

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



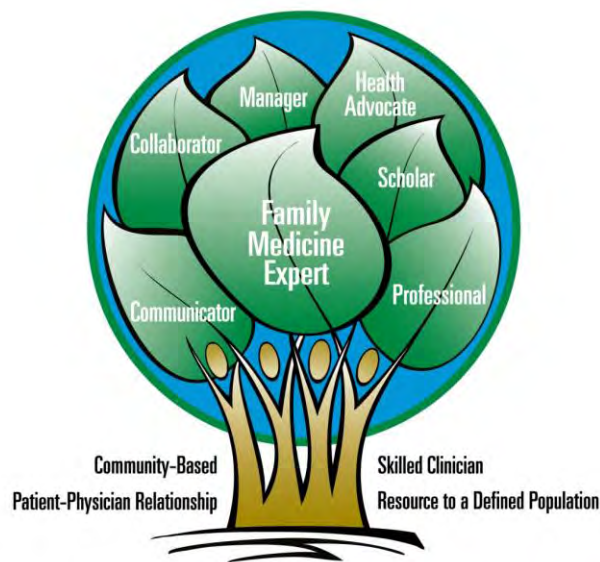
LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

SECTION OF TEACHERS • SECTION DES ENSEIGNANTS

CanMEDS- Family Medicine

Working Group on Curriculum Review

October 2009



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CanMEDS-Family Medicine: A Framework of Competencies in Family Medicine

INTRODUCTION

CanMEDS-Family Medicine (CanMEDS-FM) is an adaptation of CanMEDS 2005¹, the competency framework for medical education developed by the Royal College of Physicians and Surgeons of Canada (RCPSC). In keeping with CanMEDS 2005, CanMEDS-Family Medicine's purpose is to guide curriculum and to form the basis for the design and accreditation of residency programs. Its ultimate goal is to improve patient care and to ensure that postgraduate training programs in family medicine are responsive to societal needs.

Why CanMEDS for family medicine?

In determining how best to categorize family medicine educational competencies, the Working Group on Postgraduate Curriculum Review studied various approaches used internationally in the growing area of competency-based education. Examples include:

- the Outcomes Project of the Accreditation Council for Graduate Medical Education in the United States
- the Educational Agenda of the Council of the European Academy of Teachers in General Practice
- the Curriculum for Australian General Practice
- the GP Curriculum of the Royal College of General Practice in the UK
- the CanMEDS framework of the RCPSC

The Working Group concluded that CanMEDS provided the most relevant and useful framework for categorizing competencies in family medicine in Canada. The rationale behind this conclusion included a number of observations:

- The CanMEDS roles were derived from the EFPO (Educating Future Physicians for Ontario) Project which identified generic physician roles that were seen as important to the public
- Family physicians participated in the development of the EFPO roles and those of CanMEDS 2000 and CanMEDS 2005
- CanMEDS is an internationally recognized and respected framework
- CanMEDS has been adopted widely in undergraduate medical education in Canada

¹ The CanMEDS-Family Medicine framework was adapted from: Frank, JR, ed. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2005 [cited 2009 Dec 14]. Available from: <http://rcpsc.medical.org/canmeds/index.php>.

- A harmonized approach to the definition of competencies between the RCPSC and CFPC and from undergraduate through postgraduate and continuing education would promote clearer communication and goal-setting for those involved in curriculum planning and learner evaluation
- The CanMEDS roles and the associated key competencies are fairly generic and lend themselves to revisions that would serve the needs of family medicine.

The CanMEDS 2005 structure includes seven physician roles: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional. These roles reflect quite closely those of family physicians; however, the Royal College’s Medical Expert role, as described, is most applicable to consultant physicians. CanMEDS-FM replaces “Medical Expert” with “Family Medicine Expert”. This role, which has been extensively revised from the CanMEDS 2005 Medical Expert Role, identifies many of the key competencies required in the day-to-day practice of broad-based, comprehensive and continuing care in family medicine.

The Four Principles of Family Medicine

It should be noted that the Four Principles and the CanMEDS roles coexist in a complementary way. The Four Principles are foundational concepts regarding the nature and practice of family medicine whereas CanMEDS focuses on outcomes of care and competencies expected of the practicing physician.

As articulated by McWhinney*, Family Physicians are committed to the person first rather than to a particular body of knowledge, group of diseases or interventions. As such their clinical skills include the need to understand the patient’s perspective and experience of illness opening up the need to attach importance to subjective aspects of medicine. Family physicians are engaged with their patients’ emotions, and may become an important part of the patient’s network of relationships. The discipline is necessarily self-reflective . The above concepts are embodied within The Four Principles of Family Medicine that have defined the development of the discipline over the last 25 years. They remain an essential component of understanding the definitions of the roles in this document.

CanMEDS-FM retains the Four Principles by integrating them into the appropriate CanMEDS-FM roles. In some cases a principle appears in multiple roles. The following table links the Four Principles to the respective CanMEDS-FM Roles.

Four Principles of Family Medicine (foundational concepts)	CanMeds-FM Roles (expected competencies)
The Doctor Patient Relationship is Central to the Role of the Family Physician	2.Communicator 3.Collaborator 7.Professional
The Family Physician is a Skilled Clinician	1. Family Medicine Expert 2. Communicator 6.Scholar
Family Medicine is Community-Based	3.Collaborator 4.Manager 5.Health Advocate
The Family Physician is a Resource to a Defined Practice	3.Collaborator 4.Manager 5.Health Advocate 6.Scholar

CanMEDS-Family Medicine

Readers will find that CanMEDS-FM serves as a broad and comprehensive description of the roles and responsibilities carried out by family physicians in their work with patients, families, health professionals and communities. The terminology is intuitive, and family physicians, learners in family medicine and others will gain an appreciation for the breadth of family medicine, the depth of the skills required for effective practice, and the crucial importance of family practice as the foundation of health care for most individuals and families. CanMEDS-FM builds upon the root definition of the discipline of Family Medicine provided by the Four Principles, and creates a bridge with other healthcare specialties and across the educational continuum by adopting common terminology and articulating, in a similar way, the key competencies required for professional practice.

*McWhinney, Ian R. 1997. *A Textbook of Family Medicine (Second Edition)*. New York: Oxford University Press.

The Family Medicine Expert

Definition

Family physicians are skilled clinicians who provide comprehensive, continuing care to patients and their families within a relationship of trust. Family physicians apply and integrate medical knowledge, clinical skills and professional attitudes in their provision of care. Their expertise includes knowledge of their patients and families in the context of their communities, and their ability to use the patient-centred clinical method effectively. As Family Medicine Experts they integrate all the CanMEDS- Family Medicine (CanMEDS-FM) roles in their daily work.

Description

Family physicians provide care for a wide range of health issues throughout the lifecycle, from birth through death, in a variety of settings within the community. At presentation, the patient may bring multiple problems that are not pre-selected, and are often undifferentiated and interdependent. It is through expert judgement and clinical reasoning that family physicians formulate the clinical problems presented and, in partnership with the patient, arrive at decisions regarding investigation, management and monitoring. The clinical responsibilities of family physicians span the spectrum of medical care: health promotion and disease prevention; diagnosis; acute treatment, including the management of life-threatening illness; chronic disease management; rehabilitation; supportive care; and palliation. Family physicians approach and manage clinical problems effectively, often in situations of diagnostic uncertainty and limited resources.

Family physicians' unique expertise is intimately tied to their relationships with their patients, for whom they are often the primary and continuing contact for health care. Theirs is a generalist approach and their perspective is comprehensive, integrating elements from multiple domains. Family physicians are a resource to their practices and communities as they adapt their knowledge base and skills over time to the specific patient populations they serve and to local needs. The four principles of family medicine guide the work of the family physician.

Family physicians possess a core body of knowledge, clinical and procedural skills and professional attitudes. They use the patient-centred clinical method in assessing and managing clinical problems, which involves partnering with patients and families in health and illness.

Family physicians are skilled at acquiring and interpreting information and solving clinical problems. They adapt effectively to the situation at hand and identify relevant priorities.

Family physicians communicate and collaborate effectively with patients, families, communities and other health care professionals, including teams of providers. They serve as coordinators of

care and demonstrate a long term commitment to their patients.

The role of the Family Medicine Expert draws on the competencies included in the roles of Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.

Components of the Family Medicine Expert Role

Family physicians are able to...

Key Competencies	Enabling Competencies
1. Integrate all the CanMEDS-FM roles in order to function effectively as generalists	<ul style="list-style-type: none">1.1 Utilize relevant competencies contained within the CanMEDS-FM roles when approaching clinical situations1.2 Prioritize professional duties when faced with multiple competing demands1.3 Demonstrate an awareness of the role of the family physician in situations other than patient care, such as participation in health care management, policy development and planning1.4 Consider issues of patient safety and ethical dimensions in the provision of care and other professional responsibilities
2. Establish and maintain clinical knowledge, skills and attitudes required to meet the needs of the practice and patient population served	<ul style="list-style-type: none">2.1 Apply acquired knowledge, skills and attitudes to daily clinical practice2.2 Recognize personal limits in knowledge, skills and attitudes2.3 Apply the life-long learning skills of the Scholar Role to implement a personal learning program in response to the needs of their practice and patient population2.4 Contribute to the enhancement of quality of care in their practice, integrating the available best evidence and best practices

<p>3. Demonstrate proficient assessment and management of patients using the patient-centred clinical method</p>	<p>3.1 Describe the components of the patient centred clinical method</p> <p>3.2 Demonstrate skilled interviewing and physical examination techniques in gathering clinical data</p> <p>3.3 Explore both the disease and the patient’s personal experience of illness</p> <p>3.4 Understand the whole person: The life history, personal, and developmental issues as well as their context.</p> <p>3.5 Find common ground with the patient in regard to defining problems and priorities, setting goals of treatment and recognizing the roles of patient and family physician in each encounter</p> <p>3.6 Incorporate prevention and health promotion into the clinical encounter</p> <p>3.7 Consciously enhance the patient-physician relationship recognizing characteristics of a therapeutic and caring relationship</p> <p>3.8 Manage time and resources effectively</p>
<p>4. Provide comprehensive and continuing care throughout the life cycle incorporating appropriate preventive, diagnostic and therapeutic interventions</p>	<p>4.1 Provide primary contact and comprehensive continuing care to a defined population of patients through the spectrum of health promotion and disease prevention; diagnosis; acute treatment, including the management of life-threatening illness; chronic disease management; rehabilitation; supportive care; and palliation.</p> <p>4.2 Provide preventive care through application of current standards for the practice population</p> <p>4.3 Utilize diagnostic and therapeutic interventions meeting the needs of the patient according to available evidence, balancing risks, benefits and costs</p>

<p>5. Attend to complex clinical situations in family medicine effectively</p>	<p>5.1 Through clinical reasoning strategies, adapt the scope of clinical evaluation to the particular context in a selective manner in order to appropriately assess each patient</p> <p>5.2 Develop diagnostic hypotheses informed by prevalence, community incidence and consideration of urgent treatable problems</p> <p>5.3 Identify relevant priorities for management, based on the patient’s perspective, medical urgency and the context</p> <p>5.4 Make clinical decisions informed by best available evidence, past experience and the patient’s perspective</p> <p>5.5 Recognize and respond to the ethical dimensions in clinical decision-making</p> <p>5.6 Use time effectively in assessment and management</p> <p>5.7 Manage simultaneously multiple clinical issues, both acute and chronic, often in a context of uncertainty</p>
<p>6. Demonstrate proficient and evidence-based use of procedural skills</p>	<p>6.1 Demonstrate timely performance of relevant diagnostic and therapeutic procedures, including obtaining informed consent</p> <p>6.2 Appropriately document procedures performed and their outcomes, and ensure adequate follow-up</p>
<p>7. Provide coordination of patient care including collaboration and consultation with other health professionals and caregivers</p>	<p>7.1 Coordinate the care of patients with multiple care providers and teams of providers</p> <p>7.2 Apply the competencies of the Collaborator role in team-based care, and when working with consulting health professionals</p> <p>7.3 Appropriately incorporate families and other caregivers in the care of patients, while abiding by the ethical standards of patient autonomy and consent</p>

Communicator

Definition

As Communicators, family physicians facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Description

The patient-physician relationship is central to the role of the family physician. Family physicians integrate a sensitive, skillful, and appropriate search for disease and illness. They demonstrate an understanding of patients' experiences of illness, their ideas, feelings, and expectations and of the impact of illness on the lives of patients and families. They use repeated contacts with patients to build on the patient-physician relationship and to promote the healing power of interactions. Family physicians have an understanding and appreciation of the human condition, especially the nature of suffering and patients' response to illness.

Family physicians are adept at working with patients and families to reach common ground on the definition of problems, goals of treatment, and roles of family physician and patient in management. They are skilled at providing information to patients in a manner that respects their autonomy and empowers them to take charge of their own health care and make decisions in their best interests.

Family physicians enable effective dynamic interactions with patients, families, caregivers, health professionals, and other individuals. They communicate in various ways and in a variety of settings through their own initiative or at the request of the patient or family with the purpose of achieving the best health outcomes for patients but also to comfort, reassure, and alleviate suffering.

Family physicians are able to establish and maintain effective communication in the face of patients' disabilities, cultural differences, age group differences and in challenging situations.

The competencies of this role are essential for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding, and facilitating a shared plan of care.

Components of the Communicator Role

Family physicians use the patient-centred clinical method, and...

Key Competencies	Enabling Competencies
<p>1. Develop rapport, trust and ethical therapeutic relationships with patients and families</p>	<p>1.1 Recognize that being a good communicator is a core clinical skill for physicians, and that physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes</p> <p>1.2 Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy</p> <p>1.3 Respect patient confidentiality, privacy and autonomy</p> <p>1.4 Listen effectively</p> <p>1.5 Develop awareness of, and responsiveness to, non-verbal cues</p> <p>1.6 Facilitate a structured clinical encounter</p> <p>1.7 Acquire skills of cross-cultural communication</p> <p>1.8 Respect boundaries in the doctor-patient relationship</p>
<p>2. Accurately elicit and synthesize information from, and perspectives of, patients and families, colleagues and other professionals</p>	<p>2.1 Gather information about a disease, but also about a patient's beliefs, concerns, expectations and illness experience</p> <p>2.2 Explore the patient's psychosocial context</p> <p>2.3 Seek out and synthesize information from other sources, such as a patient's family, caregivers and other professionals</p> <p>2.4 Conduct an interview with multiple participants to gather information about factors affecting the patient</p>

<p>3. Accurately convey needed information and explanations to patients and families, colleagues and other professionals</p>	<p>3.1 Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making</p> <p>3.2 Disclose error / adverse events in an effective manner</p>
<p>4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop, provide and follow-up on a shared plan of care</p>	<p>4.1 Effectively identify and explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences</p> <p>4.2 Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making</p> <p>4.3 Encourage discussion, questions, and interaction in the encounter</p> <p>4.4 Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care</p> <p>4.5 Communicate effectively as a member or leader of a health care team or other professional group</p> <p>4.6 Provide follow-up contact with patient and family using a form of communication that will achieve the best outcome for the patient and family</p> <p>4.7 Effectively address challenging communication issues such as motivating behavioural change, delivering bad news, and addressing anger or dependency</p> <p>4.8 Provide therapeutic interventions through supportive and other counseling techniques used in primary care</p> <p>4.9 Communicate utilizing an interpreter</p>

5. Convey effective oral and written information

- 5.1 Maintain clear, accurate, and appropriate records (e.g., written and electronic) of clinical encounters and plans
- 5.2 Use effective written and oral communication for referral and collaborative care.
- 5.3 Effectively present verbal reports of clinical encounters and plans
- 5.4 Communicate appropriately using electronic mail and other electronic means, while maintaining patient confidentiality
- 5.5 When requested or needed by a community, present medical information to the public or media about a medical issue

Collaborator

Definition

As Collaborators, family physicians work with patients, families, healthcare teams, other health professionals, and communities to achieve optimal patient care.

Description

Family physicians collaborate and consult with others in the health care system who are involved in the care of individuals or specific groups of patients. Family physicians see themselves as part of a community network of health professionals and are skilled at collaborating as team members or team leaders. This is increasingly important in a modern multiprofessional environment, where the goal of patient-centred care is widely shared.

Modern healthcare teams not only include a group of professionals working closely together at single sites, but also extended teams with a variety of perspectives and skills, in multiple locations. It is therefore essential for family physicians to be able to collaborate with patients, families, health professionals, community agencies and policy makers for the provision of optimal care, education and scholarship.

Components of the Collaborator Role

Family physicians are able to:

Key Competencies	Enabling Competencies
1. Participate in a collaborative team-based model and with consulting health professionals in the care of patients	<ul style="list-style-type: none">1.1 Clearly describe their roles and responsibilities to other professionals1.2 Describe the roles and responsibilities of other professionals within the health care team1.3 Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own1.4 Work with others to assess, plan, provide and integrate care for individual patients or groups of patients.1.5 Where needed, work with others to assess, plan, provide and review non-clinical tasks, such as research problems, educational work, program

	<p>review or administrative responsibilities</p> <p>1.6 Participate effectively in interprofessional team meetings</p> <p>1.7 Enter into interdependent relationships with other professions for the provision of quality care</p> <p>1.8 Utilize the principles of team dynamics to enhance team performance</p> <p>1.9 Contribute to working relationships on teams and participate in a collegial process to designate appropriate team leadership roles</p> <p>1.10 Respect team ethics, including confidentiality, resource allocation and professionalism</p> <p>1.11 Where appropriate, demonstrate leadership in a healthcare team</p>
<p>2. Maintain a positive working environment with consulting health professionals, health care team members, and community agencies</p>	<p>2.1 Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team</p> <p>2.2 Work with other professionals to prevent conflicts</p> <p>2.3 Employ collaborative negotiation to resolve conflicts</p> <p>2.4 Respect differences, misunderstandings and limitations in other professionals</p> <p>2.5 Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension</p> <p>2.6 Reflect on interprofessional team function</p>
<p>3. Engage patients or specific groups of patients and their families as active participants in their care</p>	<p>3.1 Find common ground on the identification of problems and priorities of interventions</p> <p>3.2 Find common ground on the methods and goals of treatment</p> <p>3.3 Work to establish the respective roles of family physician and patient</p> <p>3.4 Work with patients and families to optimize health</p>

Manager

Definition

As Managers, family physicians are central to the primary health care team and integral participants in healthcare organizations. They use resources wisely and organize practices which are a resource to their patient population to sustain and improve health, coordinating care within the other members of the health care system.

Description

Family physicians interact with their work environment as individuals, as members of teams or groups, and as participants in the health system locally, regionally and nationally. They are often the first contact with the health care system and need to coordinate care with other members of the health care system, including the community. They manage everyday practice activities, and balance their personal lives. They organize their practices using information systems as a resource to their patient population. Family physicians require the ability to prioritize, use health resources wisely, and effectively execute tasks collaboratively with colleagues. Family physicians engage in continuous quality improvement within their own practice environment. Family physicians are actively engaged as integral participants in decision-making in the operation of the health care system.

Components of the Manager Role

Family physicians are able to...

Key Competencies	Enabling Competencies
1. Participate in activities that contribute to the effectiveness of their own practice , healthcare organizations and systems	<p>1.1 Describe the role of the family physician in the health care system and their relationships with other health care professionals, and community organizations</p> <p>1.2 Work collaboratively with other health care professionals and community organizations to provide coordinated care for patients</p> <p>1.3 Participate in systemic quality process evaluation and improvement such as patient safety initiatives</p> <p>1.4 Participate in continuous quality improvement activities within their own practice environment, such as practice audit.</p>

	<p>1.5 Describe the structure and function of the health care system including different models of primary care organization and funding</p>
<p>2. Manage their practice and career effectively</p>	<p>2.1 Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life</p> <p>2.2 Manage a practice including finances and human resources, collaboratively when indicated.</p> <p>2.3 Implement processes to ensure continuous quality improvement within a practice</p> <p>2.4 Employ information technology, including electronic medical records to plan appropriately for patient care</p>
<p>3. Allocate finite healthcare resources appropriately</p>	<p>3.1 Recognize the importance of appropriate allocation of healthcare resources, including referral to other health care professionals and community resources, balancing effectiveness, efficiency and access with optimal patient care</p> <p>3.2 Apply evidence and management processes for cost-appropriate care</p> <p>3.3 Judiciously manage access to scarce community resources and referral sources</p> <p>3.4 Integrate knowledge of the structure of the health care system and its components in the provision of care</p>
<p>4. Serve in administration and leadership roles, as appropriate</p>	<p>4.1 Chair or participate effectively in committees and meetings</p> <p>4.2 Lead or implement a change in health care practice</p> <p>4.3 Contribute to policy development related to systems of health care</p> <p>4.4 Participate in relevant administrative roles related to clinical care</p>

Health Advocate

Definition

As health advocates, family physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Description

Family physicians recognize their duty and ability to improve the overall health of their patients and the society they serve. Family physicians identify advocacy activities as important for the individual patient, for populations of patients and for communities. Individual patients need their family physician to assist them in health promotion and enhancement navigating the healthcare system and accessing the appropriate health resources in a timely manner. Communities and societies need family physicians' special expertise to identify and collaboratively address broad health issues and the determinants of health. At this level, health advocacy involves efforts to change specific practices or policies on behalf of those served. Framed in this multi-level way, health advocacy is an essential and fundamental component of health promotion. Health advocacy is appropriately expressed both by the actions of individual family physicians and through collective actions with other health professionals in influencing population health and public policy.

Components of the Health Advocate Role

Family physicians are able to...

Key Competencies	Enabling Competencies
1. Respond to individual patient health needs and issues as part of patient care	<ul style="list-style-type: none">1.1 Identify the health needs of an individual patient1.2 Advocate for individual patients around relevant health matters1.3 Implement health promotion and disease prevention policies and interventions for individual patients and the patient population served

<p>2. Respond to the health needs of the communities that they serve</p>	<p>2.1 Describe the practice communities that they serve</p> <p>2.2 Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately</p> <p>2.3 Appreciate the possibility of competing interests between the communities served and other populations</p>
<p>3. Identify the determinants of health within their communities</p>	<p>3.1 Identify the determinants of health within their communities, including barriers to accessing care and resources</p> <p>3.2 Identify vulnerable or marginalized populations and respond as needed</p>
<p>4. Promote the health of individual patients, communities and populations</p>	<p>4.1 Describe approaches to implementing changes in determinants of health of the population served</p> <p>4.2 Describe how public policy, healthcare delivery and healthcare financing impact access to care and the health of the population served</p> <p>4.3 Identify points of influence in the healthcare system and its structure</p> <p>4.4 Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism</p> <p>4.5 Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper</p> <p>4.6 Describe the role of the medical profession in advocating collectively for health and patient safety</p>

Scholar

Definition

As Scholars, family physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of knowledge.

Description

Family physicians engage daily in the search for answers to patient care questions and strive to adapt and increase their knowledge and skills to meet the needs of their patients and community. As reflective learners, they recognize the need to be continually learning and model this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of knowledge. As teachers, they facilitate the education of their students, patients, colleagues, and others. Family physicians adopt a critical and evidence-informed approach to practice and maintain this approach through continued learning and quality improvement.

Components of the Scholar Role

Family physicians are able to...

Key Competencies	Enabling Competencies
1. Maintain and enhance professional activities through ongoing self-directed learning based on reflective practice	<ul style="list-style-type: none">1.1 Describe the principles in maintaining professional competence and implementing a personal knowledge management system1.2 Recognize and reflect learning issues in practice1.3 Conduct a personal practice audit1.4 Formulate a learning question1.5 Identify sources of knowledge appropriate to the question1.6 Access and interpret the relevant evidence1.7 Integrate new learning into practice1.8 Evaluate the impact of any change in practice1.9 Document the learning process

<p>2. Critically evaluate medical information, its sources, and its relevance to their practice, and apply this information to practice decisions</p>	<p>2.1 Describe the principles of critical appraisal</p> <p>2.2 Critically appraise retrieved evidence in order to address a clinical question</p> <p>2.3 Integrate critical appraisal conclusions into clinical care</p>
<p>3. Facilitate the education of patients, families, trainees, other health professional colleagues, and the public, as appropriate</p>	<p>3.1 Describe principles of learning relevant to medical education</p> <p>3.2 Collaboratively identify the learning needs and desired learning outcomes of others</p> <p>3.3 Discuss the benefits of collaborative learning</p> <p>3.4 Deliver a learner-centred approach to teaching</p> <p>3.5 Select effective teaching strategies and content to facilitate others' learning</p> <p>3.6 Deliver an effective presentation</p> <p>3.7 Assess and reflect on a teaching encounter</p> <p>3.8 Provide effective feedback</p> <p>3.9 Describe the principles of ethics with respect to teaching</p>
<p>4. Contribute to the creation, dissemination, application, and translation of new knowledge and practices</p>	<p>4.1 Describe the principles of research and scholarly inquiry</p> <p>4.2 Judge the relevance, validity, and applicability of research findings to their own practice and individual patients</p> <p>4.3 Describe the principles of research ethics</p> <p>4.4 Pose a scholarly question</p> <p>4.5 Conduct a systematic search for evidence</p> <p>4.6 Select and apply appropriate methods to address the question</p> <p>4.7 Appropriately disseminate the findings of a study</p>

Professional

Definition

As Professionals, family physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Description

Family physicians have a societal role as professionals who are dedicated to the health and caring of others. Their work requires the mastery of a complex body of knowledge and skills, as well as the art of medicine. As such, the Professional Role is guided by codes of ethics and a commitment to clinical competence, appropriate attitudes and behaviours, integrity, altruism, personal well-being, and the public good.

These commitments form the basis of a social contract between a physician and society. Society, in return, grants physicians the privilege of profession-led regulation with the understanding that they are accountable to those served.

Components of Professional Role

Family physicians are able to...

Key Competencies	Enabling Competencies
1. Demonstrate a commitment to their patients, profession, and society through ethical practice	<ul style="list-style-type: none">1.1 Exhibit professional behaviors in practice, including honesty, integrity, reliability, compassion, respect, altruism, and commitment to patient well-being1.2 Demonstrate a commitment to delivering the highest quality care and maintenance of competence1.3 Recognize and appropriately respond to ethical issues encountered in practice1.4 Demonstrate respect for colleagues and team members1.5 Appropriately manage conflicts of interest1.6 Recognize the principles and limits of patient confidentiality as defined by professional practice

	<p>standards and the law</p> <p>1.7 Maintain appropriate professional boundaries</p> <p>1.8 Speak directly and respectfully to colleagues whose behaviour may put patients or others at risk</p>
<p>2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation</p>	<p>2.1 Appreciate the professional, legal and ethical codes of practice, including knowledge of the CMA Code of Ethics</p> <p>2.2 Fulfill the regulatory and legal obligations required of current practice</p> <p>2.3 Demonstrate accountability to professional regulatory bodies</p> <p>2.4 Recognize and respond to others' unprofessional behaviours in practice</p> <p>2.5 Participate in peer review</p>
<p>3. Demonstrate a commitment to physician health and sustainable practice</p>	<p>3.1 Balance personal and professional priorities to ensure personal health and a sustainable practice</p> <p>3.2 Strive to heighten personal and professional awareness and insight</p> <p>3.3 Recognize and respond to other professionals in need</p>
<p>4. Demonstrate a commitment to reflective practice</p>	<p>4.1 Demonstrate the ability to gather information about personal performance, know one's own limits, and seek help appropriately</p> <p>4.2 Demonstrate an awareness of self, and an understanding how one's attitudes and feelings impact their practice</p> <p>4.3 Reflect on practice events, especially critical incidents, to deepen self knowledge</p>