Educating Future Physicians for Ontario (EFPO)

Through the 1970s and 1980s there was a growing sense that the medical profession was out of favour with the public, and this was confirmed in a study commissioned by the Ontario Medical Association. This tension was confirmed when, in 1987, Ontario physicians initiated a strike over whether they could extra-bill patients. The strike failed and the lack of public sympathy indicated that the profession was out of tune with public attitudes.

Pressures rose for medical education to become more responsive to the health needs of populations; medical teachers were asked to “come out of their ivory towers.” This was not unique to Canada; similar issues existed in the U.S. and the WHO had been pushing for medical education to be responsive to community needs.

The EFPO collaborative project was launched to determine what Ontarians expected of their physicians and to propose how training programs should be changed in response. It brought together the five Ontario medical schools, the Council of Ontario Faculties of Medicine (COFM) and the Ministry of Health.

Beginning in 1990, EFPO’s first phase supported the development of a medical curriculum based on meeting defined societal needs (rather than, for example, on what the professors wished to teach). The first report (Neufeld VR et al, *Academic Medicine*, 1998; 73: 1133) defined eight roles for future physicians, such as “medical expert - clinical decision maker” that resulted from the public consultations.

EFPO also proposed ways to train faculty in teaching these new roles and recommended new ways of testing clinical skills, such as the Objective Structured Clinical Examination (OSCE).

Several new curriculum themes were proposed, such as medical ethics, critical appraisal of the literature, the health of minority groups, the role of families in health, and communication skills.

The EFPO program also funded a fellowship program to support clinicians wishing to focus on medical education; a second phase of EFPO focused on training post-MD.

By 1996 the theme of physician roles had been taken up by the Royal College of Physicians and Surgeons of Canada, and they formalized these into the “CanMEDS” roles.