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

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NO

Of course better training produces better doctors. Nobody would argue against this; a good doctor is a good thing. But what is a *good* doctor? How will we know when we have produced a *better* doctor than the current crop of graduates? Do we have any meaningful proof that "[c]ontinuous improvement in residency training over the past 40 years has produced better and better family physicians"[1] as claimed by the proponent? Better in what way? More compassionate? More procedurally skilled? Greater diagnostic acumen? We will need to rigorously define *good* and find ways to measure *better* if we hope to move beyond platitudes and obvious truth statements. If we cannot, we will never really know if we are achieving the admirable and lofty goals of the Triple C designers.

Even if we had measures to show that the decade in which you trained is correlated with your quality as a family physician (in which case, should we perhaps be removing many of us who have been around for a decade or more from academic training sites?), could we possibly attribute that to residency curriculum alone? Medical education occurs in social and historical context; attempts to research and measure results must consider these factors. Fortunately, innovative approaches to medical education research (particularly social science approaches) offer exciting opportunities to better understand the consequences of curricular shifts.[2]

Rather than simply proclaiming the advantages of Triple C, we might do better to have frank discussions about the problems our discipline faces, to see whether they are actually amenable to change through curricular adaptations. Is the issue that not enough of our trainees are practising cradle-to-grave medicine? Is the problem that we cannot convince enough of our graduates to work in rural settings? Different solutions will be needed for each.

Curricular tinkering cannot be a substitute for needed changes to health systems.[3] We must be careful to focus our attention on the right things. We owe no less to our thoughtful family medicine teachers, to our bright and eager learners, and—most of all—to the patients we have the privilege to care for.

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Competing interests
None declared

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References
1. Tannenbaum D. Will the Triple C curriculum produce better family physicians? Yes [Debate]. *Can Fam Physician* 2012;58:1070, 1072 (Eng), 1074, 1076, 1078 (Fr).
2. Paradis E, Webster F, Kuper A. Education in social context. In: Walsh K, editor. *Oxford textbook of medical education*. Oxford, UK: Oxford University Press. In press.
3. Whitehead C, Kuper A, Webster F. The conceit of curriculum. *Med Educ* 2012;46(6):534-6.

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]).

Cet article se trouve aussi en français à la **page e541**.