

A Vision for the Continuing Professional Development of Community Health Physicians in Ontario

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Executive Summary

Many recommendations have been made for the improvement of the public health system and public health medical practice. These have included recommendations to enhance continuing professional development for public health physicians. Since 2003, the Maintenance of Certification Committee (Maincert) of the Council of Ontario Medical Officers of Health (COMOH) has worked with a wide range of partners to provide continuing professional development (CPD) events for community medicine specialists in Ontario that are in keeping with the requirements of the Royal College of Physicians and Surgeons of Canada.

Despite these successes, Maincert has operated with a number of challenges and limitations. These include an operational resource base that consists entirely of the in-kind contributions of time by the Maincert committee members (supported by their respective employers), secretariat support from the Association of Local Public Health Agencies (alpha), and the annual event accreditation fee payment of \$1000.00 by the Ministry of Health and Long-Term Care.

Much more could be accomplished with the establishment of a secure resource base. To this end the Maincert Committee recommends the establishment of an Ontario Community Medicine Continuing Professional Development Unit. This Unit would serve as a focal point for CPD for Ontario public health physicians, maintaining a rolling vision of our ongoing educational needs and fostering a range of opportunities to meet these needs.

The resource base for the Unit remains to be determined, as well as the source of funding and the host agency to support it. Ongoing dialogue is needed to further develop this concept and to ultimately make it a reality.

Introduction

The Ontario public health system has been through a great deal over the past decade: tainted blood, Walkerton, tainted meat, and SARS are the most striking examples, all of which resulted in public commissions, expert panels, and/or enquiries. It is often the case that we learn the most from our trials, and indeed there have been many recommendations for the improvement of the public health system and public health medical practice that are part of the aftermath. It is almost four years since the SARS outbreak, and it has been in this post-SARS period of intense public health scrutiny, introspection and review that the Maintenance of Certification Committee (Maincert) of

the Council of Ontario Medical Officers of Health (COMOH) has fostered professional development opportunities for the public health physicians of the province.

As we draw to the end of the present series of public health system reviews the Maincert Committee begins its own introspection. In this task we reflect on the recommendations that have been made on the public health system and on the practice of community medicine. We contemplate how they should be coalesced and considered in light of our experience pursuing the Maincert mandate, so that we may find the best path of action for the future of continuing professional development for community medicine in Ontario.

The Importance of Maintaining Professional Excellence

Community medicine is critically important to the operation of the public health system, and by extension to the health and wellbeing of Ontarians. This is exemplified by Justice Dennis O'Connor's first recommendation in the Walkerton Inquiry report that "The Health Protection and Promotion Act should be amended to require boards of health and the Minister of Health, acting in concert, to expeditiously fill any vacant Medical Officer of Health position with a full-time Medical Officer of Health".ⁱ

Community medicine physicians are needed at all levels of the public health system – local, provincial, federal, international, academic and private sector. Therefore, it is also imperative that their professional skills be maintained to a very high professional standard. Community medicine physicians must have the most accurate, relevant and current population health intelligence in order to avoid making errors in the changing and challenging field of public health practice in Ontario – errors that may very well result in harm to the health of communities. Likewise, community medicine physicians are role models; If in their role as educators and leaders in their health units and in their communities they fail to make appropriate decisions and to provide recommendations based on the most accurate and relevant information the system may fail. Community medicine physicians also provide education to those who are training in this specialty, and thus it is incumbent on us to be current in our skills and knowledge to be able to provide optional education for the next generation of public health physicians.

As physicians we are well aware of the critical importance of keeping current in our field. It is a longstanding axiom of our profession, as well as a requirement of the specialty colleges to which we belong, both the Royal College of Physicians and Surgeons of Canada and the Canadian College of Family Physicians, that we demonstrate our activities to maintain our competence. Beyond this the College of Physicians and Surgeons of Ontario is exploring further requirements to ensure that we seek as individual practitioners to keep up with the advances in our work.

It is important to note that practitioners working individually cannot achieve as much as we can through group efforts. Thus the Maincert Committee was initiated on the premise that Ontario public health physicians need more opportunities to meet their college continuing education requirements, and that together we can and must create more of such opportunities.

The importance of human resource development as part of the renewal of the public health system is one of the key findings and areas of recommendation within the numerous post-SARS documents, as follows:

- The first of these to be released, the Naylor report speaks of the need to support logical and stimulating career paths for public health professionals what would allow individuals to traverse between local, provincial, and national levels within public health in order to attract and retain excellent practitioners. To this end the report recommended a national strategy for the renewal of human resources in public health, with a director and a secretariat to develop, implement and monitor its progress. ⁱⁱ
- The first of the Walker reports recommended that the province develop an integrated human resource revitalization plan that would include as core components an enhanced ongoing training and education program for existing staff (including a sponsorship initiative, cross-training and partnership-based training), as well as a public health re-entry program to recruit practitioners back into public health practice. ⁱⁱⁱ
- The provincial government planning document Operation Health Protection includes the goal of developing “increased education and training opportunities for public health professionals” as part of “a made-for-Ontario health human resources strategy in 2004/2005 to support the rebuilding of public health capacity”. ^{iv}
- The final report of the local public health Capacity Review Committee included the recommendation that “the province should work with the Ontario Agency for Health Protection and Promotion to improve public health professional development and leadership training”. ^v
- The recommendations for the Ontario Agency for Health Protection and Promotion describe a hub and spoke design for the relationship of the Agency with public health units, as well as with other health care institutions. It could be argued that such an arrangement speaks to an opportunity for collaborative work to facilitate continuing professional development and stimulating career paths for public health physicians. ^{vi}
- In Bill 171, the Health Systems Improvement Act, the objects of the Ontario Agency for Health Protection and Promotion include Section 6. (f) “to provide professional development for public health professionals, scientists and researchers”. ^{vii}
- The intermediate goal on research and knowledge exchange of the foundational standard within the draft Ontario Public Health Standards is as follows: “public health professional and community decision makers are aware of current research that relates to the factors that underlie good public health, create risks to the public’s health, and support effective public health practice”. ^{viii}

These citations speak to the importance of continuing professional development for community medicine physicians, as a critical contributor to the ongoing renewal of the public health system (and ultimately the protection and promotion of the health of Ontarians). They also speak to the opportunity at our disposal to pursue arrangements,

partnerships and the development of systems to address our professional continuing educational needs, and ultimately to allow for the “stimulating career path” that we all “want and need”.^{ix}

Key Questions

The opportunities are there to be realized or to be lost. In the end it is largely up to us to pursue them and to shape them into reality. To facilitate this endeavour we will consider the following three overarching questions with regard to our needs for continuing professional development:

1. What does our present situation look like? Challenges, shortcomings, needs and achievements;
2. What do we want that we imagine is possible in the future ? Opportunities and visions;
3. How can we move from the present situation to the future that we want and believe to be possible? Connecting the dots / opportunities - ways to create new opportunities.

Maincert’s History and Our Present Situation

Since its inception in the fall of 2003, the Maincert Committee has worked successfully with many partners and in numerous venues to increase for the community medicine physicians of Ontario the number of professional development events conforming with the requirements of the Royal College of Physicians and Surgeons of Canada.^{x xi 1 2} These have included educational sessions at COMOHO meetings and at regional COMOHO events, ALPHa and OPHA conferences, educational events (live and by teleconference) hosted by the Ministry of Health and Long-Term Care and by the Ministry of Health Promotion, as well as by the Public Health Agency of Canada, and through the venue of the educational rounds of the University of Toronto Community Medicine Residency. The presentation content at these events has been provided by personnel from the pharmaceutical industry (new vaccines, and a review of the range professional experiences and opportunities in community medicine), the Canadian Food Inspection Agency, the Ontario Medical Association, academic researchers, and a range of legal firms and agencies (Canadian Conference on the Public's Health and the Law: <http://www.phlaw.cpha.ca/english/index.html>).

¹ It should be noted that a number of these events were also accredited with the MOCOMP program of the Canadian College of Family Physicians, and that at the time that this paper was written the Maincert Committee was also considering a request to extend its mandate to meet MOCOMP requirements on an ongoing basis.

² It should be noted that, in 2002 and early 2003, before the inception of the Maincert Committee, a number of accredited teleconferenced educational rounds were arranged in partnership between health units, COMOHO and the University of Toronto Community Medicine Residency. The experience gained from these rounds was very helpful to provide guidance to the Maincert Committee as it proceeded with its work.

The content of these sessions has been guided by the educational needs of the community medicine practitioners as gauged by the Maincert Committee, using a range of methods and informational sources. These methods to determine professional development needs have included the review of key documents (such as the Naylor Report on SARS), surveys and evaluations completed by practitioners following professional development (CPD) events, and recommendations of individual practitioners (which were then reviewed by peers).

Educational activities have been accredited as Section 1 events (either large or small group learning activities) either by the McMaster University CME Office, the University of Toronto, or the Canadian Pediatric Society. The service provision fee for working with McMaster University was provided annually in 2004 to 2006 by the Ministry of Health and Long-Term Care.³ On a number of occasions when events were not accredited the Maincert Committee worked with the event organizers to provide the participants with a template to assist them in claiming Section 4 educational credits.

Beyond the in-kind contributions of the members, the Maincert Committee did all its work with no budget or independent financial base. Its administrative support, including its website page and teleconference support has been provided by the secretariat of the Association of Local Public Health Agencies (alpha). It has functioned by drawing together the educational needs, in-kind supports, opportunities for speakers and partners, venues and means of event accreditation into a single living and constantly evolving work-plan. Thus it would be fair to say that Maincert has managed to demonstrate what can be done on very limited resources, with some vision and excellent teamwork.

Possible Future / Vision

It is fair to say that the Maincert Committee has done well to date, despite its limitations. However, given the importance of continuing professional development for community medicine physicians as noted in the many key citations earlier in this report, it is important that we look at how much more we need to accomplish in this area, and what we need to do to achieve this.

Maincert's existence is perpetually tenuous, and is remarkably limited given the importance of its mandate. The tripartite arrangement between Maincert, the McMaster University CME Office (as the event accreditation provider) and the Ministry of Health and Long-Term Care (as the financier for the annual accreditation fee to McMaster) leads to annual difficulties in establishing an extension of the agreement for CPD event accreditation. Beyond Maincert there is no ongoing centre of learning for Ontario's Community Medicine practitioners post-residency. Maincert has achieved much through partnerships as opportunities have arisen. Despite this Maincert has not been integrated to any meaningful degree within any of its partners, nor has it been able to develop a vision beyond each present year since its inception.

³ \$1000 for up to 6 accredited education events annually (estimated attendance of approximately 40 physicians).

The vision and the work of Maincert could be greatly enhanced if it were transformed into an Ontario Community Medicine Continuing Professional Development Unit. With sufficient dedicated and ongoing resources such a Unit would be more capable of identifying core competencies and related CPD needs, and from this develop a rolling multiyear plan.

The Unit would be able to help community medicine practitioners hold their own educational events, including web-based learning opportunities and other shared learning distance educational venues. The Unit would serve to find distance educational events of relevance to community medicine practitioners in Ontario, both as a group and as individuals (gaining an understanding of the career aspirations of the individual practitioners and their corresponding educational needs), and notifying practitioners of the career developmental opportunities that exist. Where needs persist, the Unit would create the appropriate venues.

In addition, the Unit would form partnerships to develop new venues for ongoing training and career development, including temporary work placements, sabbaticals, and even to identify career opportunities. Practitioners in newly placed positions would be offered training supports to meet the related educational needs to support the core competencies of the new position in question. Ongoing development of career path options could include position placements at all levels within the public health system from local to international agencies, academic centers, the private sector, and non-governmental organizations. Placements could be permanent or temporary, and include overseas placements, short to medium term sessions at academic centres and in field placements, work exchanges, and research secondments.

The Unit, once established, could successfully compete for continuing education research and development funds to further knowledge into best practices of learning strategies for community medicine practitioners.

Significant resources would be needed to operate such a Unit. Although the investment in the Unit may lead to future opportunities for revenue generation, in the early stages it would require start up funds and would not be expected to be sustainable for some time. The potential benefit of the integration of the Unit within agencies such as the Public Health Agency of Canada, the community medicine residencies in Ontario and/or their affiliated universities⁴, the Ministry of Health and Long-Term Care, other provincial Ministries, the National Specialty Society for Community Medicine, the Public Health Research and Education Development programs, or the new Ontario Health Protection and Promotion Agency should be considered. It may be most appropriate that the Unit be housed within the Ontario Health Protection and Promotion Agency given its mandate “to provide professional development for public health professionals, scientists and researchers” as expressed in Bill 171.^{xiii} Alternatively it may be most appropriate for the Unit to reside within ALPHA, as an extension of the arrangement that Maincert has

⁴ University of Toronto, McMaster University, and / or Queen’s University.

enjoyed; this may be in keeping with emerging strategic directions for ALPHA as a provider of CPD for its members sections.

Next Steps on the Path Forward

This paper makes the argument for the importance of enhancing continuing professional development of the community medicine practitioners of Ontario. It documents the overall successes, as well as the short-comings of the Maincert Committee of COMO. The creation of an Ontario Community Medicine Continuing Professional Development Unit is proposed, going well beyond what Maincert has achieved to date, in order to fulfill the recommendations of the numerous post-SARS reviews of the public health system.

The concept of the Ontario Community Medicine Continuing Professional Development Unit will require further thought, debate, review, input and development. Such input should come from the Maincert Committee members, from peer leaders in the education of community medicine practitioners both within Ontario and in other provinces, as well as from key decision makers with regard to the future development of the public health system in Ontario. Conceptual work needs to be done to determine the operational resource needs of the Unit – the development of a business plan. This business plan should be drafted in collaboration with the agencies identified in this paper as prime candidates to house the Unit.

With each iteration of consultations this paper should be modified capturing the intelligence and the wisdom that is gathered. The paper should ultimately be shared with the COMO membership, and with community medicine practitioners working in Ontario outside of the local public health system, as well as with community medicine residents. In its final manifestation the paper should be used as a tool to work with decision-makers to help create the kind of focal point determined to be necessary to optimally support career development for community medicine in Ontario.

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