Program Goals and Guiding Principles

Please note that as of November 2025, this section is currently under review but until updated, currently remains an important guide and reference for all Family Medicine-specific accreditation standards.

Goals of training

The goal of core family medicine residency programs is to train residents who are competent to enter and adapt to the independent practice of comprehensive family medicine anywhere in Canada.

The goal of training for enhanced skills (ES) programs in family medicine is to develop additional skills and, in some instances, added competence to support and extend the delivery of comprehensive, community-adaptive care by family physicians.

Achieving these goals is a responsibility that is shared between the resident and the program, where the program provides the necessary learning and assessment opportunities and the resident engages as a proactive learner who is ultimately responsible for the attainment of professional competence.

Attainment of these goals is a complex proposition given Canada's diverse people, geography, resources, demographics, socio-cultural environments, and community disease profiles. Residency aspires to prepare family physicians who are good generalists, adaptive, flexible, and community-oriented with broad and deep medical knowledge and a willingness to work to the limits of their abilities in conditions of medical uncertainty to meet patient care needs.

The wide variety of practice settings and care models across the country, as well as the need to respond to unexpected and emerging health care needs, requires family physicians to function flexibly and contribute their generalist abilities in all practice arrangements. As such, core family medicine programs are responsible for enabling all graduates to provide comprehensive care at an individual level upon completion, as described in the College of Family Physicians of Canada's (CFPC) Family Medicine Professional Profile.[1]

All programs are required to prepare family physicians to engage and work effectively with diverse people and populations, including those who experience barriers to care. The CFPC recognizes the role systemic racism plays in the health and social disparities experienced by Indigenous people in Canada, as described in *Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada*.[2] Along with this recognition and in light of the *Truth and Reconciliation Commission of Canada: Calls to Action*,[3] it is important for family physicians to attain specific competencies in Indigenous health to provide the best care to this population.

Residency training prepares graduates to assess community, practice, and personal learning needs, and to take the initiative to define their learning plans accordingly. The program fosters generalist abilities, including community-adaptive competence, by providing a range of planned core, elective, and selective experiences across multiple contexts, including but not limited to rural practice. Across the country, family physicians acquire enhanced skills to meet their community's needs, with some pursuing extended

enhanced skills (ES) residency training. Developing context-specific competencies starts in residency, in both core and ES training programs, but it also requires learning that extends beyond this period and is supported by effective continuing professional development (CPD) and mentorship in practice.

Programs are encouraged to be creative, be scholarly, and show leadership. The accreditation standards presented here aim to promote quality and consistency, but they are not prescriptive—programs will organize and design to optimize local realities and strengths. Programs will study their effectiveness in meeting the goal of training, cultivating an environment committed to continuous quality improvement in the spirit of collaboration with each other, the CFPC, and other health care stakeholders, which recognizes our shared responsibility for excellence in the training of family physicians.

Guiding principles

The CFPC, through its Family Medicine Specialty Committee, has approved the use of a number of curriculum and assessment documents for residency programs to achieve the stated training goals. These guide the design and development of a residency program's plan, or blueprint, and form the basis of many of the training standards in family medicine.

Curriculum

All family medicine residency program curricula, including those for enhanced skills, are designed according to the Triple C Competency-Based Curriculum,[4] which was conceptualized around four directives: providing comprehensive education and patient care, providing continuity of education and patient care, being centred in family medicine, and being competency-based.

Triple C's main frameworks—CanMEDS–Family Medicine 2017: A competency framework for family physicians across the continuum (CanMEDS-FM)[5] and the Assessment Objectives for Certification in Family Medicine (assessment objectives)[6]—articulate different dimensions of competence in family medicine. They can be used to develop and map learning objectives, learning experiences, and assessment strategies. While CanMEDS-FM[5] was originally developed as the principal curriculum framework and the assessment objectives[6] were created to define assessment, they inform each other and together guide a fulsome approach to developing competence in family medicine.

The program curriculum uses an effective combination of hands-on clinical experience and academic programming organized to promote and assess increasing responsibility toward readiness for independent practice.

The essential features of a Triple C curriculum, described here in more detail, integrate the various CFPC framework and guidance documents.

Comprehensive education and patient care

Comprehensiveness in family medicine is the broad base of professional activity and ability defined by the CFPC's Family Medicine Professional Profile[1] and is the expected scope of training for residency programs. Comprehensiveness also refers to the holistic approach that family physicians use to understand and

manage patient health and health concerns, and is a feature of expertise described in CanMEDS-FM.[5] Programs prepare residents for comprehensive practice that fully incorporates both meanings.

Enhanced skills training programs extend the comprehensive skills of family physicians by further developing community-adaptive and context-specific competencies, while maintaining competence across a broad scope of practice. Enhanced skills training supports and promotes comprehensiveness by integrating holistic assessment approaches into focused practice domains, and by modelling leadership for practice arrangements that deliver integrated, continuity of care for patients. The clinical contexts that support enhanced skills development may differ from those used in the core family medicine residency program but are in line with the Triple C competency-based approach. Learning experiences promote patient-centredness, addressing the patient's medical and psychosocial needs in all settings including acute, chronic, and ambulatory—often employing and further developing collaborative skills with and within health care teams.

Continuity of education and patient care

Continuity is a critical feature of family practice that improves patients' experiences of care and health outcomes. Family physicians form compassionate, meaningful, and therapeutic professional relationships with patients and patients' families and loved ones. This is particularly important for those with chronic, complex, and comorbid illnesses. It is within these ongoing relationships and unfolding narratives that illness and suffering are recognized, understood, and mitigated and patient-centred assessment and decisions occur. Continuity happens within episodic care, care transitions, and across time, encompassing dimensions of interpersonal relationships, flow of patient information, and the organization of care services within the health care system. In enhanced skills programs continuity of care remains a process in which a patient develops a relationship with a physician that is designed to optimize their health care and tailored to the patient's individual medical and psychosocial needs. All programs, including those for enhanced skills, ensure that residents appreciate the health care benefits of, have responsibility for, and gain substantial experience in continuity of care. During core training residents take on the role of the family physician and are responsible for the continuous care of a group of patients, through which they experience the joys and challenges of family medicine while developing capabilities for relationship-based care.

At the heart of well-designed programs is a continuous educational relationship between the resident and a family physician preceptor who provides support, mentorship, guidance, and competency coaching. Preceptors, carefully chosen for their teaching abilities, are role models for comprehensive family practice. Optimally, the preceptor offers a CFPC Patient's Medical Home[7]–type environment as the community of practice surrounding the resident, which fosters the resident's professional identity as a family physician and promotes a culture of collaboration, quality, and scholarship.

Centred in family medicine

Learning experiences are centred in family medicine when they:

- Focus on the professional activities described in the Family Medicine Professional Profile[1]

- Promote the development of CanMEDS-FM competencies[5]
- Develop knowledge and skills described by the assessment objectives[6]
- Involve family physicians as teachers
- Promote the philosophy of care articulated by the four principles of family medicine[8]

Experience in the family practice setting is a priority, and this is supplemented as necessary with relevant, concentrated experiences in specific care domains and/or settings to ensure the development of comprehensive, generalist abilities. The specific combination of learning experiences, planned and implemented by the program, are based on an assessment of local service needs, resources, practice patterns, and educational strengths. Family physicians have the primary leadership and teaching roles; working in a supportive, collaborative environment with other health care colleagues to deliver the educational program.

Enhanced skills programs remain centred in family medicine and aspire to expose residents to preceptors who model the integration of enhanced skills into comprehensive practice as a way to assist patients within their PMH and support continuity of care. Enhanced skills programs are centred in family medicine through the teaching and supervision provided by family physicians in both comprehensive family medicine and focused practice environments. Clinical learning experiences are relevant to the practices, contexts, and settings of family physicians with enhanced skills. The enhanced skills programs actively support residents in maintaining and integrating their comprehensive family medicine skills.

Assessment of competence in family medicine programs

Competence in family medicine is complex, fluid, and dynamic, changing over time based on many factors, including practice context, individual interest, experience and response to community/practice needs. Thinking about the role of core family medicine and enhanced skills training, competence can be conceptualized as follows:

Core competence: This refers to being competent to enter and adapt to the independent practice of comprehensive family medicine anywhere in Canada.

Upon entering practice, residents are capable of the responsibilities outlined in the Family Medicine Professional Profile.[1] The many competencies required to support this work are outlined in CanMEDS-FM[5] and programs are designed to develop these competencies according to the Triple C Competency-Based Curriculum.[4] Competence is assessed across multiple dimensions, as defined in CanMEDS-FM[5] and the assessment objectives.[6] It is expected that there is a program of assessment using a Continuous Reflective Assessment for Training (CRAFT) approach[9] that maps, facilitates, monitors, and informs decisions about the progressive achievement of competence for residents.

In this definition, independent practice refers to safe, autonomous, and self-regulated practice without the requirement for supervision. It does not refer to an individual or solo model of care, as family medicine is recognized as inherently collaborative and team-based. **This is the competence required to be eligible for Certification in the College of Family Physicians of Canada (CCFP).**

Community-adaptive competence: This refers to the ongoing adaptation of competence and development of context-specific competencies occurring in response to patient, practice, and community needs. It is influenced by personal talents and interests. It builds on core competence, starting in residency, according to individual experiences, and continues to be developed across the educational continuum. Programs prepare all residents with this ability by ensuring they experience a range of practice contexts, especially challenging, lower-resource environments. Where the CFPC has done work to discern context-specific competencies (e.g., *Priority Topics and Key Features for the Assessment of Competence for Rural and Remote Family Medicine*[10]), programs will use them to inform the design of those learning experiences.

There are various ways to achieve additional, context-specific competencies, including personal experience, mentorship, CPD, and formal enhanced skills training.

For accreditation purposes, enhanced skills training is organized into two residency program categories. Category 1 Enhanced Skills programs must use and are accredited based on national, CFPC–defined and recognized, domain-specific competencies for assessment. Category 2 programs have local, university-based, domain-specific competencies defined for the purpose of assessment.

Along with the clinically based Category 1 Enhanced Skills programs, the CFPC surveys Clinician Scholar Programs as part of the overall accreditation of enhanced skills programs. These programs are designed to prepare individuals with the knowledge, skills, and attitudes to embark on a scholarly career in health care and provide an opportunity to integrate scholarship and clinical care. Programs include a range of scholarly activities, as defined by Ernest Boyer's model of scholarship[11] (the scholarship of discovery, integration, application, and teaching).

For the Clinician Scholar Program, because the curriculum for the program is individualized in large part by resident interest, learning needs, and career objectives, it is not possible or desirable to define mandatory priority topics. Instead, it is preferable to state some of the generic goals, objectives, and principles for the Clinician Scholar Program as outlined below:

- At the end of the scholarly component of the program, the individual will be expected to have acquired the knowledge, skills, and attitudes fundamental to embarking on a scholarly career in health. In most cases, further training specific to the candidate's field of interest will be required so they can succeed as an independent scholar.

- The Clinician Scholar Program must provide an opportunity to integrate scholarship and clinical care. This could mean that Clinician Scholar Program residency training is done part-time over more than one year (e.g., half time for two years), not only because this is the cyclical nature of research/scholarship (preparing grant applications, ethics applications, and/or manuscript submissions, along with wait periods, etc.), but also because this will allow clinician scholars to maintain family medicine competencies within their clinical practices.

- While there are several ways of organizing the Clinician Scholar Program, there are some advantages to promoting the program for family physicians returning from practice.

- Clinician Scholar Program training should include scholars interested in advancing their skills among the full range of scholarship, as defined by Ernest Boyer's model of scholarship[11] (scholarship of discovery, integration, application, and teaching).

Summary of key resources

1. Family Medicine Professional Profile:[1] This describes the professional activities of family physicians and defines the scope of residency training. This further clarifies comprehensiveness and centredness in family medicine within the Triple C curriculum.
2. CanMEDS–Family Medicine 2017: A competency framework for family physicians across the continuum:[5] This family physician competency framework is organized by Roles and describes the competencies required to fulfill work described in the Family Medicine Professional Profile.
3. Triple C Competency-based Curriculum:[4] Triple C is a competency-based curriculum for family medicine residency training based on the CanMEDS-FM framework and the evaluation objectives in family medicine. It has three components: comprehensive education and patient care; continuity of education and patient care; centredness in family medicine.
4. A New Vision for Canada – Family Practice: The Patient's Medical Home 2019:[7] The PMH is the CFPC's vision for a model of comprehensive, patient-centred family practice. This is an aspirational model of family practice, serving as an exemplar for preceptor and teaching clinic recruitment and selection in residency programs. (The PMH model is being refreshed in 2018.)
5. Assessment Objectives for Certification in Family Medicine:[6] This document guides the assessment of competence in family medicine, at the start of independent practice, for the purposes of certification by the CFPC. It describes the skills and behaviours that are indicative of competence.
6. Continuous Reflective Assessment for Training (CRAFT) – A national programmatic assessment model for family medicine:[9] The CFPC describes CRAFT as a cohesive approach to programmatic, competency-based assessment for residents in training. It is designed to meet the expectations of the speciality-specific CanMEDS-FM Roles[5] and the CFPC's four principles of family medicine[8] relative to the CFPC's competency-based residency training guidelines.
7. Fundamental Teaching Activities in Family Medicine: A Framework for Faculty Development:[12] This framework outlines teaching activities to guide self-reflection and CPD, helping family medicine programs, departments, and faculty members develop curricula for faculty development.
8. CanMEDS–Family Medicine Indigenous Health Supplement:[13] This Indigenous supplement to the CanMEDS-FM 2017 competency framework will help family physicians provide high quality care that aligns with the needs and circumstances of Indigenous peoples living in Canada.

Standards Organization Framework

Level	Description
Domain	Domains, defined by the Future of Medical Education in Canada-Postgraduate (FMEC-PG) Accreditation Implementation Committee, introduce common organizational terminology to facilitate alignment of accreditation standards across the medical education continuum.
Standard	The overarching outcome to be achieved through the fulfillment of the associated requirements.
Element	A category of the requirements associated with the overarching standard.
Requirement	A measurable component of a standard.
Mandatory and exemplary indicators	A specific expectation used to evaluate compliance with a requirement (i.e. to demonstrate that the requirement is in place). Mandatory indicators must be met to achieve full compliance with a requirement. Exemplary indicators provide objectives beyond the mandatory expectations and may be used to introduce indicators that will become mandatory over time. Indicators may have one or more sources of evidence, not all of which will be collected through the onsite accreditation review (e.g. evidence may be collected via the institution/program profile in the CanAMS).

The *Standards of Accreditation for Residency Programs in Family Medicine* are a national set of standards maintained by the CFPC for the evaluation and accreditation of family medicine residency programs. **These standards apply to both family medicine and enhanced skills programs unless otherwise stated.** The standards aim to provide an interpretation of the General Standards of Accreditation for Residency Programs[14] as they relate to the accreditation of programs in family medicine,* and to ensure the quality of residency education provided across Canada, and ensure residency programs adequately prepare residents to meet the health care needs of their patient population(s).

The standards include requirements applicable to residency programs and learning sites† and have been written to provide clarity of expectations while maintaining flexibility for innovation.

Family medicine programs include:

* This document has been written to encompass the *General Standards of Accreditation for Residency Programs* (i.e., this document does not need to be read in conjunction with the *General Standards of Accreditation for Residency Programs*).
† There are also standards applicable to learning sites within the *General Standards of Accreditation for Institutions with Residency Programs*.

- The core two-year family medicine program
- The central enhanced skills program, which oversees Category 1 and Category 2 programs

The currently recognized Category 1 programs are:

- Family Medicine/Emergency Medicine
- Family Medicine/Care of the Elderly
- Family Practice Anesthesia
- Family Medicine Clinician Scholar
- Family Medicine/Sport and Exercise Medicine
- Family Medicine/Palliative Care
- Family Medicine/Addiction Medicine
- Family Medicine/Enhanced Surgical Skills
- Family Medicine/Obstetrical Surgical Skills

Upon successful completion of a Category 1 program, with the exeption of the Clinician Scholar program, residents are eligible to apply for a Certificate of Added Competence (CAC).

Residents completing a Clinician Scholar program or Category 2 program are not eligible for a CAC. Clinician Scholar programs are also accredited using the same standards and processes that are used for Category 2 programs.

References

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