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
• 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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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