

Will the Triple C curriculum produce better family physicians?

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YES

Better training produces better doctors. That is what the Triple C curriculum is all about—graduating family physicians who are better equipped to deal with the evolving requirements and realities of practice in the coming decades.¹ These realities include the following²:

- quality and accountability requirements;
- interprofessional collaborative practice models;
- advances in information technology and management;
- effective chronic disease management;
- social responsibility and stewardship of resources; and
- leadership, teaching, scholarship, and continuous progress regarding competency.

We are extremely proud of the graduates of our residency programs. But with practice requirements changing, our programs need to keep up. The Triple C Competency-based Curriculum is designed to do just that. With its focus on comprehensiveness and continuity, it will prepare residents to practise in any Canadian community.

Competency

The competency-based approach determines up front the specific clinical and professional abilities that residents must master by the time of graduation. A key feature of the recommendations of the Future of Medical Education in Canada project,³ competency-based education requires that we design a curriculum with carefully selected learning experiences that are fully relevant and directed to meeting specific learning goals. The traditional “pediatrics rotation,” during which residents might or might not be exposed to a reasonable selection of relevant clinical problems, is replaced by intentional means of achieving competence in the “care of children and adolescents” through carefully developed and selected learning experiences.

Ongoing assessment of learning using advanced methodologies found in frameworks like the College of Family Physicians of Canada’s evaluation objectives⁴ will ensure that residents are competent and ready to begin practice in the specialty of family medicine. Reliance on a single examination will be a thing of the past. Feedback and coaching will support learning and help

residents identify their gaps and determine how best to fill them.

Residents who need more time to master specific skills or competencies will be given that time. Simulation laboratories and e-learning modules will complement hands-on clinical involvement with patients. Teachers will receive training on enhanced methods of teaching and assessing learners. And to be fully relevant to future practice, and permit residents to acquire their professional identity as family doctors, most training will be in family medicine environments with family physicians as teachers. These family medicine-centred experiences will be complemented by focused or specialty-based educational experiences that are respectful and supportive of family medicine residents and offered by teachers who place the goals of family medicine front and centre.

Broad scope

Guiding the Triple C curriculum is CanMEDS–Family Medicine,^{5,6} a framework of competencies that defines the comprehensive family medicine expert who functions not only as a skilled clinician but also as a collaborator, excellent communicator, manager, health advocate, scholar, and professional. Constructing our training programs with these roles and responsibilities at the core will result in outstanding family physicians who are fully able to meet the challenges of clinical and professional practice in the years to come.

The Triple C curriculum defines the scope of training very broadly, in keeping with the remarkable tradition of family practice in Canada. Canadian family doctors care for patients across the “domains of clinical care,” throughout the life cycle, in a variety of different settings—office, hospital, home, long-term care, etc—along a range of clinical responsibilities from prevention to acute and chronic care and palliation, and with particular attention to underserved populations. The many clinical procedures carried out in family practice, including office and hospital-based procedures and intrapartum care, further define its scope.

The Triple C curriculum focuses on continuing relationships with patients, a defining characteristic of comprehensive family medicine, and uses the patient-centred clinical method as the central approach to working with our patients and their families—listening carefully, understanding, and meeting their needs.

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∴ **YES** *continued from page 1070*

Triple C is appealing to teachers and learners because it codifies, updates, and more clearly articulates much of what has been featured in family medicine education in the past 4 decades—comprehensive care, continuity of care and education, and training that is efficient and conducted as much as possible by family doctors in settings relevant to future practice. The competency-based approach that underpins the Triple C curriculum represents an international direction in education,⁷ the goal of which is to meet our responsibility to society and to be accountable through demonstrated competence.

Creativity and enthusiasm

In the short time since the College of Family Physicians of Canada's Board of Directors endorsed the Triple C curriculum, programs have demonstrated extraordinary enthusiasm and creativity across the country. They are innovating and experimenting with new methods of teaching and assessing residents and are actively sharing ideas, tools, and teaching and learning strategies. This communal commitment to educational development has created an impressive coherence across the country that will, in my opinion, lead to advancements that are unprecedented in pace and scope.

Triple C seeks to achieve consistency of learning within and across our enlarging multisite training programs. The standards of accrediting our programs will evolve under Triple C to look not just at the process and structure of training but, more important, at learning outcomes. Quality improvement strategies adopted by programs themselves and informed by data about the abilities of our graduates will become important features of high-quality Triple C programs.

And better educational programs can drive improvements in professional practice. As more and more programs place learners in Patient's Medical Home practice models,⁸ graduates of these programs will seek comprehensive, advanced, team-based care models in the future. We can expect synchrony and interdependence in the evolution of clinical practice and education in primary care.

Triple C takes us away from the 100-year-old rotation-driven specialty training model and moves us to a modern, accountable, adaptable model of learning that, through careful monitoring and updating, will achieve excellence for many years to come. Continuous improvement in residency training over the past 40 years has produced better and better family physicians. Triple C will take us to the next level and will produce family doctors who are even better able to handle the challenges and opportunities that the coming decades will bring. 🌿

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Competing interests

Dr Tannenbaum is Chair of the Working Group on Curriculum Review of the College of Family Physicians of Canada.

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∴ **CLOSING ARGUMENTS**

- As practice requirements change, our programs need to keep up. The Triple C Competency-based Curriculum is designed to do just that. With its focus on comprehensiveness and continuity, it will prepare residents to practise in any Canadian community. The competency-based approach aims to meet our responsibility to society and to be accountable through demonstrated competence.
- Triple C codifies, updates, and more clearly articulates many of the key features of family medicine education—comprehensive care, continuity of care and education, and training that is efficient and conducted as much as possible by family doctors in settings relevant to future practice.
- Triple C takes us away from the 100-year-old rotation-driven specialty training model and moves us to a modern, accountable, adaptable model of learning that, through careful monitoring and updating, will achieve excellence for many years to come.

The parties in these debates refute each other's arguments in rebuttals available at www.cfp.ca. Join the discussion by clicking on Rapid Responses at www.cfp.ca.