

The Outcomes of Training Project – What’s Next?

Briefing Note

In 2018 the College of Family Physicians of Canada™ (CFPC) commissioned the Outcomes of Training project as a critical review of family medicine residency training during dynamically changing times and challenges to the discipline to clarify the intended goals and outcomes of training, and to determine if and how training must evolve to meet societal needs.

The project takes place in two stages with Phase 1 focused on analysis and recommendations (now complete), and Phase 2 on planning and implementation of recommendations. We are at the beginning of Phase 2, which focuses on curriculum renewal and change stewardship. This will take at least five years given the complexity of the changes proposed. The most appropriate approach to implementing change will be determined as part of Phase 2, is a major deliverable of the Service Canada “Team Primary Care Training for Transformation” grant, and is anticipated by March 2024. The CFPC will not change educational standards until at least 2027.

The COVID-19 pandemic began in the middle of Phase 1, triggering and uncovering a health system crisis that had severe impacts on family physicians and the entire primary care sector. The CFPC is acutely aware of the strain on both clinicians and educators, and this must be factored into the approach going forward.

The CFPC fully recognizes that education alone does not address the current crisis in the health care system, and that attention must be paid to the conditions of practice. These educational changes represent a longer-term investment in a better future for family practice and to support health system transformation.

Phase 1: Analysis and Recommendations (September 2018 to January 2022); Complete

Field research and expert panel consultations examined family physician practices, learning trajectories, and how the role of family physicians and the needs of patients are changing. This evidence was used to create the Residency Training Profile, which defines comprehensiveness in training. It captures new and needed skills, detailed as core professional activities or CPA’s, which are the professional activities or tasks that residents will be prepared for at the completion of training.

Further analysis examined current training and our ability to achieve the outcomes described by the Residency Training Profile. An international environmental scan of family medicine training in comparator countries was conducted to look at scope and length of training as well as any key changes or trends. Findings are summarized in our project report and detailed in the project evidence summaries, and can be found at www.cfpc.ca/futurefp.

Phase 2: Curriculum Renewal and Change Stewardship (Spring 2022 to Spring 2027)

Implementation of the Residency Training Profile requires further assessment and planning to renew curriculum, and to assess feasibility, impact, risk, and a responsible approach to change together with key partners. The CFPC has put together an Education Reform Taskforce to help guide the curriculum and changes processes. First steps will be to establish a Curriculum Planning Series with program directors (and local education design teams) and a Change Stewardship Process with Chairs (and other partners) to assess readiness and feasibility and to advocate for needed resources. By March 2024 this will result in each school's Curriculum Renewal Plan (what will it look like?) and Change Readiness Assessment (what is possible?), which will in turn inform the national approach to implementing recommendations and changes to the CFPC standards between spring 2024 and spring 2027.

What is changing?

Family medicine residency programs are being asked to create a Curriculum Renewal Plan (educational experiences and workplace assessments), based on the Residency Training Profile, that achieves the following:

- Training to an end-goal of graduate preparedness and intention for comprehensive care with a planned and better supported transition to practice
- Training to the full scope of the discipline as defined by the Residency Training Profile
- Training for interprofessional team-based care as part of a transformed health system
- Emphasizing care to underserved populations and communities, with opportunities for community engagement and service learning
- Skill building to meet changing societal needs in the following priority areas: Home and long-term care; Mental health and addiction; Indigenous health; Cultural safety and anti-racist practice; Technology integration (virtual care and informatics) as part of Access Done Right

Each school's Curriculum Renewal Plan will look a little different, reflecting local realities and aspirations while following above-noted principles and objectives. This will require changes to educational design and in-training assessment that will be determined through a structured national process convened by the CFPC comprising a series of Outcomes of Training Project retreats/workshops (some virtual, some in person). What does not change is our overall approach to education and assessment. The Triple C Competency-Based Curriculum remains our educational strategy. These changes are an evolution—a next version of Triple C.

Why longer training?

Consultation with program directors tells us that the 'curriculum is full' and that enhancements cannot be achieved within the current two-year time frame to ensure preparation and adequate exposure. This is not surprising given that Canada has the shortest residency training period in the world, compared to other similar OECD countries.

What will a three-year training program look like?

This is the focus of the next phase of work, to occur over 18 to 24 months. Excitement is building around plans for a transition into practice phase of training with senior level residents serving as an education and clinical service resource to their communities, providing an opportunity for them to:

- Consolidate core skills according to an individualized learning plan
- Take leadership for a clinical service with more autonomy, responsibility, and challenge
- Service learning in underserved communities
- Teach medical students and others
- Build and deepen skills in priority areas
- Learn to work (lead and follow) within an interprofessional practice model
- Cultivate areas of interest, community connections, and practice plans

What are we hoping to achieve (the “why”)?

Adopting the Residency Training Profile is designed to optimize scope, enhance skills, and better prepare graduates to work differently as a means to improve health workforce capacity, mobility, sustainable practice, career opportunity, and professional happiness. In turn we hope that this increases interest in family medicine as a career choice and educationally supports needed transformation of the health system.

What about enhanced skills training?

As we look at curriculum renewal and longer core training, the question arises about what this means for enhanced skills (ES) training and the Certificate of Added Competence (CAC) certification pathway. For starters, we want to reaffirm that the CFPC supports our members with CACs and values their role in the health care system as they act as leaders and a resource to their community. While ES training leading to a CAC will continue, how this will dovetail with changes to core training is the focus of our Phase 2 work over the next 18 to 24 months. Enhancements to core training will focus on optimizing scope and upskilling in specific areas, and will not allow for an individual to obtain a CAC at the same time as their Certification in the College of Family Physicians of Canada (CCFP). The curriculum renewal will allow for a higher level of skills at entry to CAC programs and increased experiences in core training. Whether this will enable a shortened ES-CAC training period will also be explored as part of our Phase 2 work. The impact on Category 2 ES training will also be reviewed as part of the curriculum renewal process. With extended core training it is likely that fewer residents will feel the need for ES training for the purpose of skills consolidation, and so this may affect demand.

