



The CCFP designation: celebrating 50 years

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Dear Colleagues,

The College of General Practice of Canada was created in 1954, at a time when general practice was under threat. There were concerns over standards of care and loss of prestige with medical students and the public, and other specialties were expanding. It was created as an affiliate of the Canadian Medical Association's Section of General Practice (created in 1948) and patterned after the Royal College (created in 1929). In the early 60s, although hotly debated, the CFPC board endorsed the "principle of advanced training in general practice, leading to a higher qualification than [that required] for ordinary membership in the College."¹ In 1966, the first 2 family medicine residency programs were created. The first examination leading to Certification in Family Medicine was held in 1969. The first accreditation visit took place in 1971. By 1974 each medical school had a family medicine residency, and "by 1992, residency training in family medicine was deemed the preferred route to family practice."¹

I chose residency in family medicine at a time when one could enter general or family practice in various ways, the most common being a rotating internship. There certainly was a sense at the time of achieving a degree of excellence with Certification, even though it was not mandatory. This sentiment was shared by the 13 FPs who first participated in the Certification examination. The Federation of Medical Regulatory Authorities of Canada now views Certification by the CFPC as the Canadian standard in family medicine. Most jurisdictions require it for a full, unrestricted licence that offers physicians portability across the country.

Much of the focus for Certification is on the examination, but it is only one factor. Most candidates come from family medicine residency. To sit the examination, candidates' program directors must confirm in writing that candidates have met the educational requirements of the residency program. The CFPC's Triple C curriculum is the first competency-based educational curriculum in Canada; with its implementation, we now have a more robust process for designing programs and for conducting workplace-based assessments of residents to better inform this recommendation.

The Certification examination includes various tools that have evolved based on best practice and psychometric information. The current format includes SAMPs (short-answer management problems) and SOOs (simulated office orals). In 1982, SAMPs were introduced for the Examination of Special Competence in Emergency Medicine; they were soon adapted

for the family medicine examination. They test factual recall, problem solving, and critical appraisal^{2,3} using a key-features approach. Psychometric evaluation and monitoring have shown them to be valid and reliable. The only instrument to "survive" from the 1969 examination is the SOO.⁴ It evaluates doctor-patient communication skill and is based on the patient-centred clinical method. It has also been shown to be valid and reliable.⁴ A 2016 external review of the examination reaffirmed its relevance and that it demonstrated satisfactory psychometric parameters.

In 2018, 1677 candidates sat the Certification examination. Historically, 36499 of the total 43937 candidates since 1969 were successful, for an overall pass rate of 83%. There are differences between the streams of candidates taking the examination: 30614 residency-eligible candidates out of a total of 34535 (89%) and 5885 practice-eligible candidates out of a total of 9402 (63%) were successful.

The emergency medicine examination was first introduced in 1982 with 83 candidates (79 practice eligible, 4 residency eligible). Last year we had 237 candidates (114 practice eligible, 123 residency eligible). For all years, 3934 out of 4902 (80%) candidates were successful (92% of residency-eligible and 65% of practice-eligible candidates).

Along with our Royal College colleagues and departments of family medicine around the country, we aim to test for competence and train for excellence. A CCFP in 2019 implies that candidates are trained in ways or have practice experiences acceptable to and congruent with the CFPC's mission, vision, and values; are assessed in ways acceptable to the CFPC; have achieved competence as defined by the CFPC; and are willing to actively maintain Certification.

We have good reason to feel proud of our achievements as we celebrate the 50th anniversary of Certification this year. In future, we hope to strengthen assessment to enhance our ability to make Certification decisions, particularly for borderline candidates; collaborate with other standard-setting bodies to achieve excellence in assessment; and continue, through robust Certification processes, to validate what you do so well every day in communities large and small. 🍁

Acknowledgment

I thank Ms Jayne Johnston, Ms Karen Dowsett, and Drs Nancy Fowler and Brent Kvern for their assistance with this article.

References

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