

1.0 Agenda Review

2.0 Review of Previous Minutes

- Kevin provided update on the Ministry's plan to develop and integrated health human resource plan for the province. Currently, Kevin Warren has drafted an agreement with HEABC and it is going through the internal review process. HEABC will be responsible for implementing the framework in conjunction with MOH and HAs.
- The Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) conducted on-site surveys of individual PGME residency programs as per the "A Standards". The PGME residency programs are required to establish a university structure suitable for the conduct of postgraduate residency programs. Some of the responsibility of the committee include: establishing policies for residency education; conducting internal reviews; teaching and assessing the residents' competencies as defined within the CanMEDS/CanMEDS-FM framework; ensuring proper supervision of residents for the selection, assessment, promotion and dismissal of residents in all programs.

3.0 MOH Health Human Resource Planning

- Ted/Kevin to provide an update on Health Human Resource Planning. It is anticipated that Ted/Kevin will provide some information on the new policy papers that are currently being promoted by Stephen Brown. Additional information may be provided on the contract status with HEABC on the Integrated Health Human Resource Planning framework.

4.0 Academic Health Sciences Centre/Network (UBC)

Please Note: The information below was collected from a series of articles that mentioned an Academic Health Sciences Network (AHSN). The objective for such a network is summarized below:

- A network or set of inter-relationships among a variety of organizations, including, but not limited to: health authorities, research institutes, health science professional faculties, health planning organizations, college and universities.
- As per the [News Release](#) in June 2014, a summary of the Working Group DE Report was distributed from the Fraser Health Authority Review. In regards to research activities, the Work Group proposed "the creation of a province-wide academic health science centre and network model, which focuses on VCH, PHSA and Providence Health Care and link to other partners, such as Fraser Health. The Working Group recommended Fraser health enter into a formal agreement with the academic institutions in Vancouver to ensure future research investments achieve the maximum value."
- The objective of an Academic Health Sciences Network (AHSN) cross BC would allow for a shared mission of a more coordinated health professional education, and a different mechanism for funding and supporting clinicians.

5.0 Residency Allocation Sub-committee

- The purpose of the Residency Allocation Subcommittee (RAS) is to develop a three to five year rolling plan for the allocation of all MOH funded residency positions (including both CMG and IMG positions) to the UBC postgraduate residency programs. The plan is reviewed annually as positions are confirmed by CaRMS (Canadian Resident Matching Service).
- The RAS has the authority to recommend a three to five year residency allocation plan to MHRPTF based on current and projected needs for practitioners in each discipline.
- FoM Associate Postgraduate Dean and MOH Executive Director (Kevin) sign-off on annual instructions to CaRMS.
- If there are any new program applications (ex: Last application received was for Colorectal Surgery and Pain Medicine), these will be discussed. The Residency positions for the two new programs mentioned in the example above may be discussed in further detail (i.e.: funding for the positions and an exact residency positions available).

6.0 CanMEDS Framework (item 6 on Agenda)

- Practical framework that integrates multiple components of professional development. The following conceptual framework for performance assessment is referenced below:
 1. Novice
 2. Advanced Beginner
 3. Competence
 4. Proficiency
 5. Expertise
- Progression/development is facilitated by several stages of a practitioner's career. For instance, in medical school (novice stage), an individual learns the fundamentals, early clinical activity (advanced beginner) before transitioning into discipline-specific residency (competent stage).
- Full implementation of the framework is to be in place by 2018.

7.0 Committee on Health Workforce (CHW) Physician Resource Planning Task Force (PRPTF)

- CHW Roundtable expected for October 2014. MoH provide a summary. Expected that the findings/discussions of this roundtable will be shared with the MHRPTF.

8.0 Practice Ready Assessment Program

- Expected to be rolled out in Spring 2015. The first intake is expected to include 15 in the first year.
- Individuals who are screened in will be required to complete a Return of Services (ROS). The placement of the individuals will be determined by the HAs. They HAs will determine need at the time of placement and allocate the resource to the identified rural community. The information provided in the recent Fact Sheet is as follows:

1. Undergo a practice ready assessment (PRA) in Canada for at least three months – BC expects to introduce a 2-year BC PRA pilot with the first intake of 15 IMG family physicians interested in rural practice in Spring 2015 and another intake of 15 IMGs in Fall 2015 for a total of 30 IMGs. Upon successful completion of the BC PRA, IMG candidates will fulfill a 3-year return-of-service in rural BC as full service family practitioners.