

MOTION FORM
Canadian Medical Association - General Council 2013

Please indicate motion category:

- Delegates' Motion**
- Strategic Session # 2: Physician Resources: Realigning the Post-Graduate System to Support the Future of Health Care Delivery in Canada**
- Strategic Session #3: Clinical Decision-Making: Appropriateness and Accountability**
- Please check box to indicate if motion should be placed on the **Consent Agenda** for the above noted session.

** Note: Strategic Sessions #1 entitled "End of Life Care in Canada" will be held in committee of the whole format*

MOVER Dr. Jesse Pasternak

MOVER CONTACT INFORMATION (phone/email where mover can be reached on **15-16 Aug**)

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SECONDER Dr. Gillian Shiau

SECONDER CONTACT INFORMATION (phone/email where mover can be reached on **15-16 Aug**)

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MOTION (maximum approx.150 words – please refer to **2013 Guidelines** for Motions in the attached procedures)

The Canadian Medical Association supports the six guiding principles and suggested transfer process put forward in the Canadian Association of Internes and Residents' "Principles on Resident Transfers" (June 2013) to promote efficiency, consistency, transparency, fairness and flexibility in the transfer process across all Canadian residency programs.

Please indicate motion type:

- Policy Motion** (describes the position the CMA is taking on an issue or a standard or a belief that the CMA will support on behalf of the medical profession - e.g., *The CMA supports the development of a national strategy for improving the health literacy of Canadians.*)
- Directive Motion** (describes a specific strategic direction/action that the CMA will explore/initiate on major items – e.g., *The CMA will develop guidelines for physician involvement in the governance of health information systems.*)

EXISTING POLICY CHECK

- Please check box to confirm that the CMA policybase on [cma.ca](http://www.cma.ca/policybase) has been checked and the submitted motion does not duplicate existing CMA policy. The link for the CMA policy base is <http://www.cma.ca/policybase>

ADDITIONAL CONTACT PERSON/INFORMATION (phone/fax/email etc.)

Ms. Cheryl Pellerin, tel: 613-234-6448, email: cpellerin@cair.ca

Note: Items listed under the motion rationale are not binding to the motion and serve to inform only.

1. SUBSTANTIVE RATIONALE – Include: **a)** why this motion should be considered **b)** supporting scientific evidence (if a scientific/clinical motion); and **c)** previous motions from GC (if applicable) (approx 250 words)

Residents may want to transfer for many reasons, including changes in professional interests, evolving personal circumstances, or lack of employment prospects in a particular discipline. Medical education as well as the job situation in Canada has changed significantly over the past few years. At the undergraduate level, medical students are required to make decisions about which career path they will take very early in their medical education experience. The consequence of this is that potentially more medical students are entering residency programs they may not be suited for, thereby making it necessary for more residents to engage in the transfer process during residency. Additionally, certain specialties might require more flexibility in residency to allow transfers to a different program because of the lack of projected employment opportunities in the discipline.

CAIR recently investigated the official resident transfer policies of all Canadian faculties of medicine and concluded that:

- 1) Significant variability exists in the clarity, type and detail of information in each transfer policy.
- 2) The majority of institutions did not outline the transfer process in a stepwise manner.
- 3) There is no consistent documentation of data on transfer requests, including total applications, successful and unsuccessful requests & informal inquiries.

To help address these shortcomings, CAIR developed national principles as well as a suggested transfer process to guide and promote efficiency, consistency, transparency, fairness and flexibility in the transfer process across Canadian residency programs. The CAIR principles are:

1. Transparency
2. Consistency
3. Flexibility
4. Fairness
5. Freedom from Intimidation or Undue Influence
6. Administrative Support and Oversight.

2. KEY STAKEHOLDERS - Include: suggested key stakeholders involved/engaged with implementation e.g., federal government, provincial/territorial medical associations, affiliates, associates, national medical organizations, etc. (approx 50 words)

AFMC, PG Deans, Program Directors, CFPC, Royal College, CMA, CAIR, CFMS, CMQ, FMRQ

3. SUGGESTED IMPLEMENTATION – Include: any particular direction to the CMA Board on how the motion should be implemented (approx 200 words) Note: all items in the motion rationale may assist to inform the motion

All stakeholders involved in residency training programs are encouraged to support the CAIR "Principles on Resident Transfers" (June 2013) and implement the suggested transfer process (Appendix 1).

4. RELEVANCE TO CMA MISSION, VISION, VALUES AND STRATEGIC OBJECTIVES. See CMA strategic plan at <http://www.cma.ca/aboutcma/history-mission-vision-values> (approx 250 words)

Ensuring that physicians are training and working in either their desired specialty or in a specialty that offers employment opportunities is in line with the CMA vision of a healthy population and a vibrant medical profession. The residency transfer process should be consistent, fair, transparent, flexible and free from intimidation or undue influence, in keeping with the CMA values of Professionalism, Integrity and Compassion. Related to the strategic objectives of the CMA, this motion supports Advocacy and Representation; ie: to be the credible national voice and trusted source for policy and advocacy and to anticipate national priorities and emerging health and health care issues affecting the population and members, and position the CMA accordingly.

5. ESTIMATED RESOURCES REQUIRED (money, time, human) please check the relevant boxes.

HR less than one person week	HR more than one person week – less than one person month	HR over one person month	Under \$5,000	\$5,000-\$25,000	Above \$25,000
X			X		

6. ADDITIONAL COMMENTS (approx 200 words)