his initial remarks by expressing the opinion that the impact of EFPO on medical education nationally and internationally appears to have been wide and enduring, but often unrecognized. The most readily notable example of its impact is that of the Canadian Medical Education Directions for Specialists (CanMEDS) initiative of the Royal College of Physicians and Surgeons of Canada (RCPSC). The celebration of this 15<sup>th</sup> anniversary of EFPO at a collaborative meeting of national medical education organizations in the home province of three visionary pioneers in health care and medical education in Canada namely, J. Wendell McLeod, Jason Hannah and Donald Wilson was felt to be appropriate. AMS continues to support this annual lecture at the AFMC conference in honour of Dr. Macleod.

With the advent of Medicare, AMS evolved from a provider of prepaid health care to that of a charitable organization supporting the history of medicine, bioethics and innovation in medical education. Innovations in medical education that AMS contributed towards include not only EFPO, but also CanMEDS, and the Janus Project of the College of Family Physicians. In addition, under Dr. Wilson's leadership, AMS supported an innovative Coalition of Academic Health Sciences Libraries in Ontario. AMS is presently undertaking a new educational initiative on end-of-life care.

Dr. Seidelman raised the question why EFPO was as important as there were similar things happening elsewhere. What made EFPO different was the unprecedented collaboration of five medical schools, the definition of physician roles based on public expectation, the investment in future education leaders and in research in education. He also mentioned the unique partnership between AMS, the five Ontario faculties of medicine and the government of Ontario and the engagement of leaders in medical education from across the country as advisors and consultants for the development of new methods of evaluation in medical education. That's what makes EFPO different, important and relevant. He also acknowledged the ongoing sustaining of this effort by the RCPSC through the CanMEDS program.

He remarked jokingly that, as an Ontario-based organization, AMS was taking a certain risk coming west and being perceived as another example of the hegemony of Ontario and Central Canada. The truth of the matter is that the spirit embodied in EFPO was inspired by experiences in western Canada, not only of Donald Wilson of Saskatoon, but also EFPO project leaders Drs. Victor Neufeld and Robert Spasoff, whose roots are in Saskatchewan. Indeed, two of the afternoon's speakers also represented the influence of the west namely himself and Dr. Carol Herbert, being natives of Vancouver.

Dr. Seidelman concluded his introductory remarks by suggesting that this symposium commemorated not a parochial regional effort but a national and universal vision for medical education that represents one aspect of the collective spirit of Canada and the creative vision of this nation's many constituent parts.

## **The EFPO Project: Rationale and Process for its Development**

Dr. Seidelman reminded the audience that EFPO arose out of a perceived gap between the medical profession and the Ontario public as represented by the physicians' strike of 1986. The overall goal of EFPO was to attempt to bridge the gap between the profession and the public and to make medical education more responsive to the needs of society. EFPO helped to legitimize undergraduate medical education. It brought together five independent faculties of medicine to work together and share resources. It saw the engagement of the public in defining the roles of the physician. It launched an innovative fellowship program in leadership development. EFPO spawned new initiatives in research in education and faculty development.

Dr. Paul Grand'Maison, appointed a member of the AMS Education Advisory Committee in 1995, recognised the importance of understanding the present by learning from our predecessors; the history of medicine and the legacy of EFPO that needs to be part of that understanding. Medical education and medical practice are rooted in a society that is constantly changing and therefore are challenged to evolve in an iterative manner. He quoted Dr. Robert Maudsley, one of the EFPO leaders, "*Calling for change is nothing new: ensuring that real change is made is the difficult part.*" He acknowledged that medical care in Ontario was in turmoil at the time and that EFPO was a possible answer to this problem. EFPO leaders were discontented with what was transpiring and established a focus on "*setting an overall framework and direction for change and creating the mechanisms to support the change and make it sustainable.*"

Dr. Grand'Maison recognized that EFPO is seen worldwide as an explicit attempt to listen to the community with regard to the roles of physicians. It did this initially by identifying the community's perceptions of physicians and medical education in general through surveys of the public and the profession, existing data and a review of the literature. This resulted in the identification of the major roles of physicians that were then organized in what has been called the EFPO roles. These roles coloured all interventions and future works that were done by EFPO people.

### **EFPO: 8 roles of the physician**

- **Medical expert (clinical decision-maker)**
- **Communicator (educator, humanist, healer)**
- **Resource manager**
- **Health Advocate**
- **Learner**
- **Scientist/scholar**
- **A person**

The medical schools responded by developing educational programs responsive to the needs of society and establishing a comprehensive mechanism to evaluate future physicians using the EFPO roles as the basis for education

and evaluation. They also addressed the training of medical educators in order to support the development of the competence of students and established a Fellowship program for future leaders in medical education. These actions resulted in the legitimization of medical education and a commitment to sustain the thrust that EFPO had initiated.

## **The Saskatchewan Connection**

Dr. Popkin briefly described the life and contributions of Dr. Wendell Macleod, and introduced two other physicians with deep Saskatchewan roots, whose leadership and vision led to EFPO and beyond. *John Wendell Macleod* (1905-2001), born in Kinsbury, Quebec, graduated in medicine from McGill University in 1930, and practised as an internist/gastroenterologist in Montreal and Winnipeg before moving to Saskatoon to become Dean in 1952 until his resignation in 1961. He was a strong, enthusiastic and determined leader at a time of conflict between the medical school and the local medical community. He was the founding executive director of what is now the Association of Faculties of Medicine in Canada and subsequent to his retirement, he was involved in national and international medical education initiatives.

*Jason Albert Hannah* (1899 – 1977), born near Ottawa, moved to Saskatchewan as a child; he graduated from Queen’s University Medical School in 1921 and trained as a neuropathologist. In 1937, at the age of 38, he founded Associated Medical Services (AMS) Inc, a prepaid medical care plan to provide quality medical services at the lowest possible cost. *Donald Richards Wilson*, who was in the audience, was born in Saskatoon in 1917; he graduated from the University of Toronto, where he became the Chair of the Department of Surgery in 1972; he also held the positions of President of AMS between 1983 and 1996 and of the RCPSC between 1988 and 1990. His role in these two positions and the concurrent experience of the 1986 Ontario physicians' strike were the factors that spawned the EFPO project.

## **The Impact of EFPO on Medical Education**

### *The Influence of the College of Family Physicians of Canada on EFPO and vice versa*

Dr. Herbert first expressed pleasure at the collaborative effort in planning and implementing this inaugural meeting of the five partners, the AFMC, CAME, CFPC, MCC and RCPSC; it can be seen as an example of synergy just as EFPO was in providing a thread that resonated in the development of the Four Principles of Family Medicine, CanMEDS and the social accountability initiative of AFMC.

The Four Principles were established by a Task Force of the CFPC in 1989 as the ‘core description’ of the day-to-day work of family physicians in the community and have become the organizing framework for the curriculum, training and evaluation of the residency program in Family Medicine. As the EFPO principles were derived from the needs of people in the community, it is not surprising that there are commonalities with the Four Principles. EFPO involved both family physicians and specialists, the latter of whom became aware of the Four Principles of Family Medicine. Thus, the EFPO roles were influenced by the Four Principles and, in turn, influenced the creation of the CanMEDS project, which transformed the objectives and evaluation of the RCPSC programs.

The JANUS Project of the CFPC used the EFPO roles to understand the future roles of the family physician. The JANUS Project looks to the past and present to help ensure a better future for Canadians. This two-part initiative that links community-based scholarships with a national level survey of Canadian family physicians was launched in 1996.

Dr. Herbert compared the Four Principles with those of EFPO and showed, as an example, how the clerkship objectives in the Department of Family Medicine at the Schulich School of Medicine, University of Western Ontario, demonstrated the link with the EFPO roles of expert, communicator (educator, humanist, healer), collaborator, advocate, gatekeeper, learner (scholar), scientist and person in the following tables.

## **I. The Family Physician is a Skilled Clinician**

### ***CFPC principles***

- Clinical problem-solving approaches
- Pertinent laboratory tests
- Discuss management plans
- Appropriate follow-up
- Discuss medications, including side-effects and costs
- Well person assessments
- Understand aging and manage common problems of the elderly

### ***EFPO roles***

- Expert/decision-maker
- Expert/advocate/gatekeeper
- Collaborator/communicator
- Expert
- Expert/gatekeeper
- Expert/educator
- Expert

## **II. Family Medicine is community-based**

### ***CFPC principles***

- How contexts of care affect assessment and management plans
- Work in inter-professional teams
- Consultations
- Understand need for continuity of care for seniors in community
- Understand need for continuity of care for ill seniors

### ***EFPO roles***

- Collaborator
- Collaborator
- Communicator/collaborator
- Communicator/collaborator
- Advocate/collaborator

## **III. The Family Physician is a Resource to a Defined Population**

### ***CFPC principles***

- Cost-effective, evidence-based problem-solving appropriate to setting
- Preventive care
- Critical evaluation of preventive services
- Need for screening for STDs

### ***EFPO roles***

- Expert/scholar/gatekeeper
- Expert/advocate
- Scholar/expert
- Expert/advocate

## **IV. The Patient-Physician Relationship is Central to the Role of the Family Physician**

### ***CFPC principles***

- Interviewing skills (patient-centered clinical method)
- Collaborate with patients in finding common ground
- Family visit
- Care of the elderly and review personal attitudes to aging

### ***EFPO roles***

- Communicator
- Communicator
- Communicator/collaborator
- Person

Dr. Herbert suggested that the learner and scientist role are better seen in residency objectives that include practice audits and resident research projects. She expressed the opinion that the advocate and person roles are the least well developed and that these are the areas where physicians have the most problems. The person role was included in the EFPO roles after the consultations were completed in recognition of the need for individual trainees and practising physicians to maintain their health and well-being.

Dr. Herbert ended her talk by again acknowledging the intertwining of the Four Principles of Family Medicine, the EFPO and CanMEDS roles.

### ***The Royal College of Physicians and Surgeons of Canada – EFPO to RCPSC CanMEDs Roles: The History and Applications to Medical Education***

Dr. Turnbull addressed the historical perspective of the transition of the EFPO to the CanMEDS roles: the unique challenges and opportunities and the strategies that worked and those that did not work. He reported on the implementation of CanMEDS and the next steps being taken by the RCPSC.

In the late 80's, there had been significant change to the medical curriculum in specialty medicine as a result of centralization of the assessment process. The Office of Fellowship Affairs of the RCPSC was becoming concerned with the changes that were occurring: the increasing need for residents to provide clinical service, a more defined regulatory environment and the fact that professionalism was under siege by the public. Dr. John Wade, then the Chair of the Health and Public Policy Committee of the RCPSC, advocated that the College look at the future roles of

the specialist in Canada. To that end, a Working Group on Societal Needs, chaired by Dr. Peter Tugwell, was established and, after a significant amount of work, including a number of surveys, developed the CanMEDS framework, drawing on the EFPO roles.

The framework was adopted in 1996 and the next phase of implementing and evaluating pilot projects was initiated under the then Director of Fellowship Affairs, Dr. J-P. DesGroseilliers. College-wide implementation was achieved under the Directorship of Dr. Nadia Mikhael between 1997 and 2002. There was buy-in from the membership of the College, highlighted by a survey of two cohorts of graduates (1990 and 1993) revealed problems that whereas the role of expert was well taught, the other roles were not well taught or evaluated. A subsequent survey of program directors in 2001 pointed also to significant gaps in the areas of advocacy, manager and collaborator; the most recent area for development has been that of faculty development.

Upon reflection, **several strategies that were felt to be successful** were:

- Competency-based planning, based on the need of the community
- Capitalizing on medical education leadership
- Focusing on standards
- Addressing the continuum
- Working with key participants/early adapters/opinion leaders
- Capitalizing on a good idea
- Internalizing the concept
- Systematic planning from concept, design, resources to evaluation
- Focusing on leadership

In Dr. Turnbull's opinion, the College has been successful in implementing the CanMEDS roles; the conceptual framework has been generalizable; the members have accepted it; and there has been international acceptance from other jurisdictions namely, Denmark, the United States, Australia, New Zealand, the United Kingdom and the Netherlands. However, he felt that there has been conceptual decay in the transfer down the line from the College to accreditation/examination boards, program committees, national specialty societies, institutional programs, teachers and learners. The College is addressing this.

He then outlined the next steps, many of which are underway, in the evolution of CanMEDS: the better definition of all the roles and the clarification of specific competencies; the development of curricular structures and evaluation criteria especially in those areas not currently well evaluated; the provision of educational resources and support; accreditation and program evaluation. He recognized that this is an important direction for the College, but reminded the audience that it will take time to achieve a change in culture; much has been achieved and much is still being done.

## **The Impact of the EFPO Project on Individuals**

EFPO was a project of people, not just institutions and Dr. Grand'Maison listed a few whom he identified as leaders or who were mentors to the EFPO Fellows and to himself, including those who expressed that the vision of Wendell Macleod inspired them (see box). He recognized that Dr. Neufeld was another Saskatchewan connection as he was a student at the University of Saskatchewan at the time of the Deanship of Wendell Macleod.

<b>EFPO: Leaders and Mentors</b>		
Donald Wilson	William Seidelman	Robert Maudsley
Victor Neufeld	Jeff Turnbull	Wayne Weston
Jackie Wakefield	Brian Hennen	Brian Hodges
Meridith Marks	Jason Frank	Jim Rourke
and others		

The EFPO Fellowship was a landmark in the careers of 44 Fellows. Dr. Jason Frank, one of the EFPO Fellows told Dr. Grand'Maison that "*EFPO was the most influential factor in my career.*" Many of these Fellows completed Masters in Medical Education as part of their Fellowship and "*...are in position of leadership in medical education in the country...and approach education from a scholarship perspective*" according to Dr. Meridith Marks.

Dr. Brian Hodges, himself a former EFPO Fellow, described the impact that being involved in the development of the EFPO project had on him. He used the analogy of gravity to relate the importance of EFPO to medical education in Canada: "*gravity is the force of attraction exerted by a celestial body upon objects at or near its surface tending to draw them towards the centre*". Gravity also means "*seriousness or importance*" and "*without it, we would all fall off the earth*". The function of EFPO was to anchor us to ideas and values.

Dr. Hodges was a medical student at the time of the doctors' strike in Ontario in 1986; he was horrified by it and wondered whether the profession that he was embarking on was losing its ground. However, he was reassured by the **mission statement of EFPO:**

### ***Making medical education responsive to social need***

He attended the first EFPO conference and found himself surrounded by great men and women, who wanted to make major changes in medical education, including Dr. Robert Maudsley. He was one of many students who were welcomed to participate in and contribute to EFPO and the development and dissemination of the EFPO roles. EFPO changed his medical career by giving him the opportunity as a student to participate in a number of outreach activities to underserved areas and led to his writing a paper on social responsibility. As a resident, he did research and published a paper on the relation of residents to the pharmaceutical industry. Later, as a junior faculty member, Dr. Hodges created an outreach service for the underserved areas in Canada's north. He now works in a variety of developing countries, including Ethiopia, China and Pakistan. Most importantly, he feels that he brings the EFPO social values to all areas of his professional life: patient care, teaching, research and administration.

Dr. Hodges referred again to the impact that EFPO has had on medical education worldwide and admitted that this made him feel good to have been part of this important and progressive process.

Dr. Grand'Maison himself has been influenced by his experience with EFPO. According to him, EFPO leaders used the following **rules to define success in innovation in medical education**, rules that he himself uses at the Université de Sherbrooke:

- Daring in vision e.g. consulting the community
- Wisdom in decision with a focus on action
- Determination in action
- Rigor in evaluation (acknowledging the work of Drs. Jock Murray, Harvey Barkun and John Wade who successively evaluated the EFPO project throughout the years)
- Scholarship in dissemination

### **The Legacy of EFPO Nationally and Internationally**

The seminal work of EFPO resulted in a legacy that has had enduring impact in Canada: it related medical education to societal needs (in line with the World Health Organization 1995 position paper: "*Defining and measuring the social accountability of medical schools*"); it prioritized education in the mission of the medical schools; and it built an example of fruitful collaboration among faculties of medicine. Dr. Grand'Maison recently interviewed Dr. Robert Maudsley, who said that "*EFPO promoted institutional cooperation and collaboration and showed the strength of such collaboration.*" The AFMC's initiative on social accountability of medical schools expands this collaborative action to all the medical schools in Canada.

Dr. Grand'Maison expressed the opinion that the major legacy of EFPO in medical education include: the clarification of what is meant by medical expertise; the codification of the roles expected of physicians; and the delineation of the competencies for each of these roles. These roles (see Box) are not new but are integral to the context of the doctor-patient relationship and focus on the outcomes of care, instead of on the structure and process of medical education.

As a result of the need to base medical education on physicians' expected roles, innovations in teaching and learning were developed; in addition, new and innovative evaluation processes to assess student competencies had to be developed. This resulted in significant change in all Canadian medical schools and in medical schools in other countries. Faculty development, which had been relatively rare in the 1980's, was given a boost and the establishment of the EFPO Fellowship program resulted in the emergence of a cadre of future leaders in medical education in Canada.

The number of faculty members with a major commitment to medical education increased as did the amount of research funding in this area. This reflected and resulted in the legitimization of medical education as a scientific field of study. Numerous awards for medical education at all levels now are given out and membership in the Canadian Association for Medical Education, established in 1988, now number over 500.

## **Final Words**

Dr. Hodges alluded to the fact that most medical educators in Canada know the tremendous impact that EFPO has had on medical education; however, it is difficult to point to concrete evidence of the enduring place of EFPO roles and values. Returning to the analogy of gravity, he argued that "*EFPO is rather like gravity – it is difficult to see, hear, touch or taste – but if you could take it away (and you cannot!) everything would be terribly disturbed.*"

EFPO brought the erosion of social values in medical education to the fore and re-articulated that the role of physicians goes well beyond that of a technician, as, indeed, the profession had defined itself many years ago. The unprecedented studies of stakeholders of health care articulated for the first time the link between social responsibility and skills in communication, collaboration, scholarly thought, life-long learning, professional behaviour and a social conscience. The EFPO roles and values are now inseparable from medical education and EFPO has transformed our thinking and culture, but Dr. Hodges acknowledged that there are still challenges in implementation and evaluation. EFPO challenged the way we think about medical education and launched a new and enduring culture, not only in Canada, but in other countries; however, as with other great ideas, it risks becoming invisible, hence this symposium to remind us of the roots of this change.

Dr. Grand'Maison reminded us that inside and outside of Canada, groups have worked at defining the roles of the physician over the past two decades: the Four Principles of Family Medicine of the CFPC in the 80's; the RCPSC's CanMEDS roles, based on the EFPO roles in the 90's; and the Collège des médecins du Québec in 1998. The WHO described the "5 star physician" in the early 90's and, in the United States, the American Association of Medical Colleges has described the roles of medical students and residents. These activities have provided a framework for the intent, content and expected outcomes of medical education within the individual jurisdictions.

According to Dr. Grand'Maison "*Regardless of what is considered the most important legacy of EFPO, yesterday's vision is part of our reality today*".