CanMEDS-Family Medicine

A Competency Framework for Family Medicine Education and Practice in Canada
Objectives

• Explain the rationale leading to the development of CanMEDS-FM
• Describe the content of CanMEDS-FM
• Demonstrate how CanMEDS-FM can be used across the learning continuum

Background

• The Triple C Competency-based Curriculum was developed to train Canadian family medicine residents to meet societal needs using the best available educational evidence.

• To deliver this, a framework to organize the competencies for family physicians was necessary.
What is a Competency Framework?

Competencies in family medicine

= What a family physician must know and do in order to be effective

Competency framework

= Organization and categorization of competencies
Selecting a Framework

Existing attempts to describe the different roles of physicians:

• **Canadian**
  • The Four Principles of Family Medicine (CFPC)*
  • EFPO Project
  • CanMEDS 2005 (RCPSC)

• **International**
  • EURACT Tree (Europe)*
  • ACGME (USA)
  • IIME (USA)
  • RACGP (Australia)*
  • Dundee Outcome Model (Scotland)
  • RCGP (UK)*

*Developed for Family Medicine
Selecting a Framework

• Focus given to those developed in the Canadian context
• The Four Principles of Family Medicine (CFPC) (1985)
  – Describes the discipline of family medicine and the work of family physicians
  – Not intuitive or operational
• CanMEDS 2005 (RCPSC)
  – Contribution of family physicians through EFPO
  – Common language across specialties and throughout the continuum of learning
  – Operational, educationally speaking
Selecting a Framework

• No existing competency framework adequately described family medicine in Canada and was educationally operational

• A novel framework for family medicine was developed, based on CanMEDS 2005
Introducing ...
CanMEDS - Family Medicine
(CanMEDS-FM)

- Seven Roles with FM Expert as integrating Role
- Four Principles inspire and inform the Roles as “roots”

Adapted from the CanMEDS Physician Competency Diagram with permission of the Royal College of Physicians and Surgeons of Canada. Copyright © 2009.
Family Medicine Expert

- Major modifications from CanMEDS 2005’s “Medical Expert” Role
- Defines family physician as the personal physician in a long-term relationship of trust with patients and families
- Highlights include
  - The patient-centred clinical method
  - Comprehensive, continuing care
  - Management of complex situations
  - Coordinating care and collaboration
Communicator

• Significant modifications from CanMEDS 2005
• Highlights include:
  – Centrality of the patient–physician relationship
  – Understanding patients’ experience of illness
  – Developing common understanding
  – Effective use of oral and written communication
  – Empowering patients to “take charge” of their own health
  – Communication with different type of patients and challenging situations
Collaborator

• Moderate modifications from CanMEDS 2005
• Highlights include
  – Participating in collaborative team-based models of care and interprofessional health care teams
  – Engaging patients and families as active participants in care
  – The family physician as community-based
  – Work with consulting professionals and community agencies
  – Management of scarce resources and understanding of the health care system
Manager

• Moderate modifications to CanMEDS 2005 Role
• Highlights include
  – First-contact nature of family medicine
  – Coordinating patient care and FP as a resource to one’s patient population
  – Contributing to effectiveness in health care systems
  – Working in different primary care models
  – Practice and career management, and effective use of resources
  – Serving in administrative and leadership roles
Health Advocate

- Minor modifications from CanMEDS 2005
- Highlights include:
  - Respond to patients’ needs
  - Respond to community needs
  - Identify determinants of health
  - Identify means of promoting health of patients and communities
Scholar

- Minor modifications from CanMEDS 2005
- Highlights include:
  - Self-directed learning
  - Critical appraisal
  - Educating others
  - Contributing to new knowledge and approaches
Professional

- Moderate modifications from CanMEDS 2005
- Highlights include:
  - Commitment to patient well-being
  - Integrity, commitment and ethical practice
  - Respecting colleagues and team members
  - Demonstrating reflective practice
  - Physician self-care
  - Using evidence-based medicine and critical appraisal
  - Participating in profession-led regulation
CanMEDS-FM

Is Relevant to all Stages of Learning and Practice

• **Undergraduate**
  – Medical students learn the Roles as outlined in CanMEDS-FMU

• **Postgraduate**
  – Residents are trained in the CanMEDS-FM Roles across the Domains of Clinical Care, through a Triple C Curriculum

• **Practice**
  – Family physicians demonstrate Roles in practice
  – May prove useful to organize CPD objectives
Acknowledgment

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David Tannenbaum, MD, CCFP, FCFP (Chair)
Jill Konkin, MD, CCFP, FCFP
Ean Parsons, MD, CCFP, FCFP
Danielle Saucier MD, MA (Ed), CCFP, FCFP
Liz Shaw, MD, CCFP, FCFP
Allyn Walsh, MD, CCFP, FCFP
Jonathan Kerr, MD, CCFP
Andrew Organek, MD, CCFP

Based Upon

CanMEDS-Family Medicine: A Framework of Competencies in Family Medicine

For More Information


Please visit www.cfp.ca for a series of articles on the Triple C Competency-based Curriculum, published in *Canadian Family Physician*