ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Indigenous health values and principles statement

July 4, 2013



Prepared by The Indigenous Health Advisory Committee and the Office of Health Policy and Communications

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Table of contents

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Summary

It is well documented that disparities in health exist on the basis of race in Canada.[1] Racism, oppression, historical legacies and government polices continue to perpetuate the ongoing state of Indigenous Peoples' health inequities[2] in many indigenous communities. Indigenous Peoples carry an inordinate burden of health issues and suffer the worst health of any group in Canada.

In order to encompass cultural diversities, reflect historical accuracies and respect the peoples our work is intended to benefit — the term "indigenous" people will be used in place of "aboriginal" people, First Nations, Inuit and Métis. Further, the term "aboriginal" is not used consistently throughout the world and the Royal College's work often extends beyond Canada's borders. Lastly, the term "indigenous" is the one favoured by the United Nations and the World Health Organization.

Indigenous Peoples are not the only people plagued with ill-health in our nation. The values and principles espoused in this document can help shape cultural safety[3] in medical education and practice — within a context of social justice and self-reflection — for all groups under threat who are not afforded privileges commonly associated with a healthy, happy and prosperous society.

To advance the Royal College's vision of "The best health for all — The best care for all" and its mission "to improve the health and care of Canadians by leading in medical education, professional standards, physician competence and the continuous enhancement of the health system,"[4] the Royal College 2012 – 2014 strategic plan explicitly aims to improve the health status of indigenous people (KRA 2, Strategy 1, Action 2).[5]

Building on the Royal College CanMEDS intrinsic Roles framework, the values and principles outlined in this document represent a foundational milestone to underpin concrete actions in medical education, professional development and culturally safe practices. These measures will help redress disparities and inequities in the quality of health and care for Indigenous Peoples wherever they live in Canada.

The overarching principle that captures the essence of the rounded physician as embodied in the CanMEDS Roles is as follows:

> "The (health) care of an indigenous person reflects the dimensions of quality[i] for patient-centred care that resonate with their culture in all stages of that person's life. The physician demonstrates empathy, open-mindedness, consensus and understanding of the issues facing indigenous people and the social determinants of health that contribute to their health status. The decision-making process recognizes the value of Indigenous Peoples' self-determination through the principles of ownership, control, access and possession and the benefits of making unencumbered and informed choices to promote health-sustainability and equity."

i The dimensions of quality for patient-centred, health care that are recognized by the Royal College, the College of Family Physicians of Canada and the Canadian Medical Association are as follows: safety, accessibility, acceptability, appropriateness, provider competence, efficiency, effectiveness, outcomes.

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Quick reference 1

Indigenous health values and principles

(Please see parts 4 and 5 and the Appendix for detailed descriptions)

CanMEDS Roles	Values	Principles
Medical expert	• Cultural safety • Consensus	The culturally competent physician embraces indigenous knowledge and the significance of forbearance in indigenous culture; this shows a true understanding of how historical legacies affect indigenous people.
Communicator	• Transparency • Respect • Accountability	Clear, honest and respectful dialogue about health matters is a mutual responsibility between physician and the indigenous patient/community for achieving shared outcomes.
Collaborator	• Partnership • Access • Trust • Autonomy	The indigenous patient-physician relationship is sacrosanct and without hierarchy or dominance; the partnership fosters access to health care and the resources necessary for health and wellness of the person, family and community and facilitates the physician's ability to work effectively with community institutions to help the patient.
Manager	• Self-determination • Economy • Sustainability • Equity	Physicians are equipped with the tools, knowledge, training and experience to improve health care, reduce health disparities and inequities and sustain health for indigenous people.
Health advocate	• Holism • Recognition	Indigenous identity is the platform that promotes holistic health and encourages active participation of indigenous people in concert with physicians and other health care professionals as "agents of change for health."
Scholar	• Continuity • Openness • Distinctiveness • Evidence • Shared-research	Indigenous health is an integral component of medical research, education, training and practice, and is based on evidence from empirical sources, critical appraisal of relevant material beneficial to patients, leading indigenous and non-indigenous practices and lifelong learning that can be adapted to serve indigenous patients well.
Professional	• Self-regulation • Transferability • Self-reflection	Physicians are committed to the wellbeing of indigenous patients, their families, communities and cultures through ethical behaviours, compassion, integrity and mutual respect and a commitment to clinical competencies that engender health of indigenous people.

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Introduction 2

"Health" is holistically defined as a state of complete physical, cognitive, emotional, social and spiritual wellbeing and not merely the absence of disease or infirmity, within a cultural context.[6]

As such it incorporates the determinants of health.[ii] This definition is entirely consonant with Indigenous Peoples' concept of health, which embodies the physical, mental, emotional and spiritual dimensions of self, as well as a harmonious relationship with family, community, nature and the environment.

For the purposes of consistency of terminology — encompassing cultural diversities, reflecting historical accuracies and respecting the peoples this document is intended to benefit — the term "indigenous" people will be used throughout in place of "aboriginal" people, First Nations, Inuit and Métis. To borrow from the National Aboriginal Health Organization's (NAHO) glossary and terms, "indigenous" means "native to the area." In this sense, according to NAHO's terminology, Indigenous Peoples are indeed "indigenous" to North America. The term is gaining acceptance, particularly among indigenous scholars to recognize the place of Indigenous Peoples in Canada's late-colonial era and implies land tenure.

The term is also used by the United Nations in its working groups and in its Decade of the World's Indigenous People.[7] It is also a term used extensively by the World Health Organization:

> "Indigenous populations are communities that live within, or are attached to, geographically distinct traditional habitats or ancestral territories, and who identify themselves as being part of a distinct cultural group, descended from groups present in the area before modern states were created and current borders defined. They generally maintain cultural and social identities, and social, economic, cultural and political institutions, separate from the mainstream or dominant society or culture."[8]

High-quality health care for indigenous people requires a strong value base guided by sound principles that they believe in, share in, contribute to and own in partnership.[9] It is incumbent upon health care providers, educators and learners that they not only be aware of the atrocious health status of indigenous people and understand the lingering causes — historically, socially, politically and economically — but take steps to mitigate their effects by facilitating the transference of cultural safety from education to practice.

Cultural safety liberates the truth about health inequities and points, without shame, to oppression as a main cause of health inequities by harnessing critical thinking and self-reflection — a teachable skill. Self-reflection is a value that nourishes cultural safety; the provider is better able to understand the upstream barriers (e.g., structural racism, discriminatory laws, historical legacies, uneven distribution of economic opportunities, etc.) and their connection to the downstream effects (e.g., person-to-person mediated racism, classism, cycle of poverty, etc.) influencing the health and healing of those defined as under threat.

More importantly, self-reflection facilitates continuous provider improvement by creating a supportive environment where he or she feels empowered to take risks and stand for change through "conscientization" — the process of developing a critical awareness of one's social reality through reflection and action.[10] This allows the health care professional to tap into personal strengths to overcome challenges and foster positive behaviours towards patients who are under threat from racism, oppression and other social determinants of health.

ii Income and social status; social support networks; education employment and working conditions; social environments; physical environments; health literacy, biology and genetic attributes; epi-genetics; personal health practices and coping skills; healthy child development; racism and social exclusion; and health services. Additional indigenous-specific health determinants include self-determination; social capital, access to health care; cultural continuity, environmental stewardship, economic development; residential school syndrome, and colonization.

Racism and oppression manifest themselves as health inequities in many indigenous communities. Structural and personal racism, continuous oppression, historical legacies and government policies have a profound effect on perpetuating the ongoing state of Indigenous Peoples' health and health care.

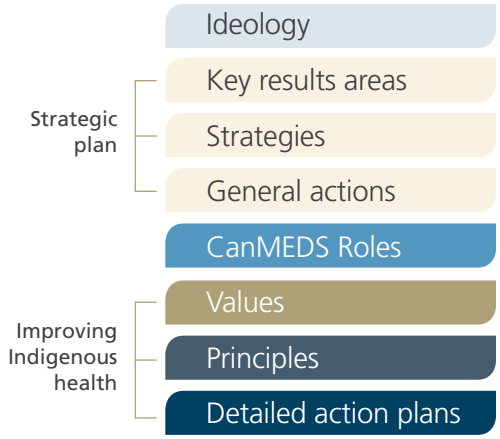
Although Indigenous Peoples comprise only 4.3 per cent[11] of the general population, they carry an inordinate burden of health issues: early childhood development, maternal health, community health, mental health, chronic disease. Overall, indigenous people suffer the worst health status in the country.[12] They have the right to enjoy full expression of indigenous identity and health.

Indigenous Peoples are not the only people plagued with ill-health in our nation. Indigenous health values and principles help shape cultural safety in medical education and practice within a context of social justice and self-reflection. Cultural safety can be applied against the challenges faced by all groups under threat who are not afforded privileges (e.g., social structure, education, health care, employment) commonly associated with a healthy, happy and prosperous society: people living in poverty, women facing social and economic challenges, new Canadians or refugees, and LGBTQI (lesbian, gay, bisexual, transgender, questioning, and intersex) persons.[13]

The challenge is to move from ideology to concrete actions and turn hope into a reality where the study of indigenous health is inculcated in medical curricula, assessment, graduate medical education, continuing professional development and practice. As such, this document also outlines implementation strategies that build on success stories and pave the way for further innovation in the Royal College's work.

The evolution of values and principles that promote Indigenous health

Values and principles evolve from the strategic plan and thier development stems from CanMEDS Roles leading to detailed action plans



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Approach in the preparation of this document 3

The body of information and evidence underpinning this document has been produced, for the most part, by Indigenous scholars, physicians and stakeholders. The literature reviewed examined the applications of values and principles to advance indigenous health.

To ensure that indigenous perspectives are aptly reflected in these values and principles, the Royal College's Indigenous Health Advisory Committee which predominantly comprises indigenous physicians and scholars, guided their development in collaboration with Council.

This is a scoping document that creates a common understanding of the importance of the transformation of values and principles into actions. It starts with fundamental theories behind values and principles. It is derived from scanning information from the work of indigenous groups, public policy documents and successful practices that promote indigenous health in Canada and abroad.

It recognizes past work of the Royal College, the Indigenous Physicians Association of Canada, and the Association of Faculties of Medicine of Canada in developing core competencies in medical education specific to indigenous health.

The CanMEDS intrinsic Roles provide the framework on which the values and principles hinge. One example of how CanMEDS Roles are applied in conjunction with established principles is from the University of Toronto's, Faculty of Medicine. Its survey of exiting residents asks them about their quality of education as it relates to the seven CanMEDS Roles and the four Principles of the College of Family Physicians of Canada.[14]

By aligning indigenous health values within each Role, we are able to develop principles that can better guide the Royal College in generating tools that physicians, educators and learners can use.

Values 4

Values are fundamental beliefs that foster a "collective sense of purpose and cohesiveness."[15] They underlie a principled-philosophy for a course of action. Roy Romanow, Q.C., commissioner of the 2002 report on the Future of Health Care in Canada, started his message to Canadians by referencing the core values at the heart of the health care system: equity, fairness, solidarity.[16] Other examples help define what values are.

In the pursuit of the principles of restorative justice in criminal matters, the Department of Justice places emphasis on one underlying value — *respect*; it represents dignity for everyone affected by the crime.[17] The Canadian Public Health Association draws on fundamental values — dignity, respect, common-good, social justice and economics — to drive its strategic principles and set priority areas for action.[18]

Thoughtful and appropriate values are poignant, resonant and directional; everyone understands what they stand for. A meaningful value is a noun or axiom that is crisply summarized and prefaced by the leading phrase, "The value of…"

The importance of values cannot be overstated. Strong values represent litmus tests that ensure policies and programs are on the right track. A mutual understanding of values fosters effective collaboration; guiding principles emanate from them.

Culturally safe organizations espouse values that resonate with individuals, families, communities, the services delivery sector, policy-makers and administrators.[19] Cultural safety is a value; "a cultural safety approach deals with inequities and enables physicians and other care providers to improve health care access for patients and communities.

Cultural safety is a value that acknowledges cultures beyond ours, exposes the social, political, and historical contexts of health care and redresses unequal power relations."[20]

If values are to be truly ethical, they must transcend institutional and power-based concepts. They must embrace indigenous beliefs. Ideally, ethically and morally, cultural safety means understanding power differentials between the health care system and indigenous patients.[21] Indigenous values stress holism, pluralism, autonomy, community, family and the maintenance of the quality of mental, physical, emotional and spiritual life.[22]

Description of indigenous health values

Medical expert

(1) Cultural safety; culturally safe practices are rooted in an understanding of indigenous beliefs. Cultural safety recognizes the power differentials that exist between providers and patients, and the historical legacies of colonization that perpetuate disparities, inequities, racism, social dependencies and poor health choices.[23] Cultural safety demonstrates an understanding of the socio-cultural and environmental determinants that continue to exacerbate indigenous medical disorders, ill health and undermine wellbeing.

(2) Consensus; consensus is conciliatory. It reinforces understanding between patient and provider to move forward together rather than despair in resignation and hopelessness.

Communicator

(3) Transparency; dialogue is open and honest with respect to diagnosis, course of treatment and expected outcomes.

(4) Respect; actively listening to patients, addressing their concerns, honestly acknowledging their suggestions and sharing views (within privacy guidelines) form the bases for respectful communications. Respect embraces sensitivity.

(5) Accountability; the doctor-patient relationship is dependent on clear expectations and responsibilities — understood by both parties — for enhancing it.

Collaborator

(6) Partnership; a road traveled together shares risks, rewards and outcomes. Inclusiveness, on the other hand, might present a negative connotation; it perpetuates a dominant-subordinate association that is condescending.

(7) Access; this fundamental dimension of quality[24] is particularly relevant to indigenous communities across Canada; the vast distribution and varied settings of people present challenges that affect the timeliness and quality of care.

(8) Trust; this is the bond of an honest and open relationship.

(9) Autonomy; cultural beliefs represent a freedom of choice; this is a sacred right that must be respected. By celebrating a person's culture, the collaborator shows respect and preserves a patient's dignity while recognizing their unique circumstances.

Manager

(10) Self-determination; responsible and informed decisions by patients and providers promote autonomy and independence. It recognizes ownership, control, access and possession (OCAP) applied to research. OCAP is a powerful indigenous political response — by the Steering Committee of the First Nations Regional Longitudinal Health Survey — to colonial approaches to management of information.[25]

(11) Economy; self-determination cannot be supported when funders hold the power; values must uphold structural and systemic controls of resources contributing to health and health care sustainably, without eroding the resources of future generations.[26] Race and class affect socio-economic status. For example, a major contributor of poor health of Métis people is due to a much higher rate of poverty.[27]

(12) Sustainability; the emphasis on the degree to which desired health outcomes are achieved with application of active therapies and treatments is dependent on the optimal use of scarce resources.[28] This also embraces "wisdom" in the wise use of those resources.

(13) Equity; fairness and impartiality are the hallmarks of balanced and effective management.

Health advocate

(14) Holism; the maintenance of the quality of mental, physical, emotional and spiritual life is the ultimate goal in indigenous health care.

(15) Recognition; pluralism acknowledges the "unique status" of Indigenous cultures within the Canadian fabric of nationalities — and indigenous persons' shared heritage as "first peoples." This value also implies that Indigenous people are health advocates too; it serves to dispel paternalistic behaviours and practices.

Scholar

(16) Continuity; the thread of understanding of indigenous health should be promoted from medical school education through to postgraduate medical education and beyond in professional life. It also stresses the importance of leading practices and builds on existing work in education.

(17) Openness; traditional indigenous medicine reinforces the holistic approach to health and wellness embraced in indigenous cultures. Indigenous healing practices, spiritual well-being and natural therapies are recognized by the patient and he or she decides whether western medical practices are comprehensive, complimentary, beneficial, holistic or integrative.

(18) Distinctiveness; avoiding the tendency to draw comparisons with other minority groups creates focus on the unique issues facing indigenous people; this sheds light on the harm done through ambiguity, assimilation, generalization and colonization.

(19) Evidence; health care decisions and healthy life choices are based on qualitative and quantitative information that is readily available, focused and its limitations clear.[29] This includes indigenous knowledge in traditional indigenous medicine and its value in the education of medical students, residents and practising physicians.[30]

(20) Shared-research; meaningful and ethical research should be carried out in partnership with indigenous people to advance their health; findings are shared with mutual consent.

Professional

(21) Self-regulation; professional and ethical conduct is an intrinsic trait that manifests itself in the freedom to practise within privileged boundaries.

(22) Transferability; resources, education and training provide physicians with the ability to transfer indigenous health principles into a wider medical practice that improves health and sustains it.

(23) Self-reflection; practising without prejudice, racism, discrimination, stereotyping or generalizing starts with an understanding of our own strengths, challenges and biases as physicians. This self knowledge proceeds through the life of a provider; it should start in the formative years, embracing the indigenous patient as teacher and understanding indigenous histories, knowledge and healing practices. Developing culturally safe practices requires a level of literacy in the context of all domains: mental, emotional, spiritual and physical to understand what indigenous health means in the Canadian context. It shows commitment to patient, profession and society through *ethical practice* while reflecting on and balancing one's own health, career, sustainable practice and personal life.[31]

Principles 5

Principles define the "way;"[32] they guide behaviour and ensure that strategies and actions support the vision and align with the mission. Good principles precipitate actions. Effective principles derive from strong, universally supported values that promote collaboration, engagement, participation and transparency. According to Flemons et al., decisions and actions that are principle-based will better support quality and safety, especially in situations where there are competing demands.[33] The following examples drives home these points.

The College of Family Physicians of Canada's mission and goals are guided by "Four principles of family medicine" that encompass traits of a skilled clinician, family practice, the population at risk and the patient-physician relationship.[34]

In 2002, New South Wales (NSW) Health, in Australia, developed a set of groundbreaking principles for better practise in indigenous health promotion. Participants recognized the importance of the broad generic health promotion directives of the "Ottawa charter in health promotion (1986)," the "Jakarta declaration on health promotion in the 21st century (1997)" and the "Mexico declaration (2000)."[35] Some noteworthy strategic principles distilled from these forums embrace the tenet of collaboration:

- Strengthen community action.
- Promote access to education and information in achieving effective participation and the "empowerment" of people and communities.
- Increase community capacity and promote "self-assertion" of the individual in matters of health.

Other examples show that the layout of principles can be multi-layered:

- The National Institute for Health and Clinical Excellence in the U.K. uses principles to develop what it calls "guidance" to foster excellence.[36] Its guidance-principles follow a hierarchy defined by three main principles (e.g., bioethics, fundamental operations, and evidence-based decisions) — each branching to secondary principles (e.g., moral, procedural) and some extending to tertiary ones (e.g., respect for autonomy, non-maleficence).
- Guiding principles for Indigenous health from the Committee of Deans of Australian Medical Schools (CDAMS) map out the underlying philosophy and "consensus statements" in developing core curricula. From these, the CDAMS evolves 10 pedagogical principles, each one augmented with its own strategies, examples and cautions for teaching and implementation purposes.[37] Principle 2, for example, seems banal and obvious but it serves to drive home the importance of entrenching indigenous studies in medical education: *Indigenous health is an integral part of medical education.*

Many examples of successful indigenous public health projects subscribe to fundamental guiding principles such as respect for self-governance, support for community self-sufficiency and promotion of accountability and control.[38] Whatever they are, principles to foster indigenous health must be communal, holistic and flexible such that they can apply to all of the stages of an indigenous person's life and development from birth to death and from infancy to old age.

Descriptions of indigenous health principles

Overarching principle

The (health) care of an indigenous person reflects the dimensions of quality[iii] for patient-centred care that resonate with his/her culture in all stages of that person's life. The physician demonstrates empathy, open-mindedness, consensus and understanding of the issues facing indigenous people and the social determinants of

iii The dimensions of quality for patient-centred, high-quality health care that are recognized by the Royal College, the Canadian Medical Association and the College of Family Physicians of Canada are as follows: safety, accessibility, acceptability, appropriateness, provider competence, efficiency, effectiveness, outcomes.

health that contribute to their health status. The decision-making process recognizes the value of indigenous peoples' self-determination through the principles of ownership, control, access and possession and the benefits of making unencumbered and informed choices to promote health-sustainability and equity.

Medical expert

The culturally competent physician embraces indigenous knowledge and the significance of forbearance in Indigenous culture; this shows a true understanding of how historical legacies affect Indigenous people.

Communicator

Clear, honest and respectful dialogue about health matters is a mutual responsibility between physician and the indigenous patient/community for achieving shared outcomes.

Collaborator

The indigenous patient-physician relationship is sacrosanct and without hierarchy or dominance; the partnership fosters access to health care and the resources necessary for health and wellness of the person, family and community and facilitates the physician's ability to work effectively with community institutions to help the patient.

Manager

Physicians are equipped with the tools, knowledge, training and experience to improve health care, reduce health disparities and inequities and sustain health for indigenous people.

Health advocate

Indigenous identity is the platform that promotes holistic health and encourages active participation of indigenous people in concert with physicians and other health care professionals as "agents of change for health."

Scholar

Indigenous health is an integral component of medical research, education, training and practice and is based on evidence from empirical sources, critical appraisal of relevant material beneficial to patients, leading Indigenous and non-Indigenous practices and lifelong learning that can be adapted to serve Indigenous patients well.

Professional

Physicians are committed to the wellbeing of indigenous patients, their families, communities and cultures through ethical behaviours, compassion, integrity and respect and a commitment to clinical competencies that engender health of indigenous people.

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Implementation strategy 6

An action plan will ensure that the Royal College's *Indigenous health values and principles statement* move from theory to reality. The action plan will be ever-green, adapting to progress and impediments. A number of short term actions to address some immediate indigenous health issues have been suggested by Council.[39] These will be evaluated and incorporated as specific action plans evolve. Within the context of leveraging the values and principles outlined here, several strategic areas have been identified:

- Make values and principles come to life through stories and vignettes that correlate their application to outcomes in examples where they are upheld or breached; approach students, recent graduates, practicing physicians, patients, other providers (e.g., nurses), indigenous peoples and communities for material.
- Develop turn-key programs about Indigenous health that could be handed to program directors for immediate use (e.g., develop practice tool kits).
- Integrate the values and principles in accreditation, curricula and assessment.

Examples of education programs based on Indigenous health values and principles

The legacy of previous work to improve the health of indigenous people warrants attention. These examples show how values and principles can relate to achievable plans of action.

In 2007 the Royal College filed an activity report from its advisory committee to enhance postgraduate medical education and continuing medical education programming.[40] In this report it elaborated on key competencies expected of physicians when working with Indigenous people. These competencies were structured along CanMEDS Roles. Although values and principles were not explicitly discussed, their inference was strongly reflected in the key competencies.

The Indigenous Physicians Association of Canada (IPAC), the Association of Faculties of Medicine of Canada (AFMC) and the Royal College recognize the importance of Indigenous Peoples' values in the development of meaningful partnerships with indigenous communities. Their development of core competencies for undergraduate medical education, postgraduate medical education and continuing medical education are modeled on the Royal College's CanMEDS framework.[41,42] The value of "partnership" here is a common thread that promotes collaboration.

Other programs are more recent but no less worthy of merit. The First Nations University of Canada has developed new courses in indigenous health studies with the goal of recognizing indigenous medical graduates who complete the program with an "Indigenous Health Practice Certificate."[43] These studies examine many of the fundamental issues affecting indigenous health. The value of "recognition" in this program reinforces health advocacy.

In British Columbia, the Provincial Health Services Authority (PHSA) is seeking accreditation with the Royal College for its PHSA Indigenous Competency Training Program. Its purpose is to address and improve the health of Indigenous people as part of the province's goal in improving access to health services.[44] The College of Family Physicians of Canada offers this program under its MAINPRO continuing professional development program. The values of "access" and "continuity" connect the collaborator's role with that of the scholar's.

Conclusion 7

The "Indigenous health values and principles statement" stems from CanMEDS Roles. These Roles represent excellent directives to structure values and principles into meaningful categories. Twenty-three values emerge from this exercise. Their correlation with a given Role could be debated and some possibly moved within the CanMEDS framework but the most important corollary is completeness of the set of values. The collection is based on empirical evidence found in literature, deliberations with Council,[45,46] Royal College directorate of specialty education and Indigenous Health Advisory Committee and evidence borrowed from progressive organizations that successfully promote indigenous health.

This leads to the evolution of an overarching principle that embodies a well rounded physician who practices cultural safety and seven principles that coincide with the seven CanMEDs Roles. The tone of the principles reflects a certain duality where the relationship between physician and patient strives for equal footing and dismantling of the traditional power structures abhorrent to Indigenous people. The connection of principles to CanMEDS brings stronger attention to Indigenous health, facilitates transference into professional practice and provides direction for strategic actions. Above all they must be developed in tandem with the people they intend to help.

A companion document from the Royal College titled, *Disparities in health outcomes and the inequities in the quality of health care services for Aboriginal Peoples*, provides a rich abridgement of the issues that the principles seek to address.

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

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ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

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Appendix 10

CanMEDS

The Royal College's strategic plan is the roadmap for its vision and mission. Although principles, created from lasting values, will be the guides that lead to detailed action plans, it is worth exploring CanMEDS Roles as catalysts in their development.

The overarching goal of CanMEDS is to improve patient care. CanMEDS is a competency-based, educational framework that describes the core knowledge, skills and abilities of specialist physicians;[47] it defines seven intrinsic Roles that lead to optimal health and health care outcomes: medical expert (central Role), communicator, collaborator, manager, health advocate, scholar and professional. CanMEDS represent an ideal foundation on which to build values and principles that advance Aboriginal health.

CanMEDS INTRINSIC ROLES

MEDICAL EXPERT is the central physician role that culminates from the six keystone roles. As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care.

COMMUNICATORS effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

COLLABORATORS effectively work within a team to achieve optimal patient care.

MANAGERS are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

HEALTH ADVOCATES use their knowledge and influence to advance the health and well-being of individual patients, communities, and populations.

SCHOLARS demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

PROFESSIONALS are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour. The Professional Role is guided by codes of ethics and a commitment to clinical competence, the embracing of appropriate attitudes and behaviors, integrity, altruism, personal well-being, and to the promotion of the public good within their domain. These commitments form the basis of a social contract between a physician and society. Society, in return, grants physicians the privilege of profession-led regulation with the understanding that they are accountable to those served.

For more detailed information on CanMEDS please go to:
http://www.royalcollege.ca/portal/page/portal/rc/canmeds/framework

Notes

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