

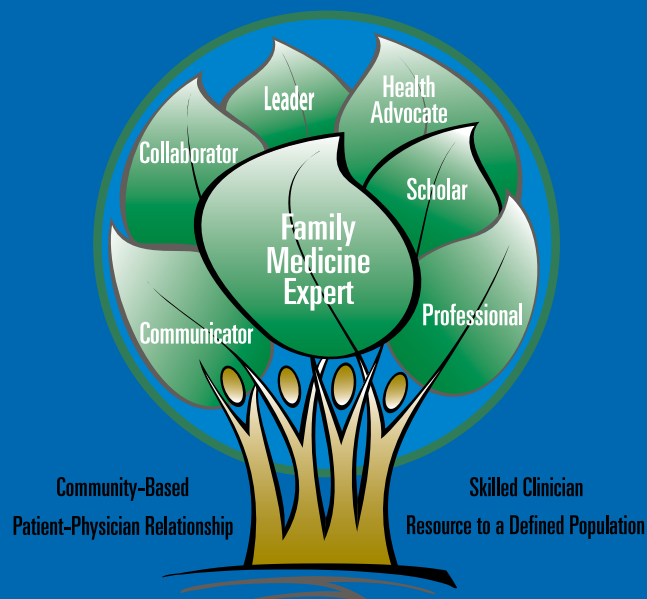
THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

CanMEDS– Family Medicine 2017

*Understanding Changes to
CanMEDS-FM 2017*



CanMEDS-Family Medicine

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How to cite this document

Shaw E, Oandasan I, Fowler N, eds. *CanMEDS-FM 2017: Understanding changes to CanMEDS-FM 2017*.
Mississauga, ON: The College of Family Physicians of Canada; 2018.

Acknowledgements

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CanMEDS-FM 2017

Summary of Changes

Key changes and new elements in this version compared to CanMEDS-FM 2009 include:

- Generalism emphasized and, as part of this, community-adaptive expertise introduced within the Family Medicine Expert Role
- Cultural safety introduced as an important feature of care provided by family physicians, with a description of related enabling competencies
- Patient safety emphasis increased
- Continuous quality improvement emphasized within the Leader, Scholar and Health Advocate Roles
- The CFPC's [Four Principles of Family Medicine](#) strengthened and reaffirmed
- The Leader Role replaces the CanMEDS-FM 2009 Manager Role, as per changes made in CanMEDS 2015

The following sections highlight changes for Roles, from CanMEDS-FM 2009 or CanMEDS 2015 to CanMEDS-FM 2017.

Family Medicine Expert

CanMEDS-FM 2009 to CanMEDS-FM 2017

- Emphasize family physicians being skilled generalists
- Explicitly mention resource stewardship and the importance of judicious use of resources
- Broader interpretation of coordination of care, highlighting shared care and seamless transitions of care between the family physician and other health care providers
- Emphasize patient safety, including concepts of adverse outcome analysis and action
- Emphasize the necessity for culturally safe environments and care for all communities of patients
- Emphasize continuous quality improvement
- Introduce community-adaptive expertise as an enabling competence

CanMEDS 2015 to CanMEDS-FM 2017

- Emphasize generalism, including providing care for diverse communities of patients and the concept of adaptability to the changing needs of patients and communities (community-adaptive competence)
- Incorporate the importance of relationship-centred care and continuity of care in patient care
- Include the importance of resource stewardship
- Broader interpretation of collaborative care, highlighting shared care and seamless transitions of care to and from family physicians and other health care providers

- Incorporate the concept of inclusive patient care environments that respect all patients and adapt to how patients' prior experiences influence clinical encounters
 - Include the need for culturally safe care that incorporates an understanding of the impact of cultural context and adverse life events on health
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Communicator

CanMEDS-FM 2009 to CanMEDS-FM 2017

- Focus on the process—not aims—of communication and the skills involved in the medical encounter
- Emphasize co-creating the medical history and treatment plan with patients and their families
- Explicitly integrate contextual factors into the communication process addressing the patient's unique life situation, preferences, and values
- Emphasize addressing the full impact of the illness on the patient's ability to achieve what matters to them
- Emphasize including family and other important sources of information in the communication process toward a better understanding of the patient's reality and needs, as well as to enhance adherence
- Move concept of communicating with other health professionals to the Collaborator Role
- Incorporate concepts related to patient safety and cultural safety
- Introduce requirement to create a safe physical space that allows for effective communication

CanMEDS 2015 to CanMEDS-FM 2017

- Specify counselling techniques to facilitate communication and behaviour change
 - Specify competency for providing information to the public and/or media
 - Specify cultural safety competencies
 - Engage family during important life events as an important aspect of care (not simply to obtain information)
 - Specify using an interpreter and/or cultural intermediary
 - Move some competencies (e.g., respecting diversity) to different Roles
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Collaborator

CanMEDS-FM 2009 to CanMEDS-FM 2017

- Move competency about family physician-patient engagement in care to Communicator Role
- Introduce concept of actively cultivating working relationships, instead of passive maintenance
- Introduce concept of collaborative transitions in care to support patient safety

CanMEDS 2015 to CanMEDS-FM 2017

- Introduce concepts of managing differences and mitigating conflict, recognizing that not all conflict can be resolved
 - Emphasize the longitudinal nature of transitions in care in family medicine, compared to sporadic handover
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Leader

CanMEDS-FM 2009 to CanMEDS-FM 2017

- Change name from Manager Role to Leader Role, to reflect emphasis on leadership skills necessary to shape health care
- Emphasize leadership competencies
- Emphasize patient safety and quality improvement processes, including adverse event reporting
- Emphasize crucial importance of health care informatic competencies for medical leaders and managers
- Emphasize continuous quality improvement

CanMEDS 2015 to CanMEDS-FM 2017

- Add focus on engaging patients, families, and caregivers in health care improvement
 - Emphasize leadership and involvement at all levels of the health system to enhance primary care
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Health Advocate

CanMEDS-FM 2009 to CanMEDS-FM 2017

- Emphasize promoting advocacy *with*, not *for*
- Replace concept of identifying vulnerability with one of understanding needs and strengths of patients, communities, and populations
- Identify health surveillance and promotion as forms of health advocacy
- Focus on organizational partnership and membership, rather than expecting lone activism from physicians
- Emphasize the necessity for culturally safe environments and care for all communities of patients
- Emphasize continuous quality improvement for health promotion and prevention

CanMEDS 2015 to CanMEDS-FM 2017

- Focus on the family physicians' perspective on both the patient's illness experience and the impact of health and access inequity on health outcomes
 - Emphasize recognizing community assets and collaborating for change in a culturally appropriate and safe fashion
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Scholar

CanMEDS-FM 2009 to CanMEDS-FM 2017

- Emphasize the concept of the lifelong learner and the need for a personal learning plan, use of evidence to guide learning, and the importance of collaborative learning
- Emphasize the concepts of patient safety and a safe learning environment in the teacher component
- Emphasize engaging in evidence-informed practise
- Emphasize skills (teaching, quality improvement, and research) relevant to practise
- Emphasize broader concept of research (continuum of research), especially the physicians' role to participate in research and disseminate research findings (knowledge translation)

CanMEDS 2015 to CanMEDS-FM 2017

The changes from CanMEDS 2015 to CanMEDS-FM 2017 were minimal. Some wordsmithing to make the language relevant to family medicine occurred, but the concepts/principles remained the same.

Professional

CanMEDS-FM 2009 to CanMEDS-FM 2017

- Emphasize the social contract between society and family physicians, notably the requirement to demonstrate responsiveness to societal needs
- Introduce the concept of forming a professional identity based on professional growth and maturation
- Emphasize physician health and well-being, in order to foster optimal patient care
- Emphasize reflective practise and self-awareness
- Emphasize clinical excellence in addition to competent practise
- Recognize the family physician's essential societal role
- Promote the public good
- Acknowledge the privilege of profession-led self-regulation
- Emphasize the necessity for culturally safe environments and care for all communities of patients
- Emphasize continuous quality improvement

CanMEDS 2015 to CanMEDS-FM 2017

- Add an enabling competency that focuses on maintaining appropriate boundaries
- Add an enabling competency that references the important role family physicians play in fostering an environment of respect and collegiality in all the settings where they work
- Add a key competency that highlights the importance of reflective practise, emphasizing the importance of critical and constructive reflection, and self-awareness