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Length of Training in the Core Family Medicine Residency

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Canadian
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Le cursus en
médecine familiale
au Canada

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Length of Training in the Core Family Medicine Residency

Many stakeholders ask if and how the move to the Triple C Competency-based Curriculum (Triple C) will influence the length of training in the core family medicine residency. The Working Group on Postgraduate Review has made a formal recommendation in Part 1 of its report on Triple C (page 4):

“Most residents should achieve the expected learning outcomes of the core family medicine program within a 24-month time frame; however, some will require a longer training period, which should be available when needed.”¹

Any decisions made on a national basis regarding the duration of residency training have substantial organizational and financial implications on the administration of the postgraduate education system and the availability of new physician resources across the country. Decision-making in this area thus involves and affects major stakeholders, such as medical student and resident associations, the schools of medicine, provincial licensing authorities, and ministries of health. In this section, we discuss the educational rationale behind the recommendation above, as well as some issues to consider over the next years as further decisions are made on length of training. The basis for this discussion can be found in the *Report of the Working Group on Postgraduate Curriculum Review – Part 1*, March 2011.¹

The present standard for length of training in family medicine in Canada is 24 months.² This is the period of training approved by the College of Family Physicians of Canada (CFPC) that, upon successful completion of the CFPC’s Certification examination, allows for Certification in Family Medicine in Canada. Current recommendations for length of training arise from historical traditions rather than objective evidence.

Although the literature shows little evidence on the optimal length of training for family medicine, the debate on the length of residency training has been going on in Canada for a long time.³⁻⁹ Two full years of residency is currently the shortest length of training in family medicine in the Western world; program length varies from two to five years throughout the world. Discussion is leaning toward lengthening the basic program in a number of countries.^{10,11} Rationale for the varied length of training is based on traditions, local political factors, and variation in the health care systems of different countries. Many national systems increase the total length of training to develop “enhanced skills” for practice. The move toward competency or outcome-based models brings in new arguments.

Hodges describes the traditional model of residency training as being time-based or, “... a “tea-steeping” model, in which the student “steeps” in an educational program for a historically determined fixed time period to become a successful practitioner.”¹² By contrast, the theoretical approach to competency-based education allows each learner to evolve at his or her own pace until the learner has developed all or most of the expected competencies. This approach would be difficult to implement given the complexity of residency education systems. Alternatively, a curriculum that incorporates time-based

rotations or learning experiences and that also offers flexibility can serve the purpose of competency-based education, creating a hybrid model.^{9,12,13} This model views time as a “resource to be used to the advantage of the trainee.”¹³

A competency-based approach acknowledges that residents do not all learn at the same rate, and that some might need extra time (and support) to acquire the expected competencies. Thus, the standard length of training should be based on the time required for the majority of residents to achieve the expected competencies. Further, competency-based education involves more than a checklist of minute competencies (a reductionist view); it emphasizes that the learning context is key for the development of professional identity and the progressive entry into the unique culture of the discipline of family medicine. This professional maturation into a confident and competent family physician definitely takes time. Completion of a competency-based residency training program is only part of the competency trajectory for a family physician, which also includes early practice mentoring and continuing professional development.¹

Based on our review of the elements of the educational process and our ample experience with the rate of residents’ progression, we conclude that two years is the minimum time required to develop professional identity.^{1,10} We also hypothesize that the majority of residents will be able to acquire and demonstrate the expected outcomes of the core program in a period of 24 months. However, undoubtedly, some residents will need additional time in order to meet the required competencies; hence extensions to the usual training period must be made available when needed. There will be circumstances where programs determine that the overall rate of progression for a given resident is insufficient and that a formal remediation strategy according to university standards be implemented. Dismissal from residency training remains a possibility in a competency-based training program.

Against the background of a standard training program, we recommend that increased flexibility in both program design and length be introduced in each family medicine residency program, based on attainment of competencies. This is necessary to allow for individualized learning plans for residents who are lagging behind in some areas and for the few learners who require a structured remediation plan. These changes have implications for the processes and rules for successful completion of learning experiences and for promotion through the residency training years; they can only occur with changes in policies and rules in the present postgraduate residency system within each medical school, and with support from each provincial licensing authority. There are also financial implications related to this issue.*

We consider that multiple forces will be in play over the next few years in determining the length of time to achieve the required competencies. Certain factors favour lengthening the basic training period. The first is the societal expectation for programs to ensure that all

*Quebec provides an example of how flexibility of this sort may be implemented. A *carte de stage* follows each resident, and provincially-determined guidelines offer program directors and postgraduate deans some leeway to organize individualized learning plans.

core competencies for comprehensive care are acquired, including the growing demands around the “evolving professional competencies” (outlined in *Scope of Training for Family Medicine Residency*).¹⁴ Once each program has put in place a competency-based in-training assessment system, we will be in a position to determine the median time required for residents to attain these outcomes as well as the degree of variations on this time. Ongoing discussion will be required to consider the maximum duration of residency. Re-examination of this issue will need to occur at a national level once the data is available.

A second factor might point toward lengthening the training program: the reductions in resident training hours that are being mandated for reasons of patient safety and residents’ well-being.¹ This major change in the system will lead to reduced clinical exposure that may well affect the acquisition of competencies that require repeated practice and feedback. However, the impact of this issue on the quantity and quality of educational experiences is unknown; an assessment will need to occur at a national level once training hours are reorganized.

To counterbalance these considerations, there are a number of factors that may lead to gains in efficiency and reduced time requirements. Triple C calls for efficiencies in training programs, primarily through the removal or significant modification of rotations that do not specifically support the acquisition of desired family medicine competencies.¹ The emphasis on improved systems of feedback and evaluation, active learner involvement in the acquisition of competencies, and competency-oriented academic programming and supervision strategies also have the potential for more effective acquisition of competencies.

Gains in efficiency can also be made during undergraduate medical training as schools of medicine throughout Canada endorse the Future of Medical Education in Canada report and move toward competency-based, more relevant medical education.¹⁵ Undergraduate medical programs that promote a generalist competency base could lead to learners entering residency better prepared and with many fundamental competencies already acquired.

Conclusion

As family medicine programs across the country adopt a competency-based approach to education, the interplay between factors that could increase training time and those that could increase efficiency will inform the unanswered questions around length of training. Still, there remains a minimum required period of 24 months for the development of the residents’ professional identity as a family physician. Rigorous evaluation of the impact of competency-based systems in family medicine residency programs will be essential.

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