

Outcomes of Training

Preparing for the future



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I hope you had the opportunity to read about CFPC's Outcomes of Training project that Drs Lemire and Fowler wrote about in the November edition of *Canadian Family Physician*.¹ This project is one of the most important endeavours of the CFPC in several years. The CFPC is the organization responsible for ensuring that the residents from our 17 family medicine training programs are graduating with the necessary skills to serve their communities. The CFPC has been doing this for 50 years and we are very proud of our graduates. With regard to training family medicine residents, we are in a good place, but after 50 years it is healthy to reflect and reassess to ensure that we are serving our residents and our communities as well as we could be.

There are many components to the Outcomes of Training project. We are consulting with informed stakeholders, including our members, the academic community, patients, regional health authorities, and regulatory bodies. We will also be consulting with peer professional organizations from other countries. We know that every other family medicine training program in countries similar to ours runs for 3 or 4 years. It will be interesting to compare our expectations with those from other jurisdictions. We expect that this project will wrap up in 2020.

When evaluating the elements of a family medicine training program, 2 key questions need to be addressed: Are we meeting the needs of our communities today? And, are we training doctors who are in a good position to meet the needs of our communities 10 years down the road in 2030? We do not need to plan for only today; we need to make sure we are planning for the future.

Looking into the future raises a lot of questions. Of course, nobody knows what the future will bring. But we do know that it will bring change and we need to look at the trends of today to help us anticipate the realities of tomorrow. What are some of the trends that we can see today, and how might those affect the work of family doctors in 2030?

In the newly released refreshed version of the Patient's Medical Home (PMH), one of the core functions related to services provided by a PMH is accessible care (patientsmedicalhome.ca). Unlike 10 or 20 years ago, Canadians now regularly have access to a variety of services 24 hours a day, 7 days a week; we see this type of access in sectors such as entertainment (on-demand

streaming), shopping (retail e-commerce), and banking. How might health care services enhance accessibility to care? I anticipate the PMH of the future will employ virtual care—videoconferencing with patients in their homes while their smartphones measure their vital signs and assess their heart and breath sounds. I expect we will be employing some form of artificial intelligence to help take and document histories, as well as to respond to some patient inquiries and to provide patient education. Thankfully our current cohort of trainees can be expected to be much more comfortable with technology than I am, but training around working with technology will certainly need to be expanded in the future.

I expect we will see change in another one of the core functions of the refreshed PMH: comprehensive team-based care with family physician leadership. There are at least 3 components to this function. The first component is the focus on comprehensive care. As treatments for many conditions evolve, and people live longer with multiple chronic conditions, doctors who strive to provide high-quality comprehensive care will need to expand their knowledge base. The second component is the incorporation of the continuing trend toward team-based care. How will we expect family doctors to interface with these new team members? We will need more explicit development of team skills. The final component is leadership. At CFPC, we believe the PMH works best when family doctors participate in its leadership. Do we train our residents to be team leaders? I know that in master's of business administration programs there are courses in leadership and organizational culture. If we expect to graduate leaders, we will need to do more to train leaders.

To be honest, I find contemplating the future a bit daunting. I can take some comfort in knowing that my cohort of patients will age with me and their expectations might not change dramatically in the next 10 years. But I cannot think the same for the patients of the family doctors yet to graduate. I do think that 2030 will look different for them, and it is our job to make sure we are providing the appropriate training for the doctors of tomorrow.

The Outcomes of Training project has come at just the right time. We need to be prepared to engage with the review process and to take action on its recommendations to ensure patients get the accessible, comprehensive, high-quality services they will expect and deserve. 🌟

Reference

1. Lemire F, Fowler N. Linking education and practice. The Outcomes of Training project. *Can Fam Physician* 2018;64:866 (Eng), 865 (Fr).

Cet article se trouve aussi en français à la page 302.