



Triple C

New competency-based family medicine curriculum

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Ensuring that postgraduate training programs provide residents with the experiences they need to develop the competencies—the knowledge, skills, attitudes, and behaviour—required of physicians practising independently is a considerable challenge for all medical specialties, including family medicine. This responsibility is shared by the medical schools and the certifying colleges: the College of Family Physicians of Canada (CFPC) for family medicine and the Royal College of Physicians and Surgeons of Canada (RCPSC) for the other specialties. The medical schools deliver undergraduate and residency programs and evaluate trainees as they progress; the certifying colleges establish accreditation standards, survey the programs to ensure that standards are being met, and carry out the assessment of the physicians that leads to certification of their respective specialties.

Throughout the developed world, medical schools have been reviewing their traditional approaches to undergraduate and postgraduate education. Here this has taken the form of the Future of Medical Education in Canada project. The project's primary objective is ensuring that our residency programs fulfil their social responsibility of producing physicians able to meet the current and changing needs of Canadians. Historically, curriculum developers focused on the time needed for trainees to acquire the skills and knowledge required for independent practice. Time will always be part of the equation, but the emphasis in postgraduate training is shifting to ensure more clearly defined competencies will be achieved by every resident, even if the time it takes varies from one trainee to the next.

The CFPC Board recently approved the recommendations of 2 important working groups on the future of the family medicine residency curriculum and the competencies required to earn Certification (CCFP). These recommendations have been incorporated into the new Triple C Competency-based Curriculum.¹ **The 3 C's—comprehensiveness, continuity of both education and patient care, and experiences centred in family medicine**—are part of the history of family medicine, which we are committed to strengthening as we move into the future. Each trainee will acquire and demonstrate competency in a comprehensive scope of services for patients of all ages served continuously over time. Each residency experience, regardless of the geographic setting or specialty area, must be designed and implemented to meet curriculum objectives defined for the training of family physicians.

To achieve these goals residency training will need to focus on the following domains:

- care of male and female patients across the life cycle, from newborns to the elderly;
- care provided in various settings in both urban and rural communities (eg, patients' homes, family practice offices, emergency departments, hospitals, long-term care settings);
- care covering a spectrum of clinical areas (eg, prevention and health promotion, diagnosis and management of undifferentiated illness, acute and chronic disease management, maternity care, mental health care, rehabilitation, and palliative and end-of-life care);
- care of the marginalized and disadvantaged (eg, aboriginals, inner-city and remote populations, those with mental illness and addictions, and recent immigrants); and
- procedural medicine for defined core procedures.

Although the Triple C curriculum is a new model for family medicine training, it remains grounded in the 4 principles of family medicine: every family physician must be clinically skilled, the patient and the patient-doctor relationship are central, family medicine is community based, and the family physician serves as a resource to his or her practice population.² As well, by learning and maintaining the competencies defined in the Triple C curriculum, family medicine Certificants will fulfil their responsibilities throughout their careers in keeping with their important CanMEDS–Family Medicine roles³: family medicine expert, collaborator, communicator, health advocate, manager, scholar, and professional.

Competency-based education will affect the design, implementation, and accreditation of all residency programs in Canada, as well as the assessment of the trainees. Each discipline will need to clearly define the curriculum objectives that will enhance the residents' ability to achieve competence; the colleges must ensure that residents have demonstrated these competencies before awarding certification.

Practices using the medical home model will be ideal settings for implementing the Triple C curriculum. The CFPC and the RCPSC expect that competency-based curricula will guide both the training and the lifelong learning of all future physicians in Canada. For more information about the Triple C curriculum, contact triplec@cfpc.ca. 🌱

References

1. Working Group on Postgraduate Curriculum Review. *Triple C. Competency-based curriculum: report of the Working Group on Postgraduate Curriculum Review—part 1*. Mississauga, ON: College of Family Physicians of Canada; 2011.
2. College of Family Physicians of Canada. *Four principles of family medicine*. Mississauga, ON: College of Family Physicians of Canada; 2006.
3. Working Group on Curriculum Review. *CanMEDS—family medicine*. Mississauga, ON: College of Family Physicians of Canada; 2009.

Cet article se trouve aussi en français à la page 855.