

Advancing Canada's family medicine curriculum: Triple C



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Family physicians form 50% of the physician work force in Canada. The 2-year family medicine residency is delivered in 17 university-based programs that work closely with the College of Family Physicians of Canada (CFPC), the national residency accreditation body. Despite a record of excellence, Canadian family medicine residency programs are at a crossroads and must respond to

- a changing face of health care,
- a call to address societal needs,
- advances in medical education, and
- the challenge to produce family physicians ready to practise comprehensive care.

In 2006, a curriculum review process was launched by the Section of Teachers of the CFPC. The Working Group on Postgraduate Curriculum Review (WGCR) was given the mandate of making recommendations for the future of family medicine residency training. The Triple C report¹ was released (available at www.cfpc.ca/Triple_C) in March 2011 and is summarized below.

What is Triple C?

The WGCR, a subcommittee of the Section of Teachers Council, proposed the introduction of a competency-based curriculum for family medicine residency training, based on the CanMEDS–Family Medicine (CanMEDS-FM) framework² of competencies and the Evaluation Objectives in Family Medicine.³ The WGCR performed an extensive literature review and consulted with key internal and external stakeholders. Recommendations for change were reached through an iterative process reflecting needs, evidence, and international trends. The WGCR's central recommendation was to establish a competency-based curriculum for family medicine residents that is *comprehensive*, focused on *continuity of education and patient care*, and *centred in family medicine*. Together these recommendations make up the Triple C Competency-based Curriculum. This renewed curriculum enhances what is taught, how it is taught, and how learners are assessed.

The goal of Triple C is to ensure that every family physician training program in Canada develops graduates who are

- competent to provide comprehensive care in any Canadian community,
- prepared for the evolving needs of society, and
- taught based upon the best available evidence on patient care and medical education.

Competency-based curriculum

The move toward competency-based education is in keeping with an international educational trend that supports the need for medical education to meet societal expectations of accountability. It depends upon well-defined program outcomes that are congruent with teaching and learning strategies, resident assessment methodologies, and an integrated curriculum design. This competency-based education approach moves away from traditional rotation-based models of residency training. It requires residents to be active learners, shifting the role of a resident supervisor toward that of a resident's "coach."

The CFPC's competency framework has been developed based on the following:

- principles of family medicine;
- content of key family medicine contexts and clinical domains;
- evaluation objectives related to
 - skill dimensions (patient-centred care, communication, professionalism, clinical reasoning, selectivity, and procedures),
 - phases of the clinical encounter, and
 - 99 priority topics and key features; and
- roles that the Canadian public expects family physicians to carry out (CanMEDS-FM roles).

Using a competency-based curriculum, residency programs will provide relevant educational opportunities for residents. Clearly defined competency objectives will guide the selection of content, learning experiences, learning environment, assessment strategies, and remediation planning.

Three components of Triple C

In the context of family medicine, a competency-based curriculum requires the following Triple C characteristics.

Comprehensive education and patient care. Comprehensive education and patient care is essential to family medicine residency programs. Family medicine residents need to learn and demonstrate skills across a spectrum of clinical domains, such as psychiatric care and care of the elderly, and in health promotion and disease

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prevention. A comprehensive curriculum will develop family physicians who can offer a full range of care to meet the complex needs of society.

Continuity of education and patient care. Continuity of education and patient care are fundamental to developing physicians who practise comprehensive care. Continuity of patient care solidifies strong relationships between physicians and patients, which is fundamental to the discipline of family medicine. Continuity of care remains at the very heart of the required competencies, and this new curriculum encourages care that is focused on the patient. Continuity of a small set of teachers will foster strong relationships between supervisor and resident and will nurture the trust and honesty necessary to develop authentic learning experiences shaped through ongoing feedback and assessment. Continuity of supervision will facilitate increasing independence and autonomy.

Centred in family medicine. Family medicine should be at the core of family medicine programs; the context of learning should be primarily within family medicine settings, the content should be relevant to the needs of future family physicians, and family medicine program coordinators should have full control over the curriculum plan. While it is necessary for family medicine residents to learn from other specialists, this learning should be done in the context of family medicine education. In this way, the resident develops the competencies required of a family physician, rather than learning to be a miniature specialist in many different areas of specialization.

Implementation of Triple C

The CFPC is coordinating the implementation of Triple C with university postgraduate family medicine residency programs and other key stakeholders. Family medicine residency programs are well on their way, building on the many successes they have already had within their programs. Implementation will be a multiyear process, enhancing and articulating the best of our superb delivery of family medicine education.

This is the first in a series of articles explaining the Triple C initiative. Look for the next installment, which will provide further explanations related to the key concepts behind the Triple C Competency-based Curriculum. Have questions? Visit www.cfpc.ca/triple_C or contact triplec@cfpc.ca for more information. 

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Acknowledgment

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Competing interests

None declared

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