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The Scope of Training for Family Medicine Residency

A Paper prepared by the
Working Group on Postgraduate Curriculum Review

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Canadian
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Curriculum



Le cursus en
médecine familiale
au Canada

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The Scope of Training for Family Medicine Residency

An outline for teaching, learning, and assessment

Introduction

The goal of residency training in Family Medicine is to graduate family physicians who are ready to practise comprehensive continuing care at the level of a beginning family medicine specialist. Programs have the responsibility to provide training that exposes learners to the full scope of Family Medicine and—through rigorous and ongoing assessment—to ensure that Family Medicine competencies are acquired and programmatic educational goals are met.

CanMEDS–Family Medicine (CanMEDS-FM)^{*1} offers a framework that describes competencies required of family physicians in the provision of comprehensive care. However, this framework does not fully describe the spectrum of clinical activities within which the CanMEDS-FM Roles are applied and that defines comprehensive care provided by family physicians in Canada.

This document is to serve as a supplement to the CanMEDS-FM document. It offers an outline of the professional activities that delineate the scope of comprehensive care in Family Medicine: the settings in which care is provided, the spectrum of clinical responsibilities managed by family physicians, the clinical procedures performed in practice, and the varied patient populations cared for. These *Domains of Clinical Care* form the base from which the learning experiences in Family Medicine residency are built and educational assessments are conducted. They also provide the context that gives the CanMEDS-FM Roles practical meaning in patient care.

This document organizes the professional activities into two areas:

Domains of Clinical Care in Residency Training

Evolving Professional Competencies

Further details regarding the scope of training in Family Medicine residency are found in the CanMEDS-FM document and the documents of the Working Group on the Certification Process, *Priority Topics and Key Features for Assessment in Family Medicine*.² The article “Family medicine in 2018,” authored by the Chairs of family medicine (<http://www.cfp.ca/cgi/reprint/56/4/313>), offers further insight into the required domains of learning.³

*The CanMEDS-Family Medicine framework was adapted from: Frank, JR, ed. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2005 [cited 2009 Dec 14]. Available from: <http://rpspc.medical.org/canmeds/index.php>.

Domains of Clinical Care in Residency Training

The Domains of Clinical Care are arranged for convenience as a reflection of the daily work in Family Medicine: life cycle of patients, clinical settings where care is provided, spectrum of clinical responsibilities, and procedural skills. An additional component, care of underserved patients, draws attention to our responsibility as family physicians to care for those most vulnerable in Canadian society. Specific clinical problems encountered in family practice can be organized under one or more headings using the following arrangement.

<p>Care of patients across the life cycle</p>	<p>Children and adolescents</p> <ul style="list-style-type: none"> • Adults: <ul style="list-style-type: none"> ○ Women’s health care, including maternity care ○ Men’s health care ○ Care of the elderly • End-of-life and palliative care
<p>Care across clinical settings (Urban or Rural):</p>	<ul style="list-style-type: none"> • Ambulatory/office practice • Hospital • Long-term care • Emergency settings • Care in the home • Other community-based settings
<p>Spectrum of clinical responsibilities</p>	<ul style="list-style-type: none"> • Prevention and health promotion • Diagnosis and management of presenting problems (acute, subacute, and chronic) • Chronic disease management • Rehabilitation • Supportive care • Palliation

Care of underserved patients	Including but not limited to the following: <ul style="list-style-type: none"> • Aboriginal patients • Patients with mental illness or addiction • Recent immigrants
Procedural skills	<ul style="list-style-type: none"> • As per CFPC list of core procedures: http://www2.cfpc.ca/cfp/2005/oct/vol51-oct-research-2.asp

Evolving Professional Competencies

The Evolving Professional Competencies reflect selected competencies within the CanMEDS-FM Roles that will be increasingly required of family physicians in the future. These competencies must be emphasized in current training. They are presented in the following table in relation to their respective CanMEDS-FM Roles.

Professional Competencies	Relevant CanMEDS-FM Role
Information technology, including electronic medical records	Communicator
Collaborative, team-based practice	Collaborator
Leadership Patient safety initiatives, error disclosure Quality improvement Information retrieval and management	Manager
Social responsibility Community responsiveness	Health Advocate
Teaching skills Research skills Lifelong learning skills	Scholar
Professionalism; including ethics, boundaries, and self-care	Professional

References

1. Frank, JR, ed. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2005 [cited 2009 Dec 14]. Available from: <http://rcpsc.medical.org/canmeds/index.php>.
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3. Ogle KD, Boulé R, Boyd RJ, Brown G, Cervin C, Dawes M, et al. Family medicine in 2018 [Commentary]. *Can Fam Physician* 2010;56:313-5.