



Strengthening our discipline

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When family medicine is strong and effective, so is the health care system. Our Outcomes of Training project will take us further on the journey of strengthening our discipline. After moving beyond the GP of the mid-20th century—an individual doctor providing all care for “his” patients—we had to reimagine family medicine. I feel fortunate to have taken part in that journey.

In the 90s, family medicine leaders envisioned how family doctors could work collectively to address sustainability, comprehensiveness, and quality of work-life.¹ More recently, the CFPC led development of the Patient’s Medical Home, bringing together family medicine leaders from across the country.² Now, across Canada, the Patient’s Medical Home model is embraced in many forms as the practice structure to meet community and patient needs, delivering comprehensive, team-based, patient- and family-centred care.

Important milestones included recognition by the medical regulatory colleges of Certification by the CFPC as one requirement for licensure (Certification by the CFPC or Royal College, a medical degree, and success on both Medical Council of Canada Qualifying Examinations are required for an unrestricted licence to practise across Canada), and leveraging Ian McWhinney’s 4 criteria for an academic discipline (unique field of action, defined body of knowledge, active area of research, and intellectually rigorous training³) to declare family medicine a specialty. In addition, the CFPC worked with universities and medical students across Canada to establish family medicine interest groups.⁴

As practice evolved, so did medical education. Competency-based education emerged as a paradigm shift, requiring educators to “begin with the end in mind” and better align training with practice requirements. The Triple C Competency-based Curriculum was created and supported by the evaluation objectives (now assessment objectives) and the CanMEDS–Family Medicine framework.

In 2018, we developed the Family Medicine Professional Profile,⁵ reinforcing our professional values, contributions, and commitment to the health care system. Within the profile, the Patient’s Medical Home describes how we organize our practices, and we clarify the scope of comprehensive family medicine. This was necessary to guide national standards (training, Certification, ongoing professional development), as well as advocacy for the discipline.

Outcomes of Training builds on this success, pulls together the work defining family medicine, and addresses

a concern arising from the Triple C evaluation: variations in how residency programs approach “comprehensiveness.” The upcoming Residency Training Profile is companion to the Family Medicine Professional Profile, defining the scope of training and expectations for preparedness of graduates.

The Residency Training Profile was created in consultation with physician-educators, learners, external partners, and field research including writing workshops with more than 300 family doctors who described their daily work in “practice narratives.” The result is inspiring, readable, logical, and concise, with chapters for each practice dimension (comprehensive primary care; maternal, newborn, emergency, and hospital care; advocacy; leadership; scholarship), describing the scope of what a family doctor should be able to do at entry to practice. Each chapter begins with a practice narrative that brings to life the core professional activities. These narratives remind me why I am proud to be a family doctor. They articulate the breadth and depth of our work and its importance for patients and communities.

Outcomes of Training calls us as a socially accountable discipline to continue to focus on patient and community needs. We recognize that, in many places, we need more of the community-adaptive care that family medicine can provide. Strong family medicine connects and supports the many complex specialties, providers, agencies, and public health resources to provide care closer to home. As the heart of health care, family doctors know and care *about* as well as *for* patients to interpret, coordinate, and support them to wisely choose the best way forward to better health.

We need greater investment in education and practice models. Follow-up will focus on advocacy for these resources so that new graduates will be competent and confident across a predictable range of core professional activities. Regulators and governments will better understand the worth of family medicine, and medical students will be clear about the scope and quality of the training they are choosing. Family medicine will be stronger. 🌱

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References

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