



Will Triple C produce more and better family physicians?

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Many believe that family medicine is dying out. There are several reasons for this: when compared with other specialties, family medicine has the largest clinical scope and the shortest training; the demands and expectations, especially from patients, are very high; and the remuneration is much lower than in other specialties. Therefore, it is not surprising that few residents opt to specialize in family medicine. Nationally, only about 35% of postdoctoral training positions have been filled by family medicine residents, while many more family physicians will be needed to meet the demands of the population.^{1,2}

New postgraduate training curriculum

The College of Family Physicians of Canada was possibly influenced by these facts. In June 2009, the College's Board of Directors passed a resolution stating that the Working Group on Postgraduate Curriculum Review (WGCR), a subcommittee of the Section of Teachers Council, was to prepare a report outlining a proposal for the introduction of a competency-based curriculum for family medicine residency training, using the CanMEDS-Family Medicine framework³ to guide its development. In March 2011, the WGCR produced the Triple C Competency-based Curriculum.⁴ Eleven recommendations were endorsed by the working group for the implementation of Triple C. The central one states that each family medicine residency training program in Canada is to establish a competency-based curriculum that is comprehensive, focused on continuity of care, and centred in family medicine.⁴

Even if this proposal appears logical, the central question is, will Triple C really provide better family physicians? Incidentally, this is the topic of the debate presented to you this month. Tannenbaum⁵ is in favour of Triple C—not surprising, as he is Chair of the WGCR (page 1070)—whereas Whitehead⁶ has several objections (page 1071).

This is a fundamental question. Even though the report re-maps the 4 principles of family medicine (the family physician is a skilled clinician; family medicine is a community-based discipline; the family physician is a resource to a defined population; the physician-patient relationship is central to the role of the family physician),⁷ some propositions bring substantial modifications: the scope of learning in family medicine should be comprehensive and defined by a set of competencies organized under the 7 professional roles of the CanMEDS-Family Medicine framework; a

competency-based approach should be used to guide curriculum development and planning; family medicine program planners should maintain ownership over all aspects of the curriculum; experienced and skilled family medicine teachers should form the core of the educational faculty; and the duration of the program will be based on reaching the expected learning outcomes of the core family medicine program. Further, these modifications should apply to all family medicine teaching programs in Canada.

Many changes on the horizon

Faced with such modifications, one might question if these are well-founded recommendations. Has the proposed curriculum been tested? Do we have assurances that the result will be better-trained family physicians? Will there be more residents who choose to embrace this profession? Sadly, there is very little evidence to answer these questions. Indeed, the WGCR recognized this fact: "The impact of rotation structure on actual learning outcomes has been little examined."⁴ As well, "Quality educational research is needed to answer questions about how certain competencies are best taught and evaluated."⁴

So many unanswered questions leave us perplexed! Before the family medicine curriculum is changed and implemented in 17 medical faculties across Canada, would it not be preferable to evaluate the effects, or at least think about interim evaluations? Would it not be prudent to implement these changes in certain units only, and increase implementation once the curriculum has been tried and tested? Triple C is certainly a good idea, but will family physicians be better and more numerous as a result? This has yet to be proven. 🌿

Competing interests

None declared

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Cet article se trouve aussi en français à la page 1060.