CPSO Number: 12ABC CPSO Staff: Laura Secord

This individualized education plan sample is based on the *CanMEDS Physician Competency Framework*, an educational framework identifying and describing seven roles that lead to optimal health and health care outcomes. Further information is available from the College of Family Physicians of Canada (https://www.royalcollege.ca/rcsite/canmeds-e).

EDUCATIONAL NEED/CANMEDS ROLE	OUTCOMES (GOALS)	PROPOSED EDUCATIONAL METHOD	ASSESSMENT METHOD
Medical Expert Areas to enhance: Antibiotics Narcotics Diabetes	Practice that meets the standard of a competent family physician in the Province of Ontario	Meet with the clinical supervisor for 1 year. Clinical supervisor to be approved by CPSO. Clinical supervision will be graded, generally commencing at a high level and then transitioning to moderate and then low level on the recommendation of the Clinical Supervisor but at the approval of the College.	Regular reports from clinical supervisor. Evidence from CPSO-directed assessment of practice by CPSO-appointed assessor at conclusion of clinical supervision.
Communicator (medical record keeping)	Documentation that meets the standard of a competent Family Physician in the Province of Ontario	 During High Level Supervision, the Clinical Supervisor will: Be the most responsible physician (MRP) for all patient interactions. Review all patients with Dr. Doe and approve all management plans. Directly observe the Dr. Doe during some patient encounters and performing any new procedures 	

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		 Report to College after first meeting and monthly thereafter with report containing: A list of all charts reviewed with patient identifiers. Review of charts discussed and concerns identified Summary of topics reviewed and success in implementing change into practice Review current guidelines on monthly basis with Dr. Doe The duration of high level supervision will be determined on an individual basis During Moderate Level Supervision, Dr. Doe becomes the MRP and the supervisor will Be immediately available, either on site or by phone during all times of patient interactions – At CPSO's discretion Meet with the physician on a monthly basis to:	

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		column with discussion on management according to guidelines and strategies to incorporate learning into practice New topics to be added as needed Report to College every three months with report containing: A list of all charts reviewed with patient identifiers. Review of charts discussed and concerns identified Summary of topics reviewed and success in implementing change into practice The duration of Moderate level supervision will be variable but generally is approximately 3 – 6 months in duration.	
		 During Low Level Supervision, Dr. Doe is the MRP and the supervisor will Be available, either on site or by phone to discuss patient care, but not necessarily in real time Meet with Dr. Doe on a monthly basis to: Review 10 – 15 charts to comment on documentation and care Review Current Guidelines 	

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		 After first meeting 50% of charts will focus on the theme of the month listed in first column with discussion on management according to guidelines and strategies to incorporate learning into practice New topics to be added as needed Report to College every three months with report containing: A list of all charts reviewed with patient identifiers. Review of charts discussed and concerns identified Summary of topics reviewed and success in implementing change into practice The duration of Low level supervision will be variable but generally is approximately 3 – 6 months in duration. 	
		Suggested resources: Antibiotics: Anti-infective Guidelines for Community-acquired infections: www.mumshealth.com/	
		Narcotics: Canadian Guideline for Safe and Effective Use of	

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NOLL		Opioids for Chronic Non-Cancer Pain http://nationalpaincentre.mcmaster.ca/opioid/ ACCS – ADDICTION CLINICAL CONSULTATION SERVICE This service provides "just in time" direct clinical advice about such issues as medical complications of drug and alcohol use and management of patients with addiction problems. Contact: 1-888-720-2227 or 416-595-6968 in Toronto Diabetes: http://guidelines.diabetes.ca/	
		records: http://cpso.inorbital.com/admin/CPSO/media/Documents/physician/polices-and-guidance/policies/medical-records.pdf	
Communicator(Non-record-keeping) To demonstrate current patient and family-centred care	Demonstrate an understanding of general principles in effective communication for a	Clinical supervisor to observe 5 patient encounters once a month for 3 months to directly observe and discuss patient centered questioning	Favourable clinical supervision reports. Favourable report from Communications

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	family physician in Ontario	Complete a course/program in patient centered interviewing as approved by the CPSO	program.
Collaborator Areas to enhance: Interprofessional communications around responsibility for patient care	Demonstrate effective ongoing collaboration skills	Document in chart who is MRP and for what circumstances (i.e. INR, medication adjustments) Obtain copies of reports that are relevant to the patient's ongoing care and acknowledge review and follow up plan	Chart review Assessment
Health Advocate Areas to enhance: Periodic health Exam Cumulative patient profile	Practice that meets the standard of a competent Family Physician in the Province of Ontario	With assistance of the clinical supervisor, collect and review different templates and approaches to disease prevention. Suggested resources: Periodic health exam: www.canadiantaskforce.ca www.cfpc.ca/ProjectAssets/Templates/Resource.aspx?id=1184&langType=4105	

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Leader Areas to enhance: Recall patients Charting of non-visit	Leadership and practice management that meets the standard of a competent Family Physician	Meet with support staff To optimize call backs, charting, follow up on no shows for important results. Clinical supervisor to assist.	Evidence from CPSO- directed assessment of practice by CPSO- appointed assessor at conclusion of clinical
information Professional Areas to enhance: Understanding conflict of interest -engaging in business deals with patients	Demonstration of an understanding of acceptable professional behaviour by a physician in the Province of Ontario	One-on-one program with ethicist approved by College including homework and reading assignments.	supervision. Favourable reports from ethicist.
Scholar Areas to enhance: Lack of a comprehensive CPD plan through the RPCSC or CFPC	Participation in CPD that meets the requirements as outlined in the CPSO's Quality Assurance Regulation	Dr. Doe to review with clinical supervisor his personal CPD program that meets the requirements of the CPSO. Demonstration of participation in and compliance with a recognized educational tracking program through the RCPSC, CFPC, MDPAC	Provide CPSO with current certificate of participation from recognized body