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## CanMEDS-Family Medicine

### A new competency framework for family medicine education and practice in Canada

A workshop was held at Wonca Europe 2009 with the following goals:

1. To describe the activities of the Working Group on Curriculum Review of the College of Family Physicians of Canada (CFPC)
2. To introduce CanMEDS-Family Medicine (CanMEDS-FM) – a competency framework used for educational purposes
3. To compare CanMEDS-FM with other competency frameworks used internationally

Family medicine postgraduate education in Canada operates through academic departments of family medicine at all seventeen medical schools. Standards are set by the CFPC. The program is currently twenty-four months in duration during which trainees rotate through a variety of clinical experiences in both inpatient and outpatient settings, including eight months in family medicine teaching centers or community teaching practices. Certification in family medicine is granted after successful completion of the two-year training program and a final examination set by the CFPC.

The Working Group on Curriculum Review (WGCR) was requested by the CFPC's Section of Teachers of Family Medicine, in 2006, to review curriculum in family medicine residency in Canada, to incorporate new initiatives and respond to international trends in medical education.

The WGCR arrived at three key recommendations. The first recommendation reinforces a prior educational policy of the CFPC that states that the goal of training is to produce family physicians who are competent to practice comprehensive continuing care. Comprehensive care in the Canadian context includes care of patients of all ages in the office, hospital, emergency room, long-term care facilities and the home. Maternity and palliative care are components of family medicine.

The second recommendation is that the curriculum should be competency-based. A competency-based curriculum is designed according to the needs of graduates, with clearly defined educational outcomes, and structure and content that is specifically aimed at assisting residents to acquire and demonstrate the desired competencies (knowledge, skills and attitudes). Competency-based curricular initiatives have been implemented internationally for purposes of accountability and transparency in standards and to better define the end-product of training programs.

The third key recommendation of the WGCR is that family medicine training programs should be centered primarily in the family medicine experience itself. Clinical learning experiences should approximate future practice and effective role modeling should be offered by skilled family physicians. Teaching in specialty care environments must be carefully selected for relevance to family medicine, built around family medicine objectives and conducted by those who fully understand the educational needs of family physicians.

The WGCR has developed a framework by which to categorize family medicine competencies for the purpose of guiding curriculum development. After carefully considering several international frameworks, including the ACGME Outcome project, the EURACT Educational Agenda of General Practice/Family Medicine, the

Scottish Outcome Model and the Australian General Practice Curriculum, CanMEDS 2005 of Royal College of Physicians and Surgeons of Canada was selected as the most appropriate model on which to base the new framework. CanMEDS was selected because of its clarity and relevance to medical education in Canada, the fact that Canadian family physicians participated in its development, and that it has gained acceptance internationally. A comparison of CanMEDS-FM with the American, Scottish, European and Australian frameworks shows considerable overlap in the competencies expected of family physicians.

Titled CanMEDS-Family Medicine (or CanMEDS-FM), the competencies are outlined under seven roles: Family Medicine Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional. These rather intuitive roles have been modified from the original CanMEDS 2005, and integrated with the CFPC's Four Principles of Family Medicine. Each of the seven roles is further defined by delineating key and enabling competencies that describe, in some detail, what is expected of family physicians clinically and professionally. CanMEDS-FM has been approved by the College Physicians of Canada for use in educational programming and will permit common language to be used across programs and along the continuum of medical education from undergraduate to postgraduate and continuing education. The CanMEDS-FM document is available on the CFPC website. (<http://www.cfpc.ca/English/cfpc/education/CanMEDS/default.asp?s=1>)

The purpose of this workshop was to share ideas concerning the CanMEDS-FM model and its similarities and differences with other frameworks. It was pointed out by participants that the mapping of competencies is not exact. In particular, the Holistic Approach in the EURACT model is not well represented in CanMEDS-FM. It should perhaps stand alone as a much broader definition of the approach taken by family physicians toward their patients. Other points of discussion included the mention that competencies change over time and may be specific to local environments. It was felt that implementing a competency framework such as CanMEDS into curricular design would be a challenging task, and that competency-based approaches may not always serve as the most effective educational strategy. In some cases they are reductionist and too narrowly focused on those aspects of training that are easily evaluated. They may fail to capture higher level competencies required in clinical practice.

The presenters reported that going forward the WGCR will focus on effective methods of implementing a comprehensive, competency-based family medicine curriculum into residency education. It is expected that substantial change will result, although the pace will be gradual. The cautions mentioned by the participants will be taken into account as the group proceeds with a national consultation and development process involving program leaders, teachers and learners. The Working Group looks forward to reporting on the evolution of this change in postgraduate education over the coming years.

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