

Rebuttal: Will the Triple C curriculum produce better family physicians?

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YES

My esteemed colleague argues¹ that an absence of evidence supporting educational change precludes proceeding with new ways of doing things (including evolving toward a competency-based curriculum). Yet the traditional way of educating residents was never built on evidence. There is no doubt that educational research should be expanded (and this will hopefully be an important spinoff of the introduction of the Triple C curriculum)—in the meantime we must be willing to support innovation and the study of new methods. Success will be hard to “prove,” but the College is embarking on an evaluation of these curricular changes in an effort to identify best practices.

Dr Whitehead suggests that the only significant new aspect of the Triple C curriculum is that it is competency-based. I would suggest that the family medicine-centred component is equally important. *Family medicine-centred* implies ensuring that we focus training on content that is fully relevant to family medicine, and that we train residents predominantly in family medicine environments where skilled clinician-teachers, including some in focused practice, provide coaching and role modeling. (This does not preclude using highly effective “specialty” educational experiences that help residents acquire specific competencies.)

Adopting the CanMEDS–Family Medicine roles as a competency framework is viewed by my colleague as an unnecessary move away from the 4 principles of family medicine. Yet many view the CanMEDS–Family Medicine roles as far more intuitive, easier to work with, and better aligned with directions taken by the broader

medical education community—and it incorporates all of the key aspects of the 4 principles.

Dr Whitehead cautions that we not lose the holistic aspects of training and become slaves to checklists and burdensome forms. Those involved in the implementation of Triple C are certainly sensitive to these concerns. The educational excellence that has evolved over many years in family medicine residency training in Canada will serve as the base from which creative educators build flexible resident-centred programs that incorporate better ways of teaching and assessing learners. Through the move to Triple C we are witnessing the development of a remarkable, cohesive community of practice among educators from the 17 medical schools and their many training sites. This synergistic alliance, supported by the College, will no doubt lead to important educational progress and stronger training programs overall. 

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Competing interests

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Reference

1. Whitehead C. Will the Triple C curriculum produce better family physicians? No [Debate]. *Can Fam Physician* 2012;58:1071, 1073 (Eng), 1075,1077-8 (Fr).

These rebuttals are responses from the authors of the debates in the October issue (*Can Fam Physician* 2012;58:1070-3 [Eng], 1074-8 [Fr]).
