PREPARED BY
Spindle Strategy

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spindle
Science for the Public Good.

Current State Findings Report

Prepared for:
University of Prince Edward Island and Health PEI

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Context

In partnership with Memorial University of Newfoundland (MUN), the University of Prince Edward Island (UPEI) announced in October 2021 its efforts to establish a Faculty of Medicine to deliver a medical education program to 20 undergraduate (UGME) and 21 postgraduate (PGME) learners. The announcement indicated that the first cohort of the joint program would start in August of 2026 (when the joint program is expected to be accredited), though an earlier cohort would begin studies on PEI in 2025, under MUN's CACMS accreditation. The joint UPEI/MUN medical education program will have a unique "One Health" focus, leveraging UPEI's strengths in veterinary science, nursing, paramedicine, psychology and climate change. The medical school will feature an on-site Health and Wellness Centre, which is expected to provide services to approximately 10,000 patients from the University and broader PEI community. However, for the program to successfully achieve its capacity building goals, it must align and integrate with the provincial healthcare system (Health PEI) from tip-to-tip. This involves integration of medical learners into hospital and community-based healthcare settings across the Island as well as the provision of necessary supports to incorporate medical graduates into the PEI healthcare workforce (including as future preceptors and faculty).

Spindle has been engaged by UPEI and Health PEI to understand and catalog the healthcare system's capacity to successfully integrate medical learners; to identify any gaps in infrastructure, human resources, policies and programs, systems and structures; and to devise an evidence-based roadmap including necessary investments and timelines to feasibly address those gaps.

Progress

The following report represents the output from the **Current State Review** phase of the work and includes findings from over 45 consultations with PEI stakeholders, key experts and comparator programs across the country. The report is meant to provide a detailed view of the existing landscape, including faculty and infrastructure requirements for clinical integration of the program into the healthcare system considering first-place parameters related to start date and cohort size*.

In follow-on phases of the work, we intend to conduct a thorough **Gap Analysis**, identifying additional resourcing requirements (primarily related to physicians and infrastructure) to deliver the medical education program. We will also identify important strategic considerations, implications and approaches for addressing the gaps.

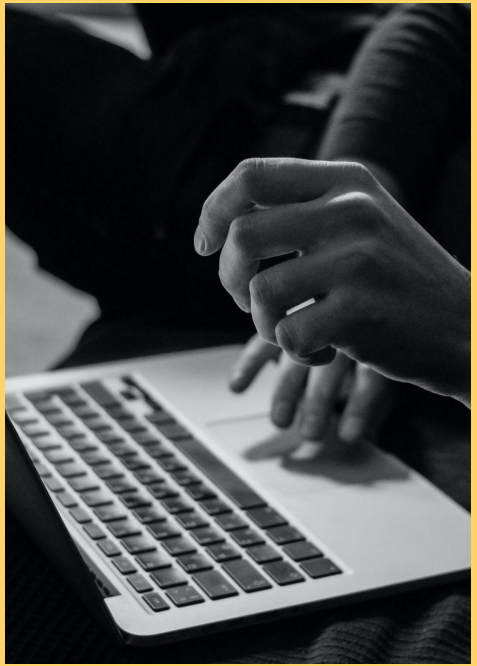
In the last phase of the work, we will produce an **Implementation Roadmap** including staged priorities, actions and investments to integrate medical learners into the health system.

** note that these parameters may change based on the forthcoming gap analysis phase of the project*

1

Conceptualization and Planning for the Medical School

Key findings regarding how the concept and the plan for the medical school have come together.



VALUE PROPOSITION:

Focus on Family Physicians

The UPEI-MUN Medical school has a **focus on training family physicians**. By increasing the number of family physicians trained in PEI, the program aims to increase the number of doctors who will go on to practice on the island, thereby reducing the number of islanders who are currently without a primary care physician. There is great precedent for this as PEI is currently hosting 5 seats for Dalhousie's Family Medicine Residency Program and 4 out of 5 residents who complete their training on the island (80%), stay to set up practice on PEI.

Source: https://www.cbc.ca/news/canada/prince-edward-island/pei-status-of-health-care-part-2-1.6757664

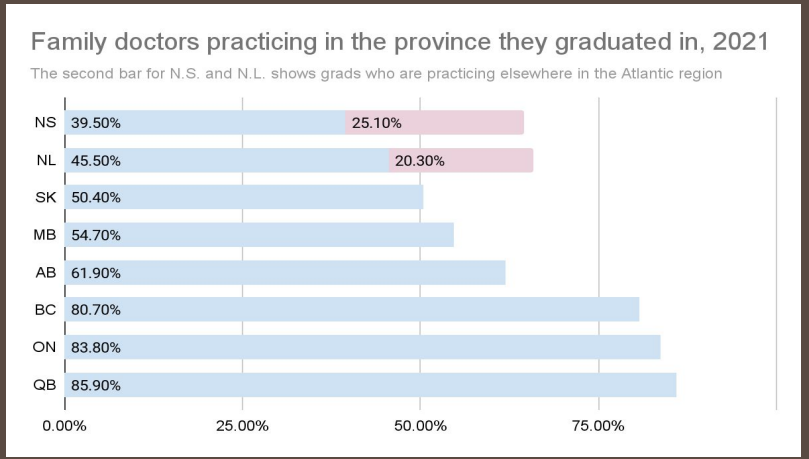
There is evidence that establishment of new medical education programs (including UGME and PGME components) leads to retention of graduates within the local workforce:

NHS's much anticipated 2023 workforce enhancement plan is predicated on the establishment of 5 new medical schools and augmentation of both UGME and PGME seats to double the number of doctors the UK trains.

MUN: Of its 2011 and 2012 MD graduates, within three years, 73% were found to be practicing in the province

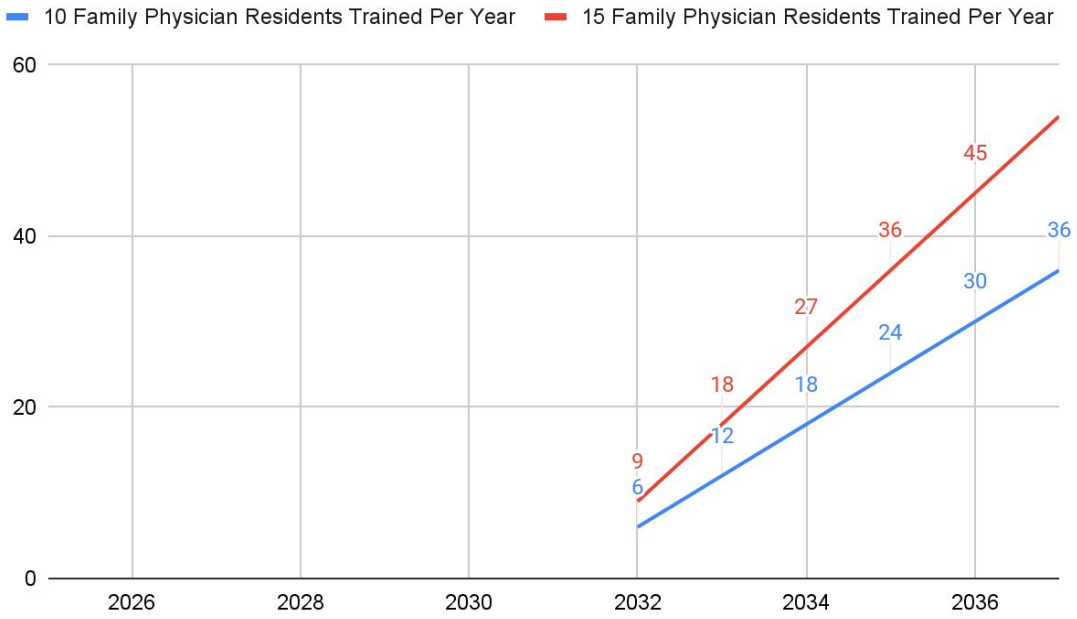
NOSM: 61% of UGME graduates from 2011-2017 were found to be practicing in Northern Ontario. 94% of graduates who completed both UGME and PGME at NOSM continue to practice in Northern Ontario

UBC Southern Medical Program: Since the program's inception in 2011, 23% of graduates have stayed within the region. 83% of graduates have stayed within the province



Family Physician Capacity Increase Projections as a Result of the Medical School

Based on a retention rate of 60%, similar to NOSM's, it is expected that beginning in 2032, 6-9 family physicians could enter into the PEI healthcare system, with an estimated 36-54 additional doctors joining the PEI workforce 10 years from the start of the medical school.



VALUE PROPOSITION:
Focus on Rural Healthcare

The UPEI-MUN medical program aims to strengthen rural healthcare across PEI, and other Atlantic provinces. This will be achieved through the adoption of the MUN curriculum which involves early and continued exposure of learners to rural healthcare settings throughout UGME and PGME years.

MUN's curriculum has resulted in ~27% retention rate of graduates (2004-2013) as practitioners in rural communities, slightly higher than other schools with a rural focus, such as NOSM, where ~22 % of graduates have gone on to set up practice in rural Ontario.

PRINCIPLES AND VALUES

Expectations of Medical Programs

Essential drivers of modern medical education programs, which are expected to be explicitly cultivated through a community-engaged process include:

- Health equity
- Indigenous health and cultural competence, cultural responsiveness and cultural humility
- Anti-racist and anti-oppressive practice
- Interdisciplinary and interprofessional, team-based healthcare delivery
- Technology to facilitate medical decision making and access
- Climate change
- Patient partnership

PRINCIPLES AND VALUES

Comparator Approaches

Two other universities in Canada are in the midst of creating *de novo* medical programs. Both are undertaking intensive community engagement to deliver on a set of publicly-articulated principles.

Toronto Metropolitan University

- Focus on community centered primary care and the social factors that determine health and wellbeing
- Provide more culturally respectful and sensitive care to a broad range of communities
- Use technology to identify and address health issues sooner and more effectively
- Equip future doctors to work in an array of healthcare settings and networks that promote better patient outcomes
- Support our aging population as it grows

SFU SIMON FRASER UNIVERSITY

- Prepare graduates to meet the prevention and primary care needs of diverse communities and populations across B.C
- Educate physicians to work in team-based primary care settings that are patient-centered and socially accountable
- Commit to reciprocal community partnerships in the development and implementation of the medical school
- Embed and equalize Indigenous knowledge systems
- Provide community-based learning opportunities

PRINCIPLES AND VALUES

UPEI/MUN Program

UPEI has an opportunity to further articulate a set of principles related to social accountability and EDI and to put forward principled actions and decisions (for example in relation to upcoming leadership appointments) to enrich and communicate its value proposition.

The university has an opportunity to build on the **disciplinary brand** it has already established (one-health and environmental health) to articulate an **overarching philosophy** and **specific principles** that will underpin the medical education program. The medical community on the island is particularly excited by the notion of working hand-in-hand with the university to co-create and communicate objectives and values related to **Social Accountability** as well as **Equity, Diversity and Inclusion** to enhance engagement, to increase understanding of the medical school initiative on the part of the broader community and to ensure the ultimate envisioned benefits of the program will be achieved.

Stakeholder Engagement

There is opportunity to increase touchpoints with various stakeholder communities and to build on recent engagement efforts to maximize interested parties' ability to tangibly and meaningfully contribute to planning for the medical school. For example:

Faculty engagement broadly and in particular with relevant experts and department leaders could be enhanced to ensure key individuals feel included and the broader community is receiving explicit and frequent communication about the implications of the medical school on their work.

Public engagement around the medical school could be amplified, including enhancing broader efforts on the part of UPEI to more actively weave into the fabric of the relatively small and close-knit community that it's serving.

The **physician community** does not feel meaningfully engaged in the planning process that preceded the announcement of the new medical school. The university's new and revamped efforts to collaborate with and involve the medical community are encouraging. Key drivers of continued successful engagement with the medical community include one-on-one discussions between the medical school leadership (Dean or UPEI President) and physicians, as well as the development and deployment of trusted champions within each medical discipline.

2

Health System Status

Our key findings regarding the current state of the PEI health system, which has implications on clinical faculty availability

PEI's Healthcare System at a Glance

At the moment, care is more reactive than preventative and service delivery is happening primarily in the acute care setting

As a result of the COVID-19 pandemic as well as the high volume of islanders without a family doctor, patients are presenting to acute care centres and being admitted into hospital with more advanced illnesses that have gone untreated or not been identified at earlier stages

Family physicians are carrying large administrative burdens, and some are closing their community-based practices for hospitalist work to achieve better work-life balance

A backed-up and over-burdened system is resulting in long wait times:

- Orthopedics: 2 years
- Non-urgent Gynecology: 4 years
- Neurology: 2 years
- CAT Scan: 99 weeks
- Hip replacement: 601 Days
- Knee replacement: 605 days
- Cataract surgery: 568 days

The province of PEI is undertaking an innovative and comprehensive primary care renewal strategy, including major investments in infrastructure (14 new community health centres) as well as a re-envisioning of primary care delivery in the form of team-based integrated care units known as patient medical homes. Currently, a dozen patient medical homes are up and running or in the developing stages on PEI. It is expected that in the coming years, the collaborative approach to primary care practice will make it more attractive for doctors and healthcare workers to work in PEI and alleviate pressure on the healthcare system.

The number of PEI residents looking for a primary care provider is slightly above the national average

Number of registered applicants requiring a family doctor or nurse practitioner to provide primary care in June 2023 was 30,571 or roughly **18% of the population**.

This number is likely to be under-reported as many individuals, especially those from more vulnerable communities who do not have a primary care physician are not registered.

Nova Scotia: ~14%
Ontario: ~15%
National average: ~17%

Primary Care Network	Registered Applicants
Central Queens	1,914
East Prince	5,931
Eastern Kings	476
Queens	16,025
Southern Kings	2,171
West Prince	4,054
Total	**30,571**

Source: https://www.princeedwardisland.ca/en/service/find-a-family-doctor-or-nurse-practitioner

Health PEI is currently reporting ~55 FTE vacancies* across various medical disciplines

*As of August 29, 2023

Discipline	Current State	Approved Compliment	Unfunded of Approved	Vacancies	Percentage of Approved Complement Vacancies
Anesthesiology	7.90	13.50	0.50	5.60	41.5%
Emergency	20.00	21.00	0.00	1.00	4.8%
Family Practice	82.50	104.60	2.00	22.10	21.1%
Geriatrics	2.30	2.50	0.00	0.20	8.0%
Hospitalist	11.00	11.00	0.00	0.00	0.0%
Internal Medicine	14.00	21.00	1.00	7.00	33.3%
Obstetrics & Gynaecology	11.00	11.00	0.00	0.00	0.0%
Oncology	6.00	6.00	0.00	0.00	0.0%
Palliative Care	2.50	1.80	0.00	-0.70	-38.9%
Pediatrics	10.20	11.00	1.00	0.80	7.3%
Psychiatry	16.50	20.80	0.50	4.30	20.7%
Surgery	15.00	15.00	0.00	0.00	0.0%
All Physician Disciplines	**241.17**	**292.55**	**8.00**	**54.75**	**18.7%**

Key physician gaps*

- **Internists:** only 14/21 positions are filled (66.7% of complement)
- **Anesthesiologists:** QEH has a 1.6 FTE vacancy; PCH's complement accounts for 4 FTEs, which are currently vacant with backfill provided by locums; emergency anesthesia diverting services to QEH
- **Nursing:** 140 vacant RN lines within HPEI

*Snapshot: June 2023

Healthcare provider organizations with the biggest gaps on PEI include*:

- **Queen's Primary Care Network,** which is short ~10 Family Doctors
- **Prince County Hospital** which has between 50 to 60 vacant healthcare positions (whose workload is currently being carried by 31 physicians)

According to the Peachy Report, by 2032, PEI will require ~123 additional physician FTEs to maintain the current state of the healthcare system in accordance with population growth

Discipline	Low Case	Base Case	High Case
Family Practice	+29.31	+44.30	+56.19
Emergency Medicine	+4.22	+7.33	+9.77
Internal Medicine	+15.57	+29.18	+41.23
Obstetrics and Gynaecology	-4.1	+1.85	+9.48
Pediatrics	-1.6	+0.46	+3.06
Psychiatry	+0.98	+9.78	+14.21
Surgical	-2.7	+14.02	+25.82
Diagnostic/Therapeutic	-5.2	+7.41	+18.13
Anesthesiology	-1.4	+8.89	+12.57

(SOURCE: PEACHY REPORT / HEALTH INTELLIGENCE INC.)*

*Population projection data used in the Peachy Report are now considered to be outdated and underestimated

The **base** case 10-year forecast in the Peachy Report (March 31, 2032) calls for an increase of **123.22 physician FTEs**.

This equates to a **2.66% per annum growth** across all health disciplines.

Case scenarios are based on a variety of factors, such as:

- change in age/gender weighted population growth*
- benchmarking
- annual turnover in workforce due to aging, death, gender, and net interprovincial migration
- model of care (MOC) for primary health care

Physician Recruitment and Retention Success

Over the last few years, number of new physician recruits* to PEI has exceeded the number who have departed or retired.

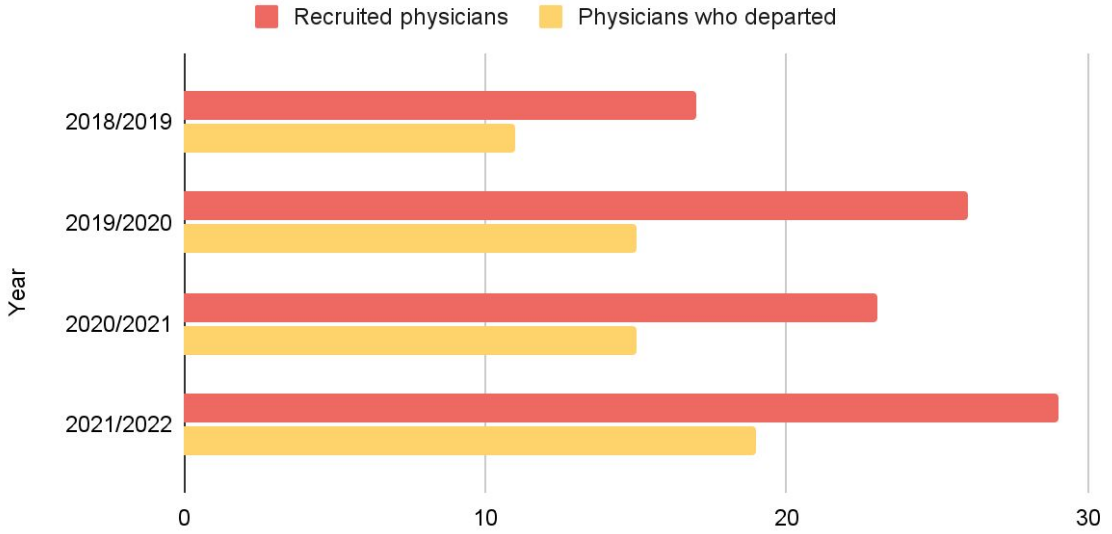
*may include locums

A multiple case study of 8 small rural communities in northern Ontario, in which NOSM has established medical education sites, saw an achievement of a full physician complement in 5 areas where there had previously been chronic shortages (30-50% complement) as well as a reduction in long term recruitment expenditures and efforts

https://pubmed.ncbi.nlm.nih.gov/28925913/

Doctor recruitment and retention

Additions and departures of doctors in PEI, fiscal years 2019-2022



https://www.saltwire.com/atlantic-canada/news/pei-health-recruiters-seeing-success-abroad-100846707/

The Healthcare Human Resource Crisis is felt across Canada and Internationally

While the nation-wide healthcare human resources crisis has implications on PEI's ability to successfully compete with other provinces when it comes to attracting physicians, the establishment of the medical school, as well as the creation of new collaborative health practices will likely increase the province's prospects in this regard (appealing to physicians who are interested in working at the top of their practice within an academic healthcare model).

Considering the global nature of the challenge, PEI will also need to remain alert to ethical as well as practical considerations regarding attraction of international medical faculty (implications regarding recruitment of health professionals from nations with more dire healthcare needs as well as creating welcoming spaces for ethnically diverse physicians to thrive).

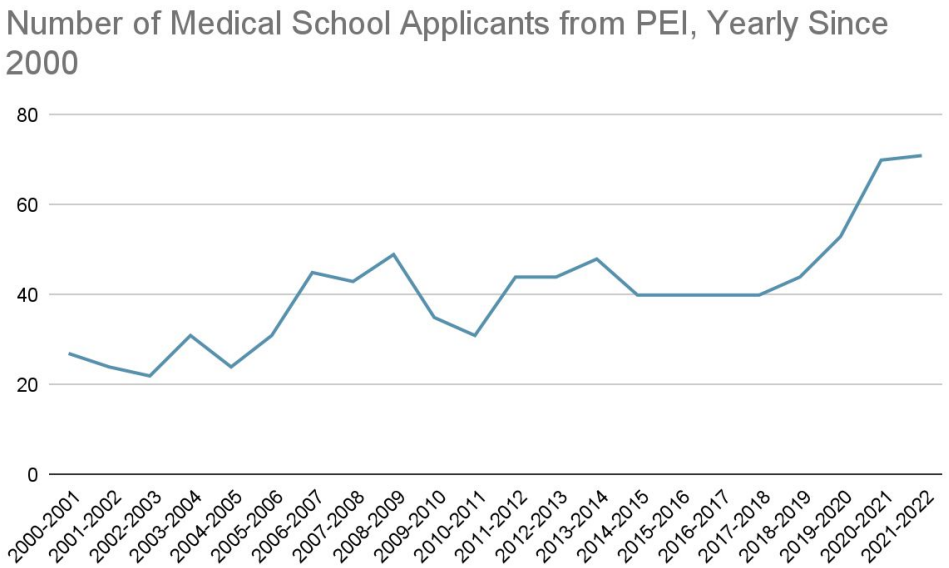
3

History of Medical Education in PEI

PEI's existing systems and track record of delivering medical education in collaboration with out-of-province institutions

Medical Education Demand on the Island

- The number of PEI applicants to Canadian Faculties of Medicine has been steadily rising since 2000
- There were ~70 applicants in the 2021-2022 education year



Source: https://www.afmc.ca/resources-data/data/canadian-medical-education-statistics-cmes/

Undergraduate Medical Education Seats for PEI Students

There are currently **11** UGME seats for PEI students at other medical schools in the maritime region.

Dalhousie University	6 seats
Memorial University	4 seats
Université de Sherbrooke	1 seat (Francophone student)

History of Clerkship and Residency Training on the Island

- Five PEI family medicine learners enrolled in Dalhousie's medical school currently complete their residency on the island
- In the last 5 years, on average as many as 100 MUN and Dalhousie UGME students also complete clerkships on PEI

Preceptor distribution across disciplines within PEI's healthcare system

Discipline	Average Yearly Number of Practicing Physicians (2020-22)	Average Yearly Number of Past Preceptors (2020-22)
Anesthesiology	12	3
Emergency	33	6
Family Practice	105	19
General Surgery	10	5
Geriatrics	3	0
Hospitalist	17	0
Internal Medicine	20	12
Medical Oncology	4	1
Neurology	3	0
Obstetrics and Gynaecology	11	2
Orthopedic Surgery	6	3
Otolaryngology	3	0
Palliative Care	3	0
Pediatrics	11	7
Plastic Surgery	2	2
Psychiatry	26	7
Vascular Surgery	1	0

Robustness of Existing Medical Education Mechanisms

The PEI health system has some difficulties consistently delivering on the current demand for clinical rotations in the context of its agreements with Dalhousie, MUN and Sherbrooke. Challenges relate to the fluctuating number of practicing physicians, shifting patient care needs and workload demands on practicing physicians, availability of appropriate sites to host learners as well as administrative and coordination capacity shortages.

*percentage likely higher as many preceptors are contacted directly by learners

- Annual accommodation of 5 Dalhousie family physician residents is not without challenges and requires significant coordination and effort
- PEI has on average rejected 37%* of UGME clinical rotation and visiting resident requests between 2018 and 2022

4

Program Requirements

UGME and PGME curriculum, and annual clinical faculty requirements to deliver

Clinical Faculty

Undergraduate Medical Education

UGME

Memorial University's undergraduate curriculum has been taken into consideration to model the requirements for clinical faculty at UPEI. Year 3 of UGME, which is a clerkship period takes into consideration MUN's block rotation model. The LIC model of clerkship is based on Northern Ontario School of Medicine's sample schedule, only because it provides additional granularity and definition (prescribed clinics) to facilitate the development of more accurate capacity requirement estimations.

These frameworks have been used as a baseline to do some degree of informed capacity planning, but the UPEI-MUN program will have to be tailored to the PEI health system context with attention to 3 key differentiators:

1. Inpatient medical units are run by family physician hospitalists, not internal medicine specialists (internists work on an on-call basis and do not do rounds)
2. The establishment of medical homes presents a significant amount of opportunity for the LIC clerkship model
3. Medical homes can be leveraged to enable interprofessional learning and education and interprofessional practice (i.e. medical learners being taught or guided by non-physician practitioners)

UGME Year 1 & 2 (Pre-clerkship)

Curriculum

UGME years 1 and 2 include lecture-based courses, which will be delivered to the full cohort of UPEI students virtually in real-time by MUN Faculty. However, some courses or components of courses require small group learning (tutorials and integrated learning sessions) and/or include hands-on-learning modules which will rely on clinical faculty capacity in PEI. These courses include:

Year 1: Patient I&II, Physician Competencies I&II, Community Engagement I&II, and Clinical Skills I&II

Year 2: Patient III, Physician Competencies III, Community Engagement III, Clinical Skills III, and Year 3&4 Prep Course

UGME Year 1 & 2 (Pre-clerkship)

Clinical Faculty Requirements

Considering baseline parameters related to student enrollment and physician teaching workload (please see Appendix) and the following parameters related specifically to the UGME Yr 1 and 2 curriculum:

- Number of students per grouping for tutorials and small group learning sessions: 7 (recommended by MUN)
- Number of clinical faculty needed to support each group: 2 (recommended by MUN)

For a cohort size of 20 learners, we estimate the following number of on-site clinical faculty are required to deliver the UGME Y1 and Y2 curriculum:

	Year 1	Year 2
Total Estimated Number of Clinical Faculty Required (each spending 15% of their time on education)	**8**	**16**
Total Estimated Number of Clinical Faculty Required with Additional Cushioning	**10**	**20**

UGME Year 3 (Clerkship)

Curriculum

Year 3 of UGME is a clerkship period - a period of medical education in which students observe and practice medicine under the supervision of a physician (Preceptor). A clerkship program can be delivered in two ways:

Block Rotation Model in which learners spend 48 weeks rotating through different disciplinary medical clinics in a regimented and prescribed way**:**

- Family Medicine - 8 weeks
- Obstetrics - 6 weeks
- Internal Medicine - 10 weeks
- Pediatrics - 8 weeks
- Psychiatry - 6 weeks
- Surgery - 8 weeks (Including Anesthesia - 3 days)
- Emergency - 2 weeks

Longitudinal Integrated Clerkship (LIC) Model, in which learners are attached to a primary family physician practice and then follow a panel of patients in that practice over a 48 week period as they move through various health care settings, observing the continuum of patient services at all levels of healthcare. The NOSM LIC schedule (see Appendix), which is the template used for modeling the UPEI program, entails hospital rounds (following a patient panel) as well as prescribed teaching clinics in various medical disciplines

Considerations for LIC vs. Block Rotation Model

- LIC may require more administrative inputs with increased costs and logistical complexity, but likely less face-to-face teaching requirements
- Travel burden for students is increased with LICs
- In the LIC model, the quality of “sites” — which includes the number and quality of preceptors, as well as the types of other learners present at the site, the size of the practice, and the characteristics of the patient population–acts as a key carrying capacity variable around which the LIC can be planned
- LIC should include contingencies for relationship failures between primary preceptors and learners
- Important to have supportive peer presence at each site
- The specific mix of LIC vs. Block Rotation should be designed in close collaboration with PEI physicians to reflect their practice patterns

UGME Year 3 (Clerkship)

Clinical Faculty Requirements — Calculation Parameters

Considering baseline parameters related to student enrollment and physician teaching workload (please see Appendix) and the following parameters related specifically to the UGME Yr 3 curriculum:

- Percentage of time in rotation or clinic/rounds that will require interaction with the preceptor is estimated at 40% (expert consultations)
- Several rotation blocks are offered over the course of the year to distribute learner load within each discipline
- According to NOSM's LIC schedule, hospital rounds are performed early mornings (3 hrs), 5 days a week and on weekends (9 hrs) for a total requirement of 24 hrs/week distributed equally across 5 different preceptor disciplines (hospitalists, internists, pediatricians, obstetricians and general surgeons)

We estimate the following number of on-site clinical faculty are required to deliver the UGME Yr 3 curriculum:

UGME Year 3 (Clerkship)

Clinical Faculty Requirements — *block rotation*

** Rotations can be supervised by any of the clinical faculty types listed and the minimum faculty required is referring to the number required if only that one clinical faculty type was supervising rotations in that discipline*

Rotation	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Family Medicine	Family Physicians	8	26	13
Psychiatry	Psychiatrists	6	20	10
Obstetrics	Obstetricians & Gynecologists	6	20	10
Surgery	General Surgeons	7.4	26	13
Anesthesia (3 Days during Surgery Block)	Anesthesiologists	0.6	7	4
Pediatrics	Pediatricians	8	26	13
Internal Medicine *	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	10	32	16
	Hospitalists	10	32	16
Emergency	Emergency Doctors	2	7	4

UGME Year 3 (Clerkship)

Clinical Faculty Requirements — *LIC model*

** Rotations can be supervised by any of the clinical faculty types listed and the minimum faculty required is referring to the number required if only that one clinical faculty type was supervising rotations in that discipline*

Rotation	Type of Clinical Faculty Required	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Family Physician Primary Preceptor for LIC	Family Physicians	20	20
Primary Care Clinic	Family Physicians	13	7
Emergency Medicine Clinic	Emergency Doctors	13	7
Pediatrics Clinic	Pediatricians	10	5
Internal Medicine Clinic*	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	10	5
	Hospitalists	10	5
Obstetrics & Gynecology Clinic	Obstetricians & Gynecologists	10	5
Surgery Clinic	General Surgeons	10	5
Psychiatry Clinic	Psychiatrists	10	5
Hospital Rounds	Hospitalists	16	8
	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	16	8
	Pediatricians	16	8
	Obstetricians & Gynecologists	16	8
	General Surgeons	16	8

UGME Year 3 (Clerkship)

Clinical Faculty Requirements — *Block Rotation & LIC mix*

** For components of block-based rotations and LIC, Hospitalists and Internists can serve as alternate preceptors as well as Family Physicians in Solo Practice and Family Physicians in Group Practice. The minimum faculty required is referring to the number required if only that one clinical faculty type was supervising all the relevant rotations*

Assuming 80% of students are in the block rotation model and 20% are in the LIC model (current break down at UBC Southern Medical Program)

Type of Clinical Faculty Required	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Family Physicians	27	14
Emergency Doctors	10	5
Pediatricians	26	11
Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)*	32	13
Hospitalists*	32	13
Obstetricians & Gynecologists	19	8
General Surgeons	26	11
Psychiatrists	15	6

UGME Year 4 (Clerkship)

Curriculum

Year 4 of the UGME program consists primarily of Elective and Selective rotations. Electives allow students to receive further training in any medical discipline of interest, while Selectives require the completion of core rotations in family medicine. Electives and Selectives run for 12 weeks each, and are broken up into blocks.

Electives:

- 2 or 4 week blocks based on student's choice and approval from the UGME office
- Can be delivered locally, nationally or internationally, depending on availability of preceptors

Selectives:

- 4 consecutive weeks in a rural site in one of the core disciplines for the Rural Core Selective (Family Medicine, Pediatrics, Internal Medicine, Obstetrics and Gynecology, Psychiatry, General or Orthopedic Surgery, Emergency Medicine, Anesthesia)
- 4 weeks Surgery (two 2 week selectives or one 4 week selective)
- 4 weeks Non-core (two different 2 week selectives in lab medicine, radiology, or a discipline of the learner's choice)

In addition to Electives and Selectives, there are also also 2 mandatory 1 day courses in year 4 that require onsite clinical faculty participation: Mandatory Procedure and OSCE

UGME Year 4 (Clerkship)

Clinical Faculty Requirements — Calculation Parameters

Considering baseline parameters related to student enrollment and physician teaching workload (please see Appendix) and the following parameters related specifically to the UGME Yr 4 curriculum:

- Electives that can be delivered on the island are identified as: family medicine, psychiatry, obstetrics and gynecology, surgery, pediatrics, internal medicine and emergency medicine
- Maximal learner demand (all 20 students) and maximum duration of rotation (8 weeks) is assumed for each of the electives that can be delivered on the island
- Several rotation blocks are offered over the course of the 12 week electives or 12 weeks selectives learning periods to distribute learner load within each discipline

We estimate the following number of on-site clinical faculty are required to deliver the UGME Yr 4 curriculum:

UGME Year 4 (Clerkship)

Clinical Faculty Requirements — Electives

**Rotation can be supervised by any of the clinical faculty types listed and the minimum faculty required is referring to the number required if only that one clinical faculty type was supervising rotations in that discipline*

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Family Medicine	Family Physicians	8	32	16
Psychiatry	Psychiatrists	8	32	16
Obstetrics	Obstetricians & Gynecologists	8	32	16
Surgery	General Surgeons	8	32	16
Pediatrics	Pediatricians	8	32	16
Internal Medicine *	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	8	32	16
	Hospitalists	8	32	16
Emergency	Emergency Doctors	8	32	16

UGME Year 4 (Clerkship)

Clinical Faculty Requirements — Selectives

**Rotation can be supervised by any of the clinical faculty types listed and the minimum faculty required is referring to the number required if only that one clinical faculty type was supervising rotations in that discipline*

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Family Medicine	Family Physicians	4	4	2
Pediatrics	Pediatricians	4	4	2
Internal Medicine	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	4	4	2
Obstetrics & Gynecology	Obstetricians & Gynecologists	4	4	2
Psychiatry	Psychiatrists	4	4	2
Orthopedic Surgery	Orthopedic Surgeons	4	4	2
General Surgery	General Surgeons	4	4	2
Emergency Medicine	Emergency Doctors	4	4	2
Anesthesia	Anesthesiologists	4	4	2
Surgery	General Surgeons	4	4	2

UGME Year 4 (Clerkship)

Clinical Faculty Requirements — Courses

Total Estimated Number of Clinical Faculty Required	**16**
Total Estimated Number of Clinical Faculty Required with Additional Cushioning	**23**

Clinical Skills IV - Mandatory Procedure

- 6 stations
- 1 clinical faculty per station
- Rotated schedule with 7 learners per group
- Requires 1 full day of each clinical faculty member's time

Clinical Skills IV - OSCE

- 2 streams of 8 stations
- 1 clinical faculty per station
- Rotated schedule with 16 learners per stream
- Requires 1 full day of each clinical faculty member's time

Post Graduate Medical Education

PGME, Residency Training

We have taken into consideration three core residency training programs as part of the UPEI/MUN medical school. These include family medicine, in which the majority of learners will be enrolled, as well as Core Internal Medicine and General Surgery, which are deemed to be essential for the establishment of a high quality medical learning ecosystem (expert consultations). Overtime, as the program matures, other residency training programs, for example in pediatrics, psychiatry and obstetrics and gynecology, emergency medicine and anesthesiology (of which the latter two represent areas of capacity deficit within the PEI healthcare system) can be added.

Clinical faculty requirements for the family medicine residency program are based on the current two-year PGME model (due to be changed by the College of Family Physicians of Canada to a three-year residency training requirement by 2027). In conducting this modelling, we have taken into consideration both the current Dalhousie program (as the legacy model) as well as Memorial's Western Family Medicine stream, which most closely mimics the scale and characteristics of the UPEI program.

The Core Internal Medicine and the General Surgery clinical faculty requirements are based on Memorial's Royal College certified 4 and 5 year residency programs.

Post Graduate Medical Education (PGME)

FAMILY MEDICINE — Dalhousie Program

Clinical Faculty Requirements - Calculation Parameters

Considering baseline parameters related to student enrollment and physician teaching workload (please see Appendix) and the following parameters related specifically to the PGME Family Medicine curriculum:

- Number of residents enrolled: 11
- Percentage of residency time that will require supervision or interaction with clinical faculty: 30% for first year residents, 25% for second year residents, and 20% for third year residents (expert consultations)
- All electives and selectives will be done off island

We estimate the following number of on-site clinical faculty are required to deliver the PGME Family Medicine Curriculum:

Post Graduate Medical Education (PGME)

FAMILY MEDICINE — Dalhousie Program

Year 1
Clinical Faculty Requirements

**Rotation can be supervised by any of the clinical faculty types listed and the minimum faculty required is referring to the number required if only that one clinical faculty type was supervising rotations in that discipline*

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Community Family Medicine	Family Physicians	4	6	3
Core Family Medicine	Family Physicians	8	12	6
Emergency	Emergency Doctors	4	6	3
Surgery	General Surgeons	4	6	3
Internal Medicine*	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	8	12	6
	Hospitalists	8	12	6
Obstetrics & Gynecology	Obstetricians & Gynecologists	8	12	6
Orthopedic Surgery	Orthopedic Surgeons	4	6	3
Pediatrics	Pediatricians	8	12	6

Post Graduate Medical Education (PGME)

FAMILY MEDICINE — Dalhousie Program

Year 2
Clinical Faculty Requirements

**Rotation can be supervised by any of the clinical faculty types listed and the minimum faculty required is referring to the number required if only that one clinical faculty type was supervising rotations in that discipline*

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Community Family Medicine (Rural)	Family Physicians	12	14	7
Core Family Medicine	Family Physicians	16	19	10
Critical Care	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	4	5	3
Geriatrics*	Family Physicians	4	5	3
	Geriatricians	4	5	3
Palliative Care*	Family Physicians	1	5	3
	Palliative Care Specialists	1	5	3
Psychiatry	Psychiatrists	3	5	3
Oncology	Oncologists	4	5	3

Post Graduate Medical Education (PGME)

FAMILY MEDICINE — MUN WestFam

Year 1
Clinical Faculty Requirements

**Rotation can be supervised by any of the clinical faculty types listed and the minimum faculty required is referring to the number required if only that one clinical faculty type was supervising rotations in that discipline*

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Academic Family Medicine	Family Physicians	16	23	12
Obstetrics & Gynecology	Obstetricians & Gynecologists	8	12	6
Adult Emergency	Emergency Doctors	4	6	3
Pediatrics	Pediatricians	4	6	3
Internal Medicine	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	12	17	9
Surgery	General Surgeons	4	6	3
Orthopedic Surgery	Orthopedic Surgeons	4	6	3

Post Graduate Medical Education (PGME)

FAMILY MEDICINE — MUN WestFam

Year 2
Clinical Faculty Requirements

**Rotation can be supervised by any of the clinical faculty types listed and the minimum faculty required is referring to the number required if only that one clinical faculty type was supervising rotations in that discipline*

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Integrated Experiences*	Family Physicians	44	52	26
	Geriatricians	44	52	26
	Palliative Care Specialists	44	52	26
Rural Family Medicine*	Family Physicians	16	19	10
Pediatrics	Pediatricians	4	5	3
Care of the Elderly*	Family Physicians	4	5	3
	Geriatricians	4	5	3
Palliative Care*	Family Physicians	4	5	3
	Palliative Care Specialists	4	5	3

Post Graduate Medical Education (PGME)

CORE INTERNAL — MUN Program

Clinical Faculty Requirements — Calculation Parameters

Considering baseline parameters related to student enrollment and physician teaching workload (please see Appendix) and the following parameters related specifically to the PGME Core Internal Medicine curriculum:

- Number of residents enrolled: 5
- Percentage of residency time that will require supervision or interaction with clinical faculty: 30% for first year residents, 25% for second year residents, 20% for third year students, 15% for fourth year students (expert consultations)
- All electives and selectives will be done off island

We estimate the following number of on-site clinical faculty are required to deliver the PGME Core Internal Medicine Curriculum:

Post Graduate Core Internal Medicine — MUN Model

CORE INTERNAL — MUN Program

Year 1
Clinical Faculty Requirements

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Emergency	Emergency Doctors	4	6	3
Cardiology	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	4	6	3
Neurology	Neurologists	4	6	3
Clinical Teaching Units (rotating)	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	12	12	6
Junior CTU Ward Resident	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	12	12	6
Internal Medicine Selective	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	12	12	6

Post Graduate Core Internal Medicine — MUN Model

CORE INTERNAL — MUN Program

Year 2
Clinical Faculty Requirements

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Junior CTU Ward Resident	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	12	10	5
CCU	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	8	5	3
Ambulatory General Medicine Clinics	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	4	5	3
Night Float	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	4	5	3
ICU	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	8	5	3
Community Experience	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	4	5	3

Post Graduate Core Internal Medicine — MUN Model

CORE INTERNAL — MUN Program

Year 3 & 4
Clinical Faculty Requirements

Year 3

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Senior CTU Ward Resident	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	12	8	4
Night Float	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	4	4	2

Year 4

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
CTU	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	8	3	2

Post Graduate Medical Education (PGME)

GENERAL SURGERY — MUN Program

Clinical Faculty Requirements — Calculation Parameters

Considering baseline parameters related to student enrollment and physician teaching workload (please see appendix) and the following parameters related specifically to to the PGME General Surgery curriculum:

- Number of residents enrolled: 5
- Percentage of residency time that will require supervision or interaction with clinical faculty: 30% for first year residents, 25% for second year residents, 20% for third year students, 15% for fourth year students and above (expert consultations)
- Trauma rotation will be done off island (MUN recommendation)
- All electives and selectives will be done off island

Post Graduate Medical Education (PGME)

GENERAL SURGERY — MUN Program

Year 1
Clinical Faculty Requirements

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
General Surgery	General Surgeons	24	17	9
Vascular Surgery	Vascular Surgeons	8	6	3
ICU	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	4	6	3
Emergency Medicine	Emergency Doctors	4	6	3
Pediatric Surgery	General Surgeons	4	6	3
Thoracic Surgery	General Surgeons	4	6	3
Medicine	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	4	6	3

Post Graduate Medical Education (PGME)

GENERAL SURGERY — MUN Program

Year 2
Clinical Faculty Requirements

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Clinics/Oncology	Oncologists	4	5	3
ICU	Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	8	5	3
General Surgery	General Surgeons	24	14	7
Trauma	General Surgeons	4	5	3
Plastic Surgery	Plastic Surgeons	8	5	3

Post Graduate Medical Education (PGME)

GENERAL SURGERY — MUN Program

Year 3, 4, & 5
Clinical Faculty Requirements

Year 3

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
General Surgery	General Surgeons	12	8	4
Pediatric Surgery	General Surgeons	12	8	4
General Surgery	General Surgeons	24	12	6

Year 4

Rotations	Type of Clinical Faculty Required	Duration of Rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
General Surgery	General Surgeons	12	6	3
Endoscopy	General Surgeons	4	3	2
Community Surgery	General Surgeons	12	6	3
Head and Neck	Otolaryngologist	8	3	2

Year 5

Rotations	Type of clinical faculty required	Duration of rotation (weeks)	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for half the year	Estimated Number of Faculty (with 15% of their time spent on teaching) required to teach if each faculty is engaged in teaching for the full year
Community Surgery	General Surgeons	12	6	3
General Surgery	General Surgeons	40	14	7

Space

Requirements for Medical Education as per CACMS Standards

Sufficiency of Buildings & Equipment:
Assure the use of, buildings and equipment sufficient to achieve educational, clinical, and research missions

Resources for Clinical Instruction:
Appropriate resources for the clinical instruction of medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender)

Clinical Instructional Facilities:
Each affiliated clinical site should have sufficient information resources and instructional facilities

Security, Safety & Disaster Preparedness:
Adequate security systems in place at all locations, with published policies and procedures to ensure student safety and address emergency and disaster preparedness

Library & Information Technology (IT) Resources:
Access to well-maintained library and IT resources sufficient in breadth of holdings and technology to support educational and other missions, supervised by appropriate professional staff with sufficient expertise required to support a medical school

Resources for Transfer or Visiting Students:
Additional resources to accommodate transfer or visiting medical students should not significantly diminish the resources available to already enrolled medical students

Study, Lounge, Storage Space & Call Rooms:
Ensures medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences

Examples of Infrastructure Required for Medical Education

University Facilities & Equipment

- Tutorial/class rooms
- Simulation labs
- Anatomy labs
- Wet and dry labs
- Library services

Clinical Facilities & Resources

- Video-enabled examination rooms and/or one-way mirror rooms
- Additional consultant rooms and/or touch-base stations
- Conference rooms
- Clinical research spaces
- EMR systems
- Audio visual, computer & internet access
- Offices for preceptors
- Learner workstations
- Learner comfort spaces (lounge areas and call rooms)
- Personal lockers or other secure storage facilities for learners
- Shower facilities

Other Considerations

Population Diversity and Pathological Complexity

With a population of approximately 176,000 people*, many subspeciality complications are not prevalent on PEI (frequency of occurrence and patient volumes are low). As such PEI residents travel off-island to receive several medical services, for example related to:

- Transplant surgery (including heart, lung, liver or pancreas)
- Plastic surgery
- Complex care in emergency & trauma, neonatology, oncology, cardiology and psychiatry
- Several mental health services

**As of April 1, 2023*

This poses unique challenges and risks for medical education on the island. For example:

- The availability of specialist clinical faculty to serve as preceptors
- The degree of exposure of medical learners to less common medical complications

To provide a comprehensive and high quality medical education program, UPEI will likely have to establish off-island partnerships with larger medical centres within the maritimes or in other Canadian jurisdictions.

Faculty Readiness and Suitability

Quality of teaching and clinical experiences for learners should be considered as a key competitive differentiator for the program.

However, not all physicians on PEI who want to teach will make qualified, primed or suitable preceptors. Several factors will impact their ability to contribute:

- Royal College certification
- Teaching experience or connection to academia
- Mentoring and coaching skills
- Ability to guide planning and career development for medical learners
- Willingness and understanding that one is taking legal responsibility for student's actions
- Approach to recognizing, acknowledging and disclosing medical errors
- Comfort levels with various clerkship models
- Teaching professionalism

Faculty Readiness and Suitability

Throughout the creation of the medical school and during education delivery, it will be important for UPEI to foster the development of a tip-to-tip academic community that feels closely connected to the university.

To achieve this, the university should intentionally provide access to or deliver high quality faculty development programs that bring clinical faculty together as a community.

Faculty Development Resources

Several faculty development resources will be made available to PEI clinician faculty through the Faculty of Medicine's Office of Professional Development at Memorial University including:

Workshops and Webinars:
To help improve teaching, research, and administration skills

Remote Teaching:
Resources for faculty engaging in virtual supervision and teaching

Centre for Innovation in Teaching and Learning:
Explores and develops valuable tools and techniques to enhance teaching practice

Medical Education Rounds:
Offered through existing discipline rounds

Teaching Tips and Explainer Videos:
Practical methods for effective teaching in medical education settings

On-Demand Faculty Development:
Resources, workshops, seminars and consultations

Certificate in Medical Teaching:
10-month graduate course

Examples of additional faculty development resources available online include:

- Centre for Faculty Development (CFD), Li Ka Shing International Healthcare Education Centre
- The International Association of of Medical Science Educators (IAMSE)
- College of Family Physicians Continuing Professional Development (CPD) & Member Services for Teachers

Medical Learning Ecosystem

Successful medical schools operate in the context of a multi-dimensional learning ecosystem with clinical faculty, residents (at various seniority levels) and medical students, all immersed in a continuous learning and teaching journey.

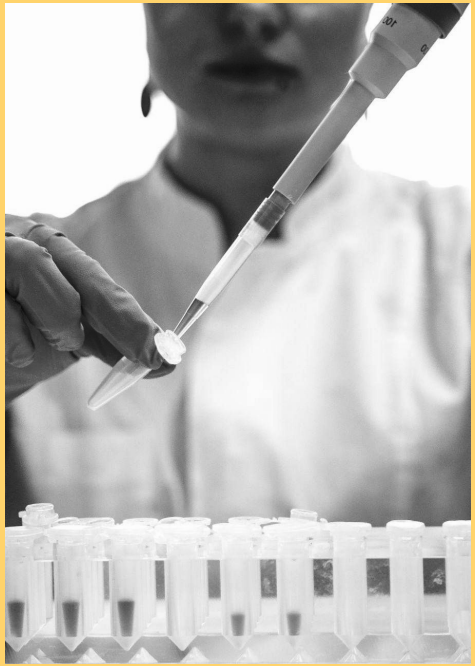
Within the ecosystem, attending physicians are supervising but also being supported by senior learners who are in turn providing oversight, feedback and support to more junior learners, while delivering direct care to patients.

In PEI, this can be achieved through the establishment and cultivation of Clinical Teaching Units at key academic centres, including QEH, PCH and other major community-based primary care facilities.

5

Current Capacity

Our key findings regarding PEI's current physician distribution and infrastructure capacities to support the integration of medical learners



Physicians

Current Physician Distribution—Family Practice

Discipline	*Hospital-based location*	*Office-based location*	**Total FTEs**	**Headcount**
Family Practice	Community Hos. O'Leary	O'Leary Health Centre	1.00	1.00
	KCMH	Montague Health Centre	6.80	7.00
	PCH	East Prince Other	1.00	1.00
		Harbourside Health Centre	1.00	1.00
		Kensington	1.00	1.00
		Sea Isle Medical	2.00	2.00
		Summerside Med. Centre	3.40	4.00
	Souris Hospital	Souris Health Centre	2.00	2.00
	Western & CHO	Alberton Health Centre	1.00	1.00
	Western Hospital	Alberton Health Centre	2.00	2.00
		O'Leary Health Centre	3.00	3.00

Current Physician Distribution—Family Practice

Discipline	*Hospital-based location*	*Office-based location*	**Total FTEs**	**Headcount**
Family Practice	QEH	Boardwalk Prof. Centre	2.75	3.00
		Central Queens Health Centre	1.00	1.00
		Central Queens Health Centre (Hunter River)	1.00	1.00
		Cornwall Medical Centre	1.00	1.00
		Gulf Shore Health Centre (Rustico)	1.00	1.00
		Kinlock Health Centre	5.60	6.00
		No assigned practice	1.00	1.00
		North River Road	1.00	1.00
		Parkdale Health Centre	4.00	4.00
		Polyclinic Professional Centre	1.00	1.00
		Sherwood Medical Centre	2.40	3.00

Current Physician Distribution—Family Practice

Discipline	*Hospital-based location*	*Office-based location*	**Total FTEs**	**Headcount**
Family Practice	N/A	Alberton / Tignish	1.00	1.00
		Bedeque	0.20	1.00
		Boardwalk Prof. Centre	5.40	6.00
		Central Queens Health Centre	0.33	1.00
		Central Queens Health Centre (Hunter River)	1.00	1.00
		Crapaud Health Centre	1.00	1.00
		East Prince Other	1.00	1.00
		Kensington	1.00	1.00
		Linden Ave.	1.50	2.00
		Molyneaux clinic	1.00	1.00
		Montague Health Centre	1.00	1.00
		Murphy Pharmacy Building	1.00	1.00

Current Physician Distribution—Family Practice

Discipline	*Hospital-based location*	*Office-based location*	**Total FTEs**	**Headcount**
Family Practice	N/A	Murray River HC	0.60	1.00
		No assigned practice	1.90	3.00
		Parkdale Health Centre	2.00	3.00
		Polyclinic Professional Centre	1.00	1.00
		Queen Street Medical Centre	2.00	2.00
		Seaside Medical Centre	1.00	1.00
		Sherwood Medical Centre	7.20	9.00
		Summerside Med. Centre	3.20	4.00
		Summerside Private Clinic	1.00	1.00
		The Mount (Charlottetown)	1.00	1.00
		Tyne Valley	0.20	1.00
Family Practice Total			**82.48**	**93.00**

Current Physician Distribution—Specialities

Discipline	*Hospital-based location*	*Office-based location*	**Total FTEs**	**Headcount**
Anaesthesia	QEH	N/A	7.90	10.00
Anaesthesia Total			7.90	10.00
Dermatology	QEH	Parkdale Medical Centre	1.00	1.00
Dermatology Total			1.00	1.00
Emergency	KCMH	N/A	1.00	1.00
	PCH	N/A	7.00	10.00
	QEH	N/A	10.00	16.00
	WH	N/A	1.00	1.00
Emergency Total			19.00	28.00
General Surgery	PCH	N/A	0.00	1.00
		Summerside Medical Centre	3.00	3.00
	QEH	Boardwalk Professional Centre	3.00	3.00
		Polyclinic	1.00	1.00
		Stratford Medical Centre	1.00	1.00
General Surgery Total			8.00	9.00

Current Physician Distribution—Specialities (continued)

Discipline	*Hospital-based location*	*Office-based location*	**Total FTEs**	**Headcount**
Geriatrics	N/A	Harbourside Health Centre	1.70	2.00
		Sherwood Medical Centre	0.60	1.00
Geriatrics Total			2.30	3.00
Geriatrics Specialist	N/A	Harbourside Health Centre	1.00	1.00
Geriatrics Specialist Total			1.00	1.00
Hematopathology	QEH Provincial Laboratory	N/A	1.00	1.00
Hematopathology Total			1.00	1.00
Hospitalist	PCH	N/A	4.00	5.00
	QEH	N/A	7.00	14.00
	WH	N/A	1.00	1.00
Hospitalist Total			12.00	20.00
Internal Medicine	PCH	Sea Isle Medical Centre	1.00	1.00
		Summerside Medical Centre	1.00	1.00
	QEH	Linden Avenue Medical Centre	2.00	2.00
		N/A	8.00	8.00
		the Mount	2.00	2.00
Internal Medicine Total			14.00	14.00

Current Physician Distribution—Specialities (continued)

Discipline	*Hospital-based location*	*Office-based location*	**Total FTEs**	**Headcount**
Ophthalmology	QEH	Linden Avenue Medical Centre	1.00	2.00
		MacLeod Crescent	2.00	2.00
		North River Road	2.00	2.00
Ophthalmology Total			5.00	6.00
Orthopedic Surgery	QEH	Polyclinic	6.00	6.00
Orthopedic Surgery Total			6.00	6.00
Otolaryngology (ENT)	PCH	Renew Dental & Medical Clinic	1.00	1.00
	QEH	the Mount	2.00	2.00
Otolaryngology (ENT) Total			3.00	3.00
Pain Services Specialist	QEH/PCH	Polyclinic	0.70	1.00
Pain Services Specialist Total			0.70	1.00
Palliative Care	N/A	Harbourside Health Centre	0.20	1.00
		PEI Palliative Care Centre	2.10	3.00
	PCH	N/A	0.20	1.00
Palliative Care Total			2.50	5.00

Current Physician Distribution—Specialities (continued)

Discipline	*Hospital-based location*	*Office-based location*	**Total FTEs**	**Headcount**
Pathology	QEH Provincial Laboratory	N/A	5.00	6.00
Pathology Total			5.00	6.00
Pediatrics	PCH	Summerside Medical Centre	4.00	4.00
	QEH Pediatric Clinic	QEH Pediatric Clinic	6.20	7.00
Pediatrics Total			10.20	11.00
Physical Medicine (Physiatry)	QEH	N/A	1.20	2.00
Physical Medicine (Physiatry) Total			1.20	2.00
Plastic Surgery	QEH	Stratford	1.00	1.00
Plastic Surgery Total			1.00	1.00

Current Physician Distribution—Specialities (continued)

Discipline	*Hospital-based location*	*Office-based location*	**Total FTEs**	**Headcount**
Psychiatry	N/A	Journal Pioneer	2.00	2.00
		McGill Community Mental Health	1.80	2.00
		National Bank Summerside	1.00	1.00
		North River Road (Charlottetown)	1.00	1.00
		Richmond Centre	0.80	1.00
	PCH	Harbourside Medical Centre	1.00	1.00
	QEH	Hillsborough Hospital	1.00	1.00
		N/A	4.80	5.00
		Richmond Centre	1.00	1.00
		Telehealth	1.00	1.00
	Telehealth	Telehealth	0.50	1.00
	UPEI (Other)	Summerside Medical Centre	0.60	1.00
Psychiatry Total			16.50	18.00

Current Physician Distribution—Specialities (continued)

Discipline	*Hospital-based location*	*Office-based location*	**Total FTEs**	**Headcount**
Radiology	QEH Diagnostic Imaging	N/A	8.60	9.00
Radiology Total			8.60	9.00
Urology	QEH	Polyclinic	3.00	3.00
Urology Total			3.00	3.00
Women's Wellness	N/A	the Mount	0.60	1.00
Women's Wellness Total			0.60	1.00
Grand Total			**237.25**	**279.00**

Estimated Current Capacity To Teach

Considering PEI physicians' track record of participation in medical education, the potential number of current practicing physicians (FTEs) who might be interested in contributing to the medical school has been estimated.

Discipline	Current FTE	Historic Rate of Engagement with Education	Estimated Number Available to Teach
Anesthesiology	7.9	25.0%	2.0
Emergency	20	18.2%	3.6
Family Practice	82.5	18.1%	14.9
General Surgery	9	50.0%	4.5
Geriatrics	2.3	0.0%	0.0
Hospitalist	11	0.0%	0.0
Internal Medicine	14	60.0%	8.4
Medical Oncology	4	25.0%	1.0
Neurology	3	0.0%	0.0
Obstetrics and Gynaecology	11	18.2%	2.0
Orthopedic Surgery	6	50.0%	3.0
Otolaryngology	3	0.0%	0.0
Palliative Care	2.5	0.0%	0.0
Pediatrics	10.2	63.6%	6.5
Plastic Surgery	1	100.0%	1.0
Psychiatry	16.5	26.9%	4.4
Vascular Surgery	0	0.0%	0.0

Gap Analysis and Feasibility Modeling

In the next stage of work, we will **combine multiple factors** to **determine the additional personnel and infrastructure required** and to **maximize feasibility** for delivery of the medical education program on a year by year basis starting in 2026 (when students will first be on PEI) and going forward 15 years. Factors will include:

- Number of learners and curriculum capacity requirements for all cohorts enrolled in a given year
- Current number of physicians practicing in each disciplinary area
- Interest, availability and qualification of physicians to teach
- Infrastructure status and needs where physicians (future clinical faculty) are practicing
- Health system needs and maintenance of health services (clinical back-fill requirements)

Infrastructure

Queen Elizabeth Hospital, Charlottetown

243-BED ACUTE CARE FACILITY, 900+ STAFF

Units and services

- Labour & Delivery
- Maternity/Gynecology
- Neonatal Intensive Care Unit/Nursery
- Pediatrics
- Emergency
- Intensive Care/Coronary Care/Progressive Care
- Psychiatry
- Nursing Units:
  - #1: Ortho/Oncol./Burns/Cariac-PCU
  - #2. Medical/Surgical
  - #3. Medical
  - #4. Obs/Gyne
  - #5. Pediatrics
  - #7. Rehabilitation
  - #8. Medical/Provincial Stroke Unit
  - #9. Psychiatry
  - ICU/CCU: Critical Care
- Diagnostic Imaging
- Laboratory Medicine
- Cancer Treatment Centre
  - radiation therapy, chemotherapy services and Provincial Cancer Navigation
- Physical Medicine:
  - Physiatry, Speech-Language Pathology, Physiotherapy, Occupational Therapy, Prosthetics, Orthotics, Stroke Therapy, Lymphedema Therapy and specialized seating
- QEH Library
- Ambulatory Care Centre
  - Asthma Education
  - Eye Clinic
  - Hemodialysis & Provincial Renal Clinic
  - Specimen Collection
  - Testing Services: ECG, Holter Monitoring, Cardiac Stress Test, Pulmonary Lung Function, Echocardiogram, EEG, EMG, Nerve Conduction Studies, Vascular Lab
  - Shared Clinics including: Clinic A - ENT, Enterostomal Therapy, Infusion Pump, OutPatient Dietitian, and Respiratory Clinic. Clinics B and C - Heart Health, Orthopedic, Pacemaker, Plastics, Telehealth Services, Urology, Neurology and Dermatology
  - Endoscopy
  - Bronchoscopy
  - Cystoscopy
  - Lithotripsy
  - Surgical Procedures

QEH

Current Provisions To Support Medical Education

Emergency Room	1 physician room and 1 meeting room under-used and can be converted to learner space 1 extra room will open with a new Mental Health and Addictions unit
Nursery and Neonatology	1 small room in nursery for nursing students; all other rooms are occupied
Pediatrics	Each physician has an office and one exam room; could expand education activities with more exam room and office space Residents share an office when on site in Unit 6
Operating Room	No space for medical students, they use residents' space when on site
Maternal and Gynecology	No space for medical students, they use residents' space when on site
Medical Lab	All space is fully utilized, on site learners use any available office
Specialist working spaces	No on-site offices or space for interactions with learners
Non-categorized	2 call rooms, small lounge with kitchen and work area for learners

QEH

Upcoming Infrastructure Plans

- QEH is undergoing master planning geared toward expansion of the hospital infrastructure including key projects like creation of a new tower and development of a new 24hr Mental Health and Addictions Emergency Short-Stay within the current ER
- As part of the master planning process, a survey was sent by HPEI to the hospital administrator in May 2023 and a functional evaluation tour of the hospital is taking place
- Ongoing consultations with administrative and clinical leadership representatives of the facility are also in progress

Concerns have been raised that consultants engaged to facilitate master planning for the QEH are not considering space for medical education as part of their scope of work

QEH master planning should take into consideration imminent as well as future infrastructure needs to facilitate delivery of medical education through the new medical school

Prince County Hospital, Summerside

110 BED ACUTE CARE FACILITY, 800+ STAFF

Acute Care Services

- Emergency
- Family Medicine
- General Medicine (adult and pediatric)
- Surgical
  - Day Surgery
  - General Surgery
- Intensive care
- Intermediate care
- Progressive Care
- Inpatient Units
  - Medical
  - Surgical
  - Maternity and child care
  - Special care nursery
  - Palliative care
  - Restorative care
  - Mental health

Women's Wellness Centre

- Prenatal and postnatal care
- Postpartum mental health services
- Sexual health education, screening, testing and treatment
- Menopause care
- Pregnancy termination, including care and counselling
- First trimester bleeding care

- Ambulatory Care Services
  - Endoscopy
  - Minor surgery
  - Oncology
  - Nursing clinic
  - Secondary stroke prevention clinic
  - Rehabilitation services (physiotherapy and occupational therapy)
  - Nutrition counseling
  - Cardio-respiratory services
  - Cardiopulmonary testing and treatment
  - Asthma and Chronic obstructive pulmonary disease education
  - Blood and specimen collection
  - Health resource centre
  - Mental health and addiction services
- Nutrition services
- Hemodialysis Unit
- Diagnostic Imaging

PCH

Current Provisions to Support Medical Education

Emergency Room	Space limited and not meeting current workflow needs
ICU*	2 exam rooms not utilized due to physician shortage. Currently used as storage/touchdown space for physicians with no office
Pediatrics	4 stand-up workstations and 1 private room with computer and telephone for physicians and residents 1 conference meeting room within the unit and 1 spare room setup for nurse and resident simulation training
Operating Room	3 large OR rooms with camera systems, numerous large monitors in the rooms 1 lounge area for all staff 2 locker rooms (male and female) with showers 1 small meeting room next to locker rooms for dictation or consults
Non-categorized	Large teaching rooms with IT equipment Some meeting spaces throughout units Small lounge for residents Some lodging for students in the hospital

*ICU currently closed (June 2023)

PCH

Upcoming Infrastructure Plans

- The PCH Outpatient Mental Health & Addictions Unit is moving to the closeby upcoming Summerside Community Health Centre, opening up ground level space where outpatient mental health and addictions services are currently provided
- PCH is due for master planning, but no dates or concrete plans have been made yet
- PCH Foundation is contemplating buying some land near the hospital, discussions are ongoing.

At the moment, there are limited opportunities for re-envisioning the PCH infrastructure in service of medical education. Additionally, the lack of timelines for master planning presents as a possible risk to incorporating identified requirements for medical education.

Baseline Infrastructure Needs at QEH and PCH

A preliminary assessment of the existing infrastructure at QEH and PCH has identified several baseline provisions that must be put in place to initialize more robust clinical-based training programs for the medical school.

Additionally, Consideration should be given for office space for physicians who are willing to be preceptors, as well as additional services such as gym and daycare.

Queen Elizabeth Hospital

- Multiple boardroom/meeting/lecture spaces that can be used for layered learning or virtual sessions*
- Lounge area with sofas, chairs, TV, computers, printer, lockers
- Full kitchen with refrigerator, stove, microwave, etc.
- Twelve call rooms* with bathroom/shower, desk and chair
- Gender neutral washrooms
- Administration offices

Prince County Hospital

- One large lecture theatre and one smaller meeting room with virtual capabilities*
- Lounge area with sofas, chairs, TV, computers, printer, lockers
- Full kitchen with refrigerator, stove, microwave, etc.
- Six call rooms* with bathroom/shower, desk and chair
- Gender neutral washrooms
- Administration offices

*If a separate building is chosen to accommodate these requirements at either hospital, meeting space and call rooms should still be located within the hospital.

Community Hospitals

Currently O'Leary Community hospital is the only facility with some provisions for medical education including 2 exam rooms, various meeting rooms and swing offices. However, there are opportunities for introduction of medical education spaces into KCMH, as the KCMH Master Redevelopment Plan is currently underway and stipulates a complete rebuild of the hospital with an estimated $13.3M budget

Kings County Memorial Hospital

30 beds

Units and Services:

- Emergency *
- Inpatient care
- Surgical
- Diagnostic Imaging
- Laboratory Services
- Ambulatory Care
- Rehabilitation
- Mental Health

O'Leary Community Hospital

13 extended care beds

Units and Services:

- Extended Care
- Laboratory services
- Diagnostic imaging
- Pharmacy
- Physiotherapy
- Nutrition Counselling

Western Hospital

23 medical beds
2 palliative care beds

Units and Services:

- Emergency*
- Palliative Care
- Inpatient care
- Laboratory services
- Diagnostic imaging
- Pharmacy
- Physiotherapy
- Dialysis
- Nutrition Counselling

Souris Hospital

17 beds

Units and Services

- Ambulatory Services
- Inpatient Services
- Extended care
- Blood collection
- X-Rays/ECGs
- Occupational therapy
- Physiotherapy
- Pharmacy

**currently offering reduced emergency services*

Community Hospitals

Health Centres in PEI are primary care facilities where an interprofessional team of healthcare providers (including family physicians, nurse practitioners, registered nurses, diabetes educators, licensed practical nurses, dietitians, mental health workers and clerical staff) deliver a broad range of health services including diagnosis, treatment, education, disease prevention, and screening.

Primary Care Health Centres are organized into five primary care networks across PEI:

- King's
- Queen's East
- Queen's West
- East Prince
- West Prince

They include:

- Eastern Kings Health Centre
- Montague Health Centre
- Polyclinic
- Four Neighborhoods Health Centre
- Central Queens Health Centre
- Gulf Shore Health Centre
- Cornwall Medical Centre
- Kensington Health Centre
- Harbourside Health Centre
- Evangeline Health Centre
- Tyne Valley Health Centre
- O'Leary Health Centre
- Alberton Health Services

PRIMARY CARE HEALTH CENTRES

Current Provisions to Support Medical Education

Polyclinic	3000 sq ft penthouse office suite available for rent. Consists of 5-6 offices, a boardroom, a kitchen/staff area, storage, and significant open floor space
Harbourside	At least 1 exam room Planned to be replaced by new Summerside Community Health Centre
Gulf Shore	Expansion planned to be completed in 2024
O'Leary Health Centre	Located adjacent to O'Leary Community Hospital

PRIMARY CARE HEALTH CENTRES

Upcoming Infrastructure Plans

PEI is investing in the development of a number of new Health Centres

Site	Anticipated Date of Completion	Clinical Staffing Target
University of PEI Community Health Centre	Summer 2025	5 Physicians
Alberton	Fall 2023	5 Physicians
Summerside	2025	5-8 Physicians
The Mount (Charlottteown)	Early 2026	7-8 Physicians (shared with Hillsborough)
Hillsborough (Charlottetown)	Early 2026	7-8 Physicians (shared with The Mount)
Montague	2026	TBD
East Community Centre	TBD	5 Physicians

It is critical that the new health centres are designed with an eye to their functionality as potential LIC sites with opportunities for interprofessional learning. But there is concern that the window for meaningful input into this process may be closing.

Other Health Centres and Small Practices

PEI also houses a number of other healthcare facilities and smaller (solo physician) practices which deliver primary care or specialize in specific services, such as psychiatry and palliative care. These include:

- Boardwalk Professional Centre
- Holland College
- Morell Welcome Centre
- Sherwood Medical Centre
- Parkdale Medical Centre
- Crapaud Medical Centre
- Summerside Medical Centre
- Tignish Co-op Health Centre
- Lennox Health Centre
- Central Street Walk-in Clinic
- Kinlock Medical Centre
- South Shore Health and Wellness Centre
- Seaside Medical Centre
- Hillsborough Hospital
- Provincial Palliative Care Centre
- Stratford Medical Centre
- Queen Street Medical Centre
- McGill Centre

OTHER HEALTH CENTRES AND SMALL PRACTICES

Current Provisions to Support Medical Education

Sherwood	3 physician suites (1 with an available room; 2 with learner space)
Parkdale	Multiple non-contiguous spaces which can be used for learners Empty area of waiting room that can be converted into an office or exam room
Boardwalk	Building contains 3 floors, consisting of 5 physician Suites which currently house 15 physicians

OTHER HEALTH CENTRES AND SMALL PRACTICES

Upcoming Infrastructure Plans

A number of “Patient Medical Homes” are being formed across the island to shift primary health care delivery from solo and small family practices to collaborative healthcare.

Patient Medical Homes deliver team-based care through a model that has been developed and endorsed by the College of Family Physicians of Canada (CFPC).

The first five Patient Medical Homes have launched at the following locations and additional medical homes are in development.

- Polyclinic and Parkdale Medical Centre, Charlottetown
- Sherwood Medical Centre, Charlottetown
- Kinlock Medical Centre, Stratford
- Kensington Health Centre, Kensington
- Cornwall/Crapaud Health Centres, Cornwall and Crapaud

As the province pushes forward with the development of patient medical homes, it is imperative that new spaces, including any planned renovations, new leases and net new buildings take into consideration the needs of interprofessional medical learners.

Capacity Support from Memorial

Like many medical schools across the country, **Memorial** is also wrestling with capacity issues for delivery of practice-based medical education

- In the coming years, the number of Memorial's active distributed medical education sites is being reduced to 27 (LIC sites in New Brunswick are closing due to Dalhousie's NB satellite expansion). Six of MUN's 27 sites are located on PEI.
- Currently, more than 40% of clinical placement requests received by MUN are rejected due to lack of preceptors
- Newfoundland is similarly positioned to PEI in that it has a relatively small population of 520,000 and a unique genetic pool with a lack of complex pathologies and demographic diversity. As a result, Memorial also relies on out of province educational opportunities in larger centres across Canada to deliver a comprehensive program.

While MUN and UPEI have an agreement to ensure the joint program's clinical education needs are addressed, it is important to consider that both institutions are currently faced with resourcing constraints related to clinical education sites and preceptors.

Organizational Structure

Several factors related to how healthcare and medical education are currently organized in PEI will impact the delivery model for the medical school

- Unlike most academic hospitals, tertiary care units at QEH and PCH are a mix of adult complications and not organized by specialty area
- Patients who visit the hospital are predominantly cared for by hospitalist family physicians. When on call, Internal medicine specialists are available for consultation, however, no regular call schedule exists and specialists may be too busy to address all requests
- PEI is in a relatively nascent state when it comes to provincial programs/coordination of resources (personnel and infrastructure) from a regional perspective
- PEI will need to put in place dedicated administrative personnel to support student placements

Considering PEI's specific organizational structure for healthcare delivery, it is recommended that UPEI/HPEI set up hospitalist-led clinical teaching units at the tertiary care hospitals, ensuring hospitalists are provided with significant training and faculty development opportunities for delivering medical education.

Housing and Quality of Life for Learners

Quality of life for learners will be a great driver of the medical program's competitive positioning

A superior quality of life, including high quality housing, ways to meaningfully integrate into the local community (build relationships) as well as special attention to work/life balance will be critical to PEI's ability to attract learners (in particular residents) and encourage their transition to practice on the island.

In the last few years and especially in the wake of COVID, PEI like many other jurisdictions in Canada has experienced some challenges regarding housing:

- PEI is currently experiencing a housing crisis, with the largest homeless encampment the province has ever experienced and rapid population growth due to immigration
- Earlier in the year UPEI asked its students not to come to campus in person due to a housing crunch
- In August 2022, there were 400 UPEI students on the waiting list for residence

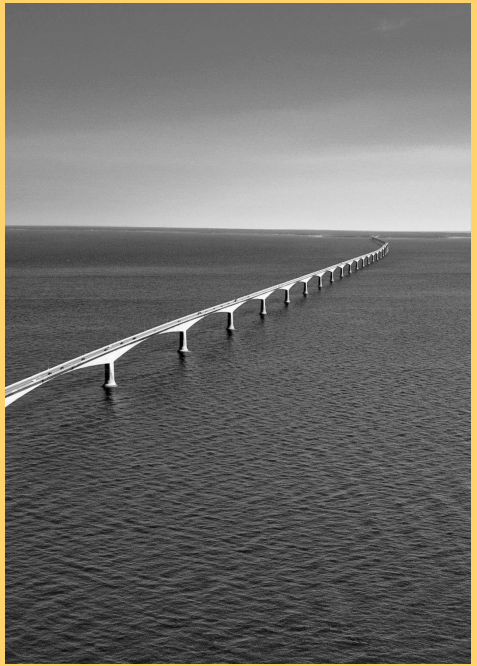
MUN has secured and offers its learners high quality housing across various communities where core rotations take place.

There is an opportunity for UPEI and the government of PEI to work collaboratively and creatively and engage proactive community partners like the City of Summerside and the PCH Foundation to develop high quality housing options for medical learners. This includes evaluating development options on vacant lands surrounding PCH.

6

Atlantic Coordination

Key mechanisms for collaboration and resource sharing to achieve regional success in medical education and healthcare workforce development



Existing Mechanisms for Coordination and Harmonization

- **Council of Atlantic Premiers**: Forum of Premiers across Atlantic provinces who are working to improve healthcare, address labour shortages and strengthen the region's economy through collaboration and focus on meeting the needs of Atlantic Canada as a whole.
- **Maritime Provinces Higher Education Commission**: Charged with the duty to improve and maintain the best possible service to students as lifelong learners in the Maritime provinces. Members are appointed by Ministers responsible for post-secondary education in the Maritime provinces.
- **Atlantic Physician Registry**: Allows for greater mobility of fully licensed physicians in Atlantic Canada. Physicians who have their primary practice in an Atlantic province and hold a Full license issued by one of the four Atlantic Colleges of Physicians and Surgeons can practice in any of the maritime provinces.

To maximize coordination of resources and assure successful delivery of medical education and optimal physician workforce distribution across the Atlantic provinces, there is an opportunity for the establishment of a Maritime Dean's Table akin to the Council of Ontario Faculties of Medicine.

Inter-Institutional Dynamics

- Dalhousie was initially considered as a potential partner for the establishment of the medical school in PEI but the agreement with Memorial presented more of a win-win proposition for both UPEI and MUN.
- The Family Medicine Residency Program with Dalhousie is where a good portion of current practicing family physicians on PEI have trained. As such, there are strong alliances with Dalhousie among the PEI medical community (many have Dalhousie appointments).
- There is also good complementarity between the various medical programs operating within the Atlantic provinces, with Dalhousie for instance having a stronger urban, 'large-centre medicine' focus as compared to UPEI and MUN.
- Cross-engagement and collaborative communication between MUN and Dalhousie and Dalhousie and UPEI is currently small.

With the establishment of a new medical school in the Atlantic region, it is more pertinent now than ever, for the institutions to open up lines of communication and hold frank and continued conversations aimed at diffusing competitive positioning and creating mutually beneficial agreements that allow for sharing of resources and assets, including harmonizing future MUN and Dal seat allocations on the island while safeguarding and strengthening each institution's brand, identity and success. Partnerships outside of the maritime region (e.g. with Ontario) also exist and can be expanded but are more likely to be one-way transactions to facilitate large-centre learning in specific disciplines for maritime students.

7

Social and Cultural Climate

Our key findings related to the current social and political environment on the island and implications for the medical school

There is an opportunity for continued relationship building and repair to dispel a lingering sense of mistrust about the medical school

While the university has made strong efforts to more meaningfully engage with the community in the development of the medical school, ongoing HR matters, including a faculty strike, race-based issues within the PEI healthcare system and the university, as well as the recent Rubin Tomlinson report are serving to sustain a climate of mistrust, left over from the earlier days of the medical school announcement. There is thus an opportunity for intentional and intensive multi-pronged efforts (building on the university's revamped approach to engagement) to continue to repair and rebuild relationships with:

- Physicians, non-physician clinicians, allied health professionals and health system leaders
- Faculty leaders and members as well as new faculty recruits (from Canada and internationally) and current and prospective students
- Bureaucratic as well as political layers of government
- Islanders including immigrant and ethnic communities

There is a need to increase awareness and to develop and disseminate cohesive communications about the medical school initiative

Fragmentation: Communication regarding the medical school is fragmented, different parties have different levels of understanding and are sending different messages about the purpose, the feasibility and potential benefits of the med school

Fractionation: Within each party, there are differing opinions and perspectives regarding the medical school

Inconsistency: Key medical school stakeholders are not consistent with their messaging and are thought to frequently change their position or outlook on the medical school in the public sphere

Credibility: Different parties are speaking on one another's behalf and therefore not being as factual as necessary

Equity, Diversity and Inclusion

An important anticipated outcome of the med school is the cultivation of a home-grown healthcare workforce, committed to working and living on the island to serve the people of PEI.

During our conversations, this notion was sometimes communicated as “the med school providing opportunities for the advancement of people who are born on the island, who have roots on the island, or who have close relational ties to those who do”. This language and conceptualization can come across as exclusionary, especially considering the rapidly growing population of PEI as a result of immigration, and the increasing public discourse and obligation surrounding the decolonization of racist systems and structures (in particular the healthcare and medical education systems) in Canada and around the globe.

In the context of the medical school, there is thus an opportunity for the development of more sensitive messaging as well as an intentional action plan to promote inclusivity, self determination and leadership by people of diverse backgrounds.

8

Policy Landscape

Key policies and programs that will impact the successful implementation of the med school and its ability to achieve the desired outcomes

Physician Complement System

- Stipulates limit on number of positions in each region of PEI for family doctors and specialists
- External Physician Resource Planning Committee approves hiring and makes decisions around changes to complement
- November 2022 bill to remove complement system was pulled

The complement system and required approvals by various parties (including the Provincial Public Service Commission, which provides leadership and coordination of all human resourcing in the public sector, including non-physician clinicians) adds to an onerous budgeting and fund allocation process.

With no global operational funds, HPEI is limited by a ‘line-item budget’, having to account for individual physician salaries and any related supports (staff, space and other resources).

Only $10 million of a $1 billion budget is currently earmarked as exemption funding.

Physician Compensation Models

Salary

- Hourly rate + 31% of approved shadow billings
- 1950 hours/year
- 4-6 weeks vacation
- Paid sick days
- 75 hours/year & $5,000/year for continued medical education (CME)
- Includes pension and benefits
- Support staff are responsibility of HPEI

Contract

- Hourly rate + 31% of approved shadow billings
- 1725 hours/year
- Unpaid vacation
- Unpaid sick days
- CME funding through MSPEI
- Pension and benefits not included
- Support staff are responsibility of HPEI

Fee for Service

- Billing as per tariff
- Hours/year directed by physician
- Unpaid vacation
- Unpaid sick days
- CME funding through MSPEI
- Pension and benefits not included
- Support staff are responsibility of physician

Approximately 82% of Family Physicians on PEI are compensated through the **Salary** or **Contract** Remuneration Models

Compensation in the context of the medical school

Physician compensation will be a **key driver of clinical faculty engagement** and it will have to be carefully designed to achieve cross-party satisfaction and maximal participation in medical education.

It should be managed to ensure physician's time is equally respected across differing payment models (fee-for-service vs. salaried) and in such a way that does not allow a fragmented payment structure that may create a divisive community (town vs. gown).

The opportunity to do so is timely as HPEI is currently engaged with an external agency to review remuneration models.

Currently, **physician preceptors delivering medical education on PEI** are paid ~$250/week to take on a student and require an academic appointment with either Dalhousie University or Memorial University.

At **Memorial University**, 'full-time' clinical faculty are expected to dedicate 1-day per week to education (teaching and/or research) for which they are compensated a full year's salary by the university. However, 90% of the faculty that deliver medical education are in fact part-time with their clinical workload remuneration covered by the Health Authority.

At **UBC**, clinical faculty are paid $91.80/hr for lecturing and the same amount per day when hosting a learner.

The MSPEI, Government of PEI and HPEI **Master Agreement**–which establishes the systems of payment for health services–is due to expire on March 31, 2024, presenting a timely opportunity for the creation of a streamlined compensation model in the context of the new academic health system on PEI.

Physician Recruitment & Retention Policies and Programs

MUNICIPAL AND COMMUNITY LED

Prince County Hospital Foundation X City of Summerside

The PCH Foundation and the City of Summerside have partnered together to help with retention/recruitment of healthcare professionals in the Summerside region. This initiative supports newcomers to Summerside to navigate and acclimatize to living in the city (e.g. providing help with home buying or connecting folks to community resources such as childcare)

PROVINCIAL & FEDERAL GOVERNMENT LED

Physicians Recruiting Physicians

MSPEI is working alongside the Department of Health and Wellness' Recruitment and Retention Secretariat and Health PEI to help showcase PEI as a place to practice medicine, retain those physicians who do choose PEI, and support physicians who may be ready to transition out of practice and want to proactively recruit a replacement for their patients.

Medical Student and Medical Resident Registration

This database contains a list of medical students and residents that have an interest in learning about future career opportunities on PEI. By completing an online form, students and residents can receive notifications of updates, events and employment opportunities on PEI.

Health Care Futures Program

This program exposes students who are completing or entering into a post secondary healthcare-related program to work experiences within PEI's public healthcare sector. Students assist healthcare professionals within LTC homes and community care facilities for one month during the summer.

Provincial and Federal Medical Learner Supports and Practice Transition Incentives

Medical Residency Interest Relief Program

The program provides student loan relief to those who are enrolled in a medical doctor residency program and who hold a PEI student loan. Upon approval, the applicant's loan is set to "non-repayment" status (does not require repayment installments and does not accrue interest) until they complete their residency program. The federal portion of a student loan is not eligible for this repayment relief.

Family Medicine Sponsorship Program

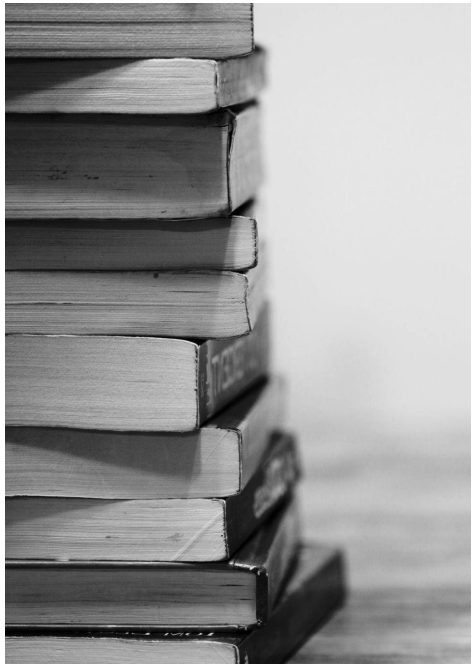
Established in 2012, the program provides a financial incentive of up to $80,000 to support family medicine residency training for PEI students who are enrolled in a Canadian medical program. In return, applicants are required to practice for 5 years in an area of greatest need (as determined by Department of Health & Wellness and HPEI) upon completion of their residency.

Federal Student Loan Forgiveness Program

Established in 2013, the program provides student loan forgiveness (on the federal portion of the loan) for family physicians and family medicine residents practicing in underserved communities. In PEI, this covers all physicians except those who work in Charlottetown.

The student loan forgiveness program requires practicing physicians to have been employed for a full year and for all applicants (including practicing physicians and residents) to have provided in-person services for a minimum of 400 hours in an underserved community.

9 Appendix



Baseline parameters related to student enrollment and physician teaching workload

Learner Cohort Size	
UGME	20
PGME (Family Medicine)	11
PGME (General Internal Medicine)	5
PGME (General Surgery)	5

Working Hours	
Clinical faculty working hours per day	8
Clinical faculty working hours per week	40
Clinical faculty working hours per year	2080

Percentage of rotation that requires preceptor interaction	
UGME Year 3 & 4	40.00%
PGME Year 1	30.00%
PGME Year 2	25.00%
PGME Year 3	20.00%
PGME Year 4	15.00%
PGME Year 5	15.00%

Cushioning	
Extra administrative workload	20.00%
Backfill/Standby	20.00%

Clinical Faculty Availability				
	Percentage of working hours a physician has available to teach	Maximum hours a year a physician has available to teach	Percentage of weeks in a year a physician has available to teach	Maximum number of weeks in a year a physician has available to teach
Anesthesiologists	15.00%	312	50.00%	26
Dermatologists	15.00%	312	50.00%	26
Emergency Doctors	15.00%	312	50.00%	26
Family Physicians	15.00%	312	50.00%	26.0
General Surgeons	15.00%	312	50.00%	26
Geriatricians	15.00%	312	50.00%	26
Hematopathologists	15.00%	312	50.00%	26
Hospitalists	15.00%	312	50.00%	26
Immunologists	15.00%	312	50.00%	26

CONTINUED ON NEXT SLIDE

Clinical Faculty Availability (continued)

	Percentage of working hours a physician has available to teach	Maximum hours a year a physician has available to teach	Percentage of weeks in a year a physician has available to teach	Maximum number of weeks in a year a physician has available to teach
Internists (Incl. sub-specialities Respirology, Cardiology, Rheumatology, Critical Care Medicine)	15.00%	312	50.00%	26
Microbiologists	15.00%	312	50.00%	26
Nephrologists	15.00%	312	50.00%	26
Neurologists	15.00%	312	50.00%	26
Obstetricians & Gynecologists	15.00%	312	50.00%	26
Oncologists	15.00%	312	50.00%	26
Ophthalmologists	15.00%	312	50.00%	26
Orthopedic Surgeons	15.00%	312	50.00%	26
Otolaryngologist	15.00%	312	50.00%	26
Palliative Care Specialists	15.00%	312	50.00%	26
Pathologists	15.00%	312	50.00%	26
Pediatricians	15.00%	312	50.00%	26
Physical Therapists	15.00%	312	50.00%	26
Plastic Surgeons	15.00%	312	50.00%	26
Psychiatrists	15.00%	312	50.00%	26
Radiologists	15.00%	312	50.00%	26
Urologists	15.00%	312	50.00%	26
Vascular Surgeons	15.00%	312	50.00%	26

NOSM SAMPLE WEEKLY LIC SCHEDULE

	Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Weekend*
Early morning	Hospital rounds	Hospital rounds	Hospital rounds	Hospital rounds	Hospital rounds	Hospital rounds and on-call
Late morning	Primary care teaching	Primary care teaching	Primary care teaching	Primary care teaching	Specialty-specific sessions	
Early afternoon	Web-conferenced PBL case 1 part 1	Primary care teaching	Specialty-specific sessions	Web-conferenced PBL case 1 part 2	Personal study time	
Late afternoon	Web-conferenced PBL case 2 part 1			Web-conferenced PBL case 2 part 2		
Evening	-	Hospital rounds	-	-	-	-

List of People Consulted

UPEI Leadership and Faculty

Dr. Catherine Callbeck, Chancellor

Dr. Cathy Vardy, Executive Director, Medical Program Development

Dr. Christina Murray, Dean, Faculty of Nursing, Director of Interpersonal Education for Health Sciences

Mr. Darren Chaisson, Capital Projects Lead

Dr. Gregory Paul Keefe, Interim President

Ms. Jackie Podger, Vice-President Administration and Finance

Dr. Laurie McDuffee, Director of Human and Animal Health Collaborations

Ms. Myrtle Jenkins-Smith, Executive Director of Development and Alumni Engagement

Mr. Paul Young, Chief Operating Officer

Dr. Trevor Jain, Director of Clinical Programs/Physician Engagement

List of People Consulted

MUN leadership and Faculty

Dr. Andrew Hunt, Assistant Dean, Distributed Medical Education

Dr. Norah Duggan, Phase 4 Lead, Faculty of Medicine

Mr. Paul Tucker, Chief Operating Officer

Dr. Sohaib Al-Asaaed, Associate Dean, Postgraduate Medical Education

Dr. Taryn Hearn, Associate Dean, Undergraduate Medical Education

Dr. Todd Blake Lambert, Assistant Dean, Faculty of Medicine

List of People Consulted

Health PEI Leadership and Staff

Ms. Corinne Rowswell, Chief Operating Officer

Ms. Dylana Arsenault, Executive Director, Hospital Services and Patient Flow

Dr. Javier Salabarria, Chief of Psychiatry

Mr. Jeffrey Clow, Provincial Head of Surgical Services

Ms. Julie Cole, Physician Services Manager, Specialists

Dr. Katherine McNally, Chief Medical Officer

Ms. Kellie Hawes, Chief Financial Officer

Ms. Mary-Laura Coady, Manager of Physician Services

Dr. Matt Boyd, Chief of Medicine

Dr. Michael Gardam, Chief Executive Officer

Mr. Neil Stewart, Senior Advisor

List of People Consulted

Medical Society of PEI

Dr. Krista Cassell, President

Ms. Lea Bryden, Chief Executive Officer

Dr. Megan Miller, Chief Physician Recruiter

Department of Health and Wellness

Ms. Laurae Kloschinsky, Executive Director

Ms. Lisa Thibeau, Deputy Minister

Ms. Nadine McClane, Manager, Health Workforce

Ms. Rebecca Gill, Director of Recruitment

Mr. Sean Morrison, Director of Strategy

List of People Consulted

Physicians and Medical Leaders in PEI

Dr. AJ Biswas, President of the Medical Staff Association at Queen Elizabeth Hospital

Dr. George Carruthers, Registrar, College of Physicians and Surgeons PEI

Ms. Kelley Wright, Administrator, Prince County Hospital

Dr. Laura O'Connor, Medical Director, Queens County Primary Care

Dr. Steven Scales, President, PEI Chapter of the College of Family Physicians

Dr. Tyler McDonell, Medical Director, Prince County Hospital

Mr. Terry Campbell, Administrator, Queen Elizabeth Hospital

Dr. Padraig Casey, Director, Medical Education Program

Dr. Trina Stewart, Medical Advisor, Primary Care Renewal

List of People Consulted

External Experts

Dr. Ross Feldman, Professor Emeritus of Medicine, University of Western Ontario

Dr. Sarah McCorquodale, Regional Associate Dean, Southern Medical Program, UBC

Dr. Sarita Verma, President, Vice Chancellor, Dean & CEO, NOSM University

Dr. Steven Liss, Vice-President, Research and Innovation, Toronto Metropolitan University

Dr. Tom Marrie, Former Dean of Medicine, Dalhousie University