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International Review
Comparing the Length, Scope,
and Design of Training for
Family Medicine Residency:
An Outcomes of Training
Project evidence summary

January 2022

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How to cite this document

Nasmith G, Fowler N, eds. *International Review Comparing the Length, Scope, and Design of Training for Family Medicine Residency: An Outcomes of Training Project evidence summary*. Mississauga, ON: College of Family Physicians of Canada; 2022.

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Acknowledgements

The College of Family Physicians of Canada acknowledges all those who contributed their expertise to the development of this evidence summary. We also thank the key contributors who provided important information to support this work.

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Background

In 2018 the College of Family Physicians of Canada (CFPC) published the *Family Medicine Professional Profile* (FMPP),¹ a position statement for the discipline of family medicine that describes the collective contributions and capabilities of family physicians and their commitments to the people of Canada. The FMPP built on earlier generations of improvement-orientated work including the CFPC's Triple C Competency-Based Curriculum,² which was introduced nearly a decade earlier. The FMPP clarified the definition of comprehensiveness and serves as a framework for assessing the current state of training and, where necessary, for improving the preparation of residents for practice and future learning.

As part of the Outcomes of Training Project,³ the *Residency Training Profile* (RTP)⁴ was developed using the FMPP to describe the work for which family medicine graduates are being prepared. The RTP was used as a framework to examine the current state of residency training and is intended to guide curriculum development in terms of scope, content, and design.

This evidence summary reports on an international environmental scan and literature review of the length, scope, and design of training in comparable countries. Australia, Ireland, the United Kingdom, and the United States were chosen for this review given that these four countries have established international practice-eligible routes to certification in family medicine in Canada based on an assessment conducted in 2010. New Zealand opted not to participate in the certification stream but was deemed comparable, so it was also included in this review.

Objective

The objective was to identify and compare the length, scope, and design of family medicine/general practice training in the following countries: Canada, Australia, Ireland, New Zealand, the United Kingdom, and the United States.

Methods

The websites of each country's accreditation and certification bodies were searched for relevant source documents and information. The clinical and non-clinical domains selected for comparison of training scope were those presented in the CFPC's FMPP.

Findings: Length of training

Among the family medicine programs of the countries reviewed, Canada's two-year family medicine residency training is the shortest (**Table 1**). All other countries reviewed have three- or four-year programs, and some have been actively exploring extending their current program lengths.⁵ Regarding additional training beyond the core residency curriculum, only Ireland and New Zealand do not currently offer enhanced training programs (**Table 1**).

In terms of accreditation and certification bodies, only Canada and New Zealand have single organizations that perform both functions (**Table 1**).

Given that discrepancies between residency program lengths may be a result of broader medical education structures, the entry training pathways were also compared (**Table 2**). Although greater curricular detail is needed for a more nuanced comparison, it appears that all countries have a longer pre-residency training period than Canada except for the United States, which has a comparable training period.

Findings: Scope of training

The length of training comparison is more meaningful when placed in context with the stated scope of training and the clinical domains described in the CFPC's RTP.⁴ The findings are summarized in **Tables 3** and **4**. The greatest variability in training scope was found in emergency care, hospital care, and intrapartum care. Canada's broad scope of training is matched only by that of the United States and Australia's rural stream (**Table 3**). The non-clinical domains covered in training were roughly equivalent across all countries except for Ireland, where the documentation available has less emphasis on leadership and advocacy (**Table 4**).

Table 1. International comparison of training length, accreditation and certification bodies, and the availability of enhanced training^{6,7,8,9,10,11,12,13}

Canada	College of Family Physicians of Canada (CFPC)	CFPC	Postgraduate Year 1 (PGY1)	2 years	Yes: Enhanced skills third year, Certificates of Added Competence
Australia (rural practice)	Australian Medical Council	Australian College of Rural and Remote Medicine (ACRRM)	PGY2	4 years	Yes: Advanced Specialized Training
New Zealand	Royal New Zealand College of General Practitioners	Royal New Zealand College of General Practitioners	PGY2	3 years	No
United States	Accreditation Council for Graduate Medical Education	American Board of Family Medicine	PGY1	3 years	Yes: Certificate of Added Qualifications

Findings: Educational design of training

Broadly speaking, limited variability was found in the overall curricular frameworks across countries (Table 5). All were competency-based; included clinical and non-clinical domains or overarching competencies; and contained a comprehensive list of clinical and life-stage topics involved in primary care training. Most covered the learning continuum

by explicitly including competency levels beyond certification in their frameworks, with the exceptions of Ireland and the United Kingdom.

All countries reviewed had a combination of formative and summative assessments within their training programs and included some form of self-assessment and workplace-based assessment from a clinical supervisor.^{6,7,8,9,10,11,12,13} With the exception of Ireland, all countries also required multi-source feedback, including from peers and patients.

Table 2. International comparison of training pathways for family medicine^{6,7,8,9,10,11,12,13}

Country	Medical School	Postgraduate Year 1	Postgraduate Year 2	Family Medicine/General Practice Core Program
Canada	3 to 4 years	n/a	n/a	2 years family medicine
Australia	4 to 6 years	1 year (rotating hospital internship)	Residency rotations: 1 or more years	Vocational training (3 years RACGP; 4 years ACRRM)
Ireland	6 years	n/a	n/a	4 years general practice (first 2 primarily in hospital, 3 and 4 supervised general practice)
New Zealand	5 years	Junior doctor (2 years)	n/a	3 years family medicine or 4 years rural hospital medicine
United States	4 years (medical or osteopathic)	n/a	n/a	3 years family medicine
United Kingdom	4 to 6 years	Foundation program (2 years)	n/a	3 years general practice

Table 3. Clinical domains included in the scope of training^{6,7,8,9,10,11,12,13}

Country	Home and					
	Primary Care	Emergency Care	Long-term Care	Hospital Care	Maternal and Newborn Care	Intrapartum Care
Canada	Yes	Yes	Yes	Yes	Yes	Yes
Australia (general practice)	Yes	No	Yes	No	Yes	No
Australia (rural practice)	Yes	Yes	Yes	Yes	Yes	Yes
Ireland	Yes	No	Yes	No	Yes	No
New Zealand	Yes	No	Yes	No	Yes	No
United Kingdom	Yes	No	Yes	No	Yes	No
United States	Yes	Yes	Yes	Yes	Yes	Yes

Table 4. Non-clinical domains included in the scope of training^{6,7,8,9,10,11,12,13}

Country	Leadership	Advocacy	Scholarship (Teaching, Quality Improvement, Research)
Canada	Yes	Yes	Yes
Australia (general practice)	Yes	Yes	Yes
Australia (rural practice)	Yes	Yes	Yes
Ireland*	Less emphasis	Less emphasis	Yes
New Zealand	Yes	Yes	Yes
United Kingdom	Yes	Yes	Yes
United States	Yes	Yes	Yes

*Within available documentation, there was less emphasis on leadership and advocacy as part of the scope of training compared with other domains.

Table 5. Elements included in curricular design^{6,7,8,9,10,11,12,13}

Country	Competency-Based	Non-clinical Domains	Clinical/ Life-Stage Topics	Learning Continuum
Canada	Yes	Yes	Yes	Yes
Australia (general practice)	Yes	Yes	Yes	Yes
Australia (rural)	Yes	Yes	Yes	Yes
Ireland	Yes	Yes	Yes	No
New Zealand	Yes	Yes	Yes	Yes
United Kingdom	Yes	Yes	Yes	No
United States	Yes	Yes	Yes	Yes

Certification required both written and practical clinical examinations and occurred in the final year of training,^{6,7,8,9,10,11,12,13} with the exception of the United States, where a longitudinal certification assessment has been piloted.¹⁴

Limitations

These findings relied on publicly available documentation and assumed the information is complete and up to date. The level of detail related to curricular and assessment design in the documents reviewed was broad. Because the structure of medical education varies across the countries, it is difficult to make direct comparisons regarding the specifics of training length.

Conclusions

The international review comparing the length, scope, and design of family medicine training reveals that Canada has the shortest length of training by one to two years despite having a similar, and in some cases greater, scope of training. Along with the United States, Canada also has the shortest duration of pre-residency medical education of the countries compared. Both the United States and the United Kingdom are pursuing increasing the length of training from three to four years based on similar factors, including resource and capacity vulnerabilities, as identified throughout the Outcomes of Training Project.

Further information

To read the full report—*Preparing Our Future Family Physicians: An educational prescription for strengthening health care in changing times*—and related evidence and scholarship, please visit <https://www.cfpc.ca/futurefp>.

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