



Francine Lemire MD MDCM CCFP FCFP CAE
EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER



Nancy Fowler MD CCFP FCFP
EXECUTIVE DIRECTOR, ACADEMIC FAMILY MEDICINE

Linking education and practice

The Outcomes of Training project

Dear Colleagues,

The Family Medicine Professional Profile (hereafter referred to as *the Profile*)¹ we introduced earlier this year describes the primary responsibilities, optimal work arrangements, and philosophy of care of family physicians; explains the collective commitments of family physicians to the people of Canada and the contribution of generalism in family medicine; and introduces the concept of community adaptiveness. Through the Outcomes of Training project, we aim to use the Profile to more clearly articulate the expected abilities of residents as they complete training, including enhanced skills training in family medicine.

This initiative is placed in a context of continuous quality improvement and takes into account a number of factors: our mandate to support continuity and comprehensiveness of care, as reaffirmed by the CFPC board; and our implementation of the first competency-based curriculum in Canada (ie, Triple C).² Preliminary results of the Triple C evaluation suggest that there might be some variation in the manner in which comprehensiveness is addressed in our residency training programs. Our accreditation standards, while robust, allow interpretation by residency programs to decide how they can best be met based on the reality of their respective environments. We want to allow for flexibility and innovation, but also ensure that comprehensive scope of practice, as defined in the Profile, is addressed. The success of Certification in family medicine means that, in most regions, it is required for licensure. This evolution demands a new level of linkage between our educational programs and the workplace, along with greater transparency and partnership in defining our goals. Putting such a dynamic environment together requires the right mix of current, future, aspirational, and realistic perspectives.

We aim to elaborate on the primary responsibilities noted in the Profile, and to capture the core professional activities (CPAs) of family doctors at entry into practice. The concept of CPAs derives from the community-based medical education literature about entrustable professional activities, defined as “carefully chosen professional activities that together constitute the mass of critical elements that operationally define a profession.”³ Therefore, a CPA is a meaningful essential unit being used at this point to build up a description of the work of family physicians. This project adds to and aligns with previous efforts to define the nature of family medicine for educational purposes (the 4 principles of family medicine,⁴ CanMEDS–Family Medicine,⁵ and the evaluation objectives⁶) contributing the lens of workplace-based activities or tasks.

A “participatory inquiry” approach⁷ is proposed to do this work, involving consultation with informed stakeholder groups including members and the academic community, as well as patients, regional health authorities, and regulatory bodies. We might also include the voice of peer professional organizations from other countries. We anticipate this work will take 18 to 24 months.

Other “intelligence” might be obtained to further this work, such as seeking better understanding of the family medicine resident and program leadership experience and obtaining data on trends regarding duration of training to achieve competence. How many residents require more than 24 months to meet the objectives of training? How many residents perceive a need to pursue additional residency training, and what are the drivers of this?

We recognize that this journey might take us to considerations about the length of residency training. This question has been around for many years—perhaps not surprising, given that Canada has the shortest postgraduate training program in family medicine.⁸ This question is reactivated as we reflect on 8 years of experience implementing community-based medical education. What are we learning from our successes and challenges? We want to be thoughtful and deliberate about this. If time is a resource, how do we use any additional time (if deemed necessary)? The sense is that “more of the same” might not be the best way to go to promote and achieve community adaptiveness.

The Profile is permeating several College initiatives. The feedback received to date about the Outcomes of Training project has been very positive. Suggestions of opportunities for improvement are carefully taken into consideration. Stay tuned for updates as this work evolves. 🌱

References

1. CFPC. *Family Medicine Professional Profile*. Mississauga, ON: CFPC; 2018. Available from: www.cfpc.ca/uploadedFiles/About_Us/FM-Professional-Profile.pdf. Accessed 2018 Oct 5.
2. Tannenbaum D, Konklin J, Parsons E, Saucier D, Shaw L, Walsh A, et al. *Triple C competency-based curriculum. Report of the Working Group on Postgraduate Curriculum Review—part 1*. Mississauga, ON: CFPC; 2011. Available from: www.cfpc.ca/uploadedFiles/Education/_PDFs/WGCR_TripleC_Report_English_Final_18Mar11.pdf. Accessed 2018 Oct 5.
3. Ten Cate O, Scheele F. Competency-based postgraduate training: can we bridge the gap between theory and clinical practice? *Acad Med* 2007;82:542-7.
4. CFPC. *Four principles of family medicine*. Mississauga, ON: CFPC; 2006. Available from: www.cfpc.ca/Principles. Accessed 2018 Oct 5.
5. Working Group on Curriculum Review. *CanMEDS–Family Medicine*. Mississauga, ON: CFPC; 2009. Available from: www.cfpc.ca/uploadedFiles/Education/CanMeds%20FM%20Eng.pdf. Accessed 2018 Oct 5.
6. Working Group on the Certification Process. *Defining competence for the purposes of certification by the College of Family Physicians of Canada: the evaluation objectives in family medicine*. Mississauga, ON: CFPC; 2010. Available from: www.cfpc.ca/uploadedFiles/Education/Defining%20Competence%20Complete%20Document%20bookmarked.pdf. Accessed 2018 Oct 5.
7. Dodge J, Ospina SM, Foldy EJ. Integrating rigor and relevance in public administration scholarship: the contribution of narrative inquiry. *Public Adm Rev* 2005;65(3):286-300.
8. Glauser W. Longer family medicine residency being considered for Canada. *CMAJ News* 2018 Sep 25.

Cet article se trouve aussi en français à la page 865.