



Transforming training for today

Lawrence C. Loh MD MPH CCFP FCFP FRCPC FACPM, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

One year ago the CFPC released the final report of our Outcomes of Training project,¹ a culmination of 4 years of field research and expert panel consultations across Canada designed to optimize and transform family medicine training in our country. The 4 recommendations and 16 supporting actions in the report propose changes to help future family doctors achieve the competencies they need to practise, while also taking into account the uniquely broad scope of Canadian family practice.

Among the proposed changes, key education areas identified as needing more attention include home and long-term care; addiction and mental health; Indigenous health; health equity, social accountability, and anti-racism; virtual care; and health informatics. However, dialogue on the report has focused disproportionately on 1 part of the proposal to move to a 3-year residency.

I was initially skeptical of lengthening residency training, and I would not support it if it were solely for the sake of time. More training is being proposed to support a health system that has changed and continues to do so. *Training for transformation* is the best way to think about this work, which is deeply aligned with our efforts to attract greater support for family medicine.

We also know residents are feeling the strain of a packed 2-year curriculum, particularly during the pandemic. Supporting competence, balance, and sustainability in practice starts in residency—which is why 3 years are required now. Data show that many residents already pursue an extra year of training to develop clinical confidence and clarity,² which implies that many are willing to extend training if it eases their path to a rewarding career. Therein lies our challenge and opportunity—and the need for us to consider time as a resource as we act on the invaluable findings of the Outcomes of Training report.

In embarking on phase 2, which will focus on *curriculum renewal* and *change stewardship*, the College is commencing a dialogue with stakeholders to develop a responsible approach to residency transformation. This phase will ensure that a 3-year program is not simply more of the same but instead looks at radical shifts to a new, integrated curriculum that better supports learners in their transition to practice and in achievement of the competencies that support comprehensive practice.

For example, imagine a final year of training that involves quasi-independent practice in a rural or remote community. The community benefits from the care provided by a resident who may end up staying in the community. The learner benefits from an unparalleled experience to gain confidence and consolidate learning.

As we move forward, I want to highlight a few things. First, the College continues to advocate for changes to the practice environment to ensure we retain existing family doctors and preceptors to support enhanced training and to make the specialty an attractive career proposition for students. Second, no major changes to residency training are anticipated before 2027 as phase 2 continues. Any changes that do occur will be incremental, recognizing the need to maintain the pipeline of family physicians entering practice. Finally, the College understands that flexibility in implementation will be crucial. We must account for contextual needs related to equity—particularly with providing training in rural and remote areas and with meeting the needs of marginalized populations.

Beyond the recommendation on length of training, though, it is important to see the whole picture: In 1993 the 1-year rotating internship in general practice ended, and Certification in the College of Family Physicians of Canada and 2-year residency training became the de facto requirements for licensure to practise family medicine.³ That change was driven by evidence and foresight, as our leaders presciently understood that 1 year of general practice did not give trainees what they needed to practise comprehensive family medicine. Thirty years later, we are at a similar inflection point.

Regardless of our views on residency training length, we all see that medical knowledge and societal needs have shifted over 3 decades. It is in our best interest to ensure family medicine residency continues to equip trainees to practise anywhere in Canada and care for any population, patients with any degree of medical complexity, and all age groups. That ultimately remains the goal of our ongoing consultations. 🌱

References

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