

THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA

# CanMEDS– Family Medicine 2017

*A competency framework for family  
physicians across the continuum*



CanMEDS–Family Medicine

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A competency framework for family physicians across the continuum  
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### How to cite individual Roles

#### Family Medicine Expert

Lawrence K, Schultz K. Family Medicine Expert. In: Shaw E, Oandasan I, Fowler N, eds. *CanMEDS-FM 2017: A competency framework for family physicians across the continuum*. Mississauga, ON: The College of Family Physicians of Canada; 2017.

#### Communicator

Weston W, Feldman P. Communicator. In: Shaw E, Oandasan I, Fowler N, eds. *CanMEDS-FM 2017: A competency framework for family physicians across the continuum*. Mississauga, ON: The College of Family Physicians of Canada; 2017.

#### Collaborator

Newton C. Collaborator. In: Shaw E, Oandasan I, Fowler N, eds. *CanMEDS-FM 2017: A competency framework for family physicians across the continuum*. Mississauga, ON: The College of Family Physicians of Canada; 2017.

#### Leader

Tepper J, Hawrylyshyn S. Leader. In: Shaw E, Oandasan I, Fowler N, eds. *CanMEDS-FM 2017: A competency framework for family physicians across the continuum*. Mississauga, ON: The College of Family Physicians of Canada; 2017.

#### Health Advocate

Ince-Cushman D. Health Advocate. In: Shaw E, Oandasan I, Fowler N, eds. *CanMEDS-FM 2017: A competency framework for family physicians across the continuum*. Mississauga, ON: The College of Family Physicians of Canada; 2017.

#### Scholar

Ramsden V. Scholar. In: Shaw E, Oandasan I, Fowler N, eds. *CanMEDS-FM 2017: A competency framework for family physicians across the continuum*. Mississauga, ON: The College of Family Physicians of Canada; 2017.

#### Professional

Pauls M, Horton J. Professional. In: Shaw E, Oandasan I, Fowler N, eds. *CanMEDS-FM 2017: A competency framework for family physicians across the continuum*. Mississauga, ON: The College of Family Physicians of Canada; 2017.

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## Table of Contents

Introduction and background .....	1
Family Medicine Expert.....	4
Communicator .....	7
Collaborator .....	9
Leader .....	11
Health Advocate .....	13
Scholar.....	15
Professional.....	17

# CanMEDS-Family Medicine 2017

## A competency framework for family physicians across the continuum

### Introduction and background

CanMEDS-FM 2017 is a competency framework designed for all family physicians regardless of practice type, location, or populations served. Together with the College of Family Physicians of Canada's (CFPC) Family Medicine Professional Profile, it forms an overall picture of the roles and responsibilities of Canadian family physicians along with the competencies required to support their work.

A brief history:

- In 2009, the CFPC adapted the Royal College of Physician and Surgeons of Canada's (RCPSC) CanMEDS 2005 Physician Competency Framework<sup>1</sup> for the family medicine discipline ([CanMEDS-FM 2009](#)), to guide residency education
- In 2015, the Royal College developed the CanMEDS 2015 Physician Competency Framework<sup>2</sup> (revised from the 2005 framework) with extensive input from family physicians
- A [National Consortium](#) of 13 organizations have agreed to support use of CanMEDS 2015 as a Physician Competency Framework used generically by all physicians in Canada
- From CanMEDS 2015, and using CanMEDS-FM 2009 as a reference, the CFPC developed CanMEDS-FM 2017 for broader application across the education continuum specific to the discipline of FM

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

- An emphasis on generalism, 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
- Increased emphasis on patient safety
- Continuous quality improvement introduced within the Leader, Scholar and Health Advocate Roles
- The CFPC's [Four Principles of Family Medicine](#) strengthened and reaffirmed

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<sup>1</sup> Frank, JR. (ED). 2005. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada. Available from: [http://www.royalcollege.ca/portal/page/portal/rc/common/documents/canmeds/framework/the\\_7\\_canmeds\\_roles\\_e.pdf](http://www.royalcollege.ca/portal/page/portal/rc/common/documents/canmeds/framework/the_7_canmeds_roles_e.pdf). Accessed 2017 July.

<sup>2</sup> Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015. Available from: [http://canmeds.royalcollege.ca/uploads/en/framework/CanMEDS%202015%20Framework\\_EN\\_Reduced.pdf](http://canmeds.royalcollege.ca/uploads/en/framework/CanMEDS%202015%20Framework_EN_Reduced.pdf). Accessed 2017 July.

- The Leader Role replaces the CanMEDS-FM 2009 Manager Role, as per changes made in CanMEDS 2015

As a CanMEDS Consortium partner, the CFPC agrees to the consistent use of CanMEDS 2015 as the overarching framework, describing the general roles and competencies of all Canadian physicians throughout training and practice. CanMEDS-FM 2017 is an adaptation, consistent with and building on CanMEDS 2015, contextually capturing family medicine-specific competencies.

The Four Principles of Family Medicine are the foundation for understanding the values and contributions of family physicians, informing each of the CanMEDS-2017 Roles. Building on the principles that family physicians are community-based and a resource to a defined practice population, this version of CanMEDS-FM has introduced the concept of “community-adaptive competence”.

This is a dynamic feature of family physicians’ generalist ability to reflect upon and adapt their competence to meet the needs of their community, in response to population shifts, burden of illness and emerging health issues, health care team composition, community resources and many other influences.

Primary care reform, envisioned by the CFPC in The Patient’s Medical Home, aspires to enhance quality, equity, and access to comprehensive care for all Canadians through the leadership and teamwork of family physicians working collaboratively with other physicians and health care colleagues. The enabling competencies embedded in each CanMEDS-FM Role have been adapted with this in mind.

The CFPC recognizes the role systemic racism plays in the health and social disparities experienced by Indigenous People in Canada as described in *Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada*.<sup>3</sup> Along with this recognition and in light of the *Truth and Reconciliation Commission of Canada: Calls to Action*,<sup>4</sup> attaining specific competencies in Indigenous health is important for family physicians in order to provide the best care to this population. A special supplement to the CanMEDS-FM 2017 on Indigenous health competencies will provide a framework to build the important skills supporting therapeutic interactions and culturally safe care.

All seven Roles were revised; however, the Family Medicine Expert Role underwent the most extensive adaptation, aiming to integrate competencies across all Roles.

## How to use CanMEDS-FM 2017

Principles and suggestions for using CanMEDS-FM 2017 are as follows:

- It applies to all family physicians. The Role descriptions and enabling competencies are independent of practice context, practice type, and population served. Taken as a whole, it captures both the common and distinctive competency requirements for family physicians

<sup>3</sup> Indigenous Health Working Group. *Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada*. Mississauga, ON: The College of Family Physicians of Canada; 2016. Available from: [http://www.cfpc.ca/uploadedFiles/Resources/PDFs/SystemicRacism\\_ENG.pdf](http://www.cfpc.ca/uploadedFiles/Resources/PDFs/SystemicRacism_ENG.pdf). Accessed 2017 July.

<sup>4</sup> Truth and Reconciliation Commission of Canada. *Truth and Reconciliation’s Commission of Canada: Calls to Action*. Winnipeg, MB: Truth and Reconciliation Commission of Canada; 2015. Available from: [http://nctr.ca/assets/reports/Calls\\_to\\_Action\\_English2.pdf](http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf). Accessed 2017 July.

- It defines the abilities needed by family physicians across the educational continuum of undergraduate, postgraduate, enhanced skills training, and continuing professional development:
  - For use at the undergraduate level—by those creating family medicine-directed learning opportunities
  - For use at the postgraduate level—
    - by those in family medicine who are designing curriculum and programs of assessment for residency education including enhanced skills,
    - by speciality services who are teaching family medicine residents during both core and enhanced skills training
  - For use in continuing professional development—as a framework guiding ongoing learning requirements; with knowledge of their unique context and practice profile, it can be used by family physicians to guide reflection and planning for ongoing development and maintenance of competence
- It does not define levels of competence, also referred to as benchmarks or milestones
- It can be used by others who work with family physicians in medical education, family medicine research, quality improvement, and more broadly within the health care system

## Family Medicine Expert

### Definition

Family physicians, as skilled generalists, provide high-quality, responsive, community-adaptive care across the lifecycle, from prevention to palliation, in multiple settings, and for diverse populations. They value continuity and collaboration with other health care providers to optimize patients' outcomes. They use compassionate, patient-centred care when assessing and managing patient concerns, forming partnerships with patients, families, and communities to advocate when necessary for improvements to living conditions, resources, access, and care.

### Description

As medical experts, family physicians practice according to the Four Principles of Family Medicine, underpinning their values and contributions to the health care system:

- The family physician is a skilled clinician
- Family medicine is a community-based discipline
- The family physician is a resource to a defined practice population
- The patient-physician relationship is central to the role of the family physician

Moving beyond a disease-focused approach, family physicians pay attention to the whole person—their life story, values and goals for health, and well-being. They work effectively across different care settings, expertly managing uncertainty, ambiguity, complexity, and multi-morbidity. They use judgment when prioritizing and selectively assessing and managing patient concerns. Their skill set is that of a generalist, often being the first point of contact at an early, undifferentiated stage of illness presentation. They are skilled across a broad spectrum, providing health promotion, disease prevention, and primary, secondary, and for some, tertiary care. They consider the effects of health, illness, and adverse life events on the person as an individual and as part of a family and community.

Family physicians understand the importance of continuity of care and the impact of relationships between the patient and their physician, family, and community. They critically apply existing evidence and they contribute to the generation of new evidence to best guide patient and community care. They work collaboratively with patients, their families, other health care colleagues, and key stakeholders. They make judicious use of resources within their context to maximize quality, facilitate access, and ensure seamless sharing and/or transitions of care. They are observant and adaptive in order to meet the changing needs of their patients and community, expanding or focusing their practice as necessary.

### Key and enabling competencies

1. **Practises generalist medicine within their defined scope of professional activity**
  - 1.1 Demonstrates a commitment to high-quality, relationship-centred compassionate care of their patients
  - 1.2 Integrates the CanMEDS-FM 2017 Intrinsic Roles into their practice of medicine
  - 1.3 Cares for patients through the spectrum of health promotion and disease prevention; diagnosis and treatment, including managing life-threatening illness; acute and chronic

disease management; rehabilitation; supportive care; intra-partum care; palliation; and end-of-life care

1.4 Carries out professional duties in the face of multiple, competing demands

1.5 Recognizes and responds to the complexity, uncertainty, and ambiguity inherent in medical practice

**2. Performs a patient-centred clinical assessment and establishes a management plan**

2.1 Identifies relevant priorities for assessment and management, based on the patient's perspective, context, and medical urgency

2.2 Elicits a history, performs a physical exam, selects appropriate investigations, and interprets their results for the purpose of diagnosis and management, disease prevention, and health promotion

2.3 Establishes goals of care in collaboration with patients and their families, which reflects the patient's values and goals for health and well-being

2.4 Establishes a care management plan, finding common ground with the patient in defining problems and priorities, and recognizing the roles of the patient, other healthcare providers and the family physician in each encounter

2.5 Makes clinical decisions informed by the best available evidence, past experience and the patient's perspective

2.6 Manages complex co-existing clinical and contextual issues, both acute and chronic, often in conditions of uncertainty

**3. Plans and performs procedures and therapies for assessment and/or management**

3.1 Determines the most appropriate procedures or therapies

3.2 Obtains and documents informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy

3.3 Prioritizes a procedure or therapy, accounting for safety, clinical urgency, and available resources

3.4 Performs a procedure in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances

**4. Establishes plans for ongoing care and timely consultation when appropriate**

4.1 Works collaboratively with patients, their families, other health care colleagues, and key stakeholders to provide comprehensive care to individual patients, patient populations, and communities

4.2 Implements a patient-centred care plan with continuity to ensure ongoing care, following up on investigations, monitoring treatment, and re-evaluating the need for further consultation

**5. Actively facilitates continuous quality improvement for health care and patient safety, both individually and as part of a team**

5.1 Recognizes potential health care delivery risks and patient safety incidents, working proactively to prevent harm, and remediate identified concerns



- 5.2 Adopts strategies and applies improvement science to promote continuous quality improvement
- 5.3 Improves patient safety, addressing human and system factors as part of a commitment to quality
- 5.4 Implements mechanisms to optimize patient care in practice
- 6. Establishes an inclusive and culturally-safe practice environment**
  - 6.1 Demonstrates humility and openness to patients' ideas and knowledge
  - 6.2 Seeks to understand and respects culturally-based health beliefs
  - 6.3 Explores how the patient's previous experiences, including adverse life events, impact individual clinical encounters and interactions with the health system and incorporates this understanding in their provision of care
- 7. Contributes generalist abilities to address complex, unmet patient or community needs, and emerging health issues, demonstrating community-adaptive expertise**
  - 7.1 Assesses and adapts practice based on community needs, anticipating and planning for emerging health care issues in the community
  - 7.2 Demonstrates clinical courage (rational risk taking) and comfort with uncertainty in approaching novel and/or complex patient and community challenges
  - 7.3 Creates and adjusts personal learning plans expanding or focusing practice as necessary to develop the knowledge and skills necessary to provide community-adaptive care

## **Communicator**

### **Definition**

As Communicators, family physicians foster therapeutic relationships with patients and their families. This incorporates the dynamic exchanges that occur before, during, and after the medical encounter that facilitate gathering and sharing essential information for effective patient-centred health care.

### **Description**

The patient-physician relationship and patient-centred approach are central to the role of the family physician. Family physicians enable therapeutic communication by working with, and actively listening to, patients' and families' experience of their illness in order to promote healing and return their patients to a sense of well-being. These healing conversations skillfully explore patients' perspectives, including their fears and other feelings and ideas about the illness, as well as the full impact on their ability to achieve what matters to them.

Family physicians also provide information to patients in a manner that respects their autonomy and empowers them in their health care decision making. Family physicians seek to reach common ground on the definition of problems and treatment goals, as well as the roles and expectations of the family physician, other health care professionals, the patient and their caregivers in their management.

Together with the patient, the family physician integrates this knowledge and develops a shared plan that incorporates the patient's needs, values, and preferences, as well as their life context, including culture, socio-economic status, medical history, family history, stage of life, living situation, work or school setting, and other relevant psychological and social issues. This plan should be informed by evidence and guidelines.

### **Key and enabling competencies**

- 1. Develops rapport, trust, and ethical therapeutic relationships with patients and their families**
  - 1.1 Establishes positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and compassion
  - 1.2 Optimizes the physical environment for patient comfort, dignity, privacy, engagement, and safety
  - 1.3 Respects patient confidentiality, privacy, and autonomy
  - 1.4 Listens respectfully to patients and family members, and addresses their concerns
  - 1.5 Responds to a patient's non-verbal behaviours to enhance communication
  - 1.6 Adapts communication to the unique needs and preferences of each patient and to their clinical condition and circumstances ensuring that care is inclusive and culturally safe
- 2. Elicits and synthesizes accurate and relevant information from, and perspectives of, patients and their families**

- 2.1 Engages patients to gather information about their symptoms, ideas, concerns, expectations of health care, and the full impact of their illness experience on their lives
  - 2.2 Organizes the interview in a logical sequence, attending to timing and keeping the interview on task while encouraging active patient participation
  - 2.3 Explores the patient's personal life context, including cultural influences
  - 2.4 Seeks and synthesizes information from other sources, such as the patient's family and caregivers
  - 2.5 Engages with families during important life events to improve understanding of the patient/family experience and/or to mobilize support
3. **Shares health care information and plans with patients and their families**
    - 3.1 Shares information and explanations that are clear, accurate, and timely, while checking for patient and family understanding
    - 3.2 Discloses patient safety incidents to patients and their families accurately and appropriately
4. **Engages patients and their families in developing plans that reflect the patient's health care needs, values and goals**
    - 4.1 Facilitates discussions with patients and their families about the plan of care in a way that is respectful, inclusive, non-judgmental, and culturally safe, including using an interpreter or cultural intermediary when needed
    - 4.2 Assists patients and their families with identifying, accessing, and using appropriate information and communication technologies to support their care, make informed decisions and manage their health while maintaining confidentiality
    - 4.3 Recognizes and respects diversity, including but not limited to the impact of gender, race, religion, and cultural beliefs, on joint decision making and other interactions
    - 4.4 Effectively addresses challenging communication issues such as motivating behaviour change, delivering bad news, and addressing disagreements and emotionally charged situations
    - 4.5 Provides therapeutic interventions through supportive and other counselling techniques
    - 4.6 Helps patients clarify their values and feelings, cope with uncertainty, and sort out their options for care
5. **Documents and shares written and electronic information about the medical encounter to optimize clinical decision making, patient safety, confidentiality, and privacy**
    - 5.1 Maintains timely, clear, accurate, and appropriate written or electronic records of clinical encounters
    - 5.2 Presents medical information to the public or media about a medical issue when requested
    - 5.3 Uses electronic health records to enhance shared decision making with patients

## **Collaborator**

### **Definition**

As Collaborators, family physicians work with patients, families, communities, and other health care providers to provide safe, high-quality, patient-centred care.

### **Description**

Collaboration is essential for safe, high-quality, patient-centred care. Family physicians collaborate with patients and their families, physicians, and other health care providers, communities, community partners, and health system stakeholders. Family physicians work with a variety of individuals who have complementary skills in multiple settings across the continuum of care. Teams include groups of providers with a variety of perspectives and skills, working closely together at single sites such as in the CFPC Patient's Medical Home, or as extended teams across multiple locations.

Family physicians see themselves as core participants in this broad community network of health providers and are skilled at collaborating as both team members and team leaders. For family physicians collaboration is strengthened by longitudinal relationships based on trust, respect, and shared decision making. It involves sharing knowledge, perspectives, and responsibilities, and a willingness to learn together. This requires understanding the roles and perspectives of others, pursuing common goals and outcomes, and managing differences. Collaboration skills are broadly applicable to activities beyond clinical care, such as administration, education, advocacy, and scholarship.

### **Key and enabling competencies**

- 1. Works effectively with others in a collaborative team-based model**
  - 1.1 Establishes and maintains positive interdependent relationships with others
  - 1.2 Describes one's own role and the roles of others (including clinical, research, education, or administrative roles)
  - 1.3 Defines and negotiates overlapping and shared roles and responsibilities to meet patients' needs
  - 1.4 Respects diversity of roles and perspectives while ensuring integrated patient-centred care
  - 1.5 Demonstrates role flexibility; for example, changing from team member to team leader as necessary based on context, team composition, and patient needs
- 2. Cultivates and maintains positive working environments through promoting understanding, managing differences, minimizing misunderstandings, and mitigating conflicts**
  - 2.1 Demonstrates a respectful attitude toward others
  - 2.2 Engages others in shared decision making and finding common ground with team members
  - 2.3 Works with others to promote understanding, manage differences and negotiate conflict
  - 2.4 Recognizes and reflects on one's own contributions and limitations, and their impact on team function

3. **Recognizes and facilitates necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, transfer of care, and/or handover of care to enable continuity and safety**
  - 3.1 Determines when a transition in care is required and facilitates the process
  - 3.2 Effectively negotiates and communicates (both verbally and in writing) individual and/or shared responsibilities, through care transition plans, to optimize patient safety

## **Leader**

### **Definition**

Using leadership and management skills, family physicians are integral participants in health care organizations. Family physicians actively contribute to implementing and maintaining a high-quality health care system, and take responsibility for delivering excellent patient care through their activities as clinicians, administrators, scholars, and/or teachers.

### **Description**

At a system level, family physicians take responsibility for the development and delivery of comprehensive, continuity-based, and patient-centred health care. They engage with others in working toward this goal. Family physicians demonstrate collaborative leadership and management within the health care system. This requires the ability to prioritize, use health resources wisely, and effectively execute tasks collaboratively with colleagues. At the local level, family physicians actively contribute to continuous quality improvement within their own practice environment. Family physicians integrate their personal lives with their clinical, administrative, scholarly, and teaching responsibilities. They function as individual care providers, members of teams, and participants and leaders at all levels of the health care system.

### **Key and enabling competencies**

- 1. Contributes to the improvement of comprehensive, continuity-based, and patient-centred health care delivered in teams, organizations, and systems**
  - 1.1 Applies the science of quality improvement to contribute to improving systems of patient care
  - 1.2 Fosters a culture that promotes patient safety
  - 1.3 Analyzes patient safety incidents to enhance systems of care
  - 1.4 Uses health data and technology informatics to improve and inform the quality of patient care across all levels of the health care system
  - 1.5 Works to engage patients, families, and caregivers in the process of health care improvement across all levels of the health care system
- 2. Engage in the stewardship of health care resources**
  - 2.1 Allocates health care resources for optimal patient care
  - 2.2 Combines evidence and best practices with individual patient needs to achieve cost appropriate care
  - 2.3 Manages health care resources judiciously, including access to referral sources and the ordering of tests and treatments.
- 3. Demonstrate collaborative leadership in professional practice to enhance health care**
  - 3.1 Facilitates changes within health care to enhance services and outcomes
  - 3.2 Advances quality care and health outcomes through the engagement of others to impact all levels of the health care system

- 3.3 Works with others in coalitions to achieve results that enable practice, organization, and system transformations
- 4. **Manages career planning, finances, and health human resources in a practice**
  - 4.1 Establishes and balances appropriate personal and professional goals, and reassesses as needed
  - 4.2 Plans and manages a professional practice in an efficient and ethical manner
  - 4.3 Implements processes to enhance personal, career, and practice improvement

## **Health Advocate**

### **Definition**

As Health Advocates, family physicians work in partnership with patients and communities, contributing their expertise and influence to improve health through an understanding of needs, as agents of change, and the mobilization of resources.

### **Description**

Family physicians are accountable to society, recognizing their duty to contribute to efforts to improve the health and well-being of their patients, their communities, and the broader populations they serve.

Family physicians have privileged access to patients' illness narratives and understand the impact of the social determinants of health and unequal access on health outcomes. Family physicians support patients in navigating the health care system and advocate with them to access appropriate resources in a timely manner. They promote healthy communities and populations by improving the quality of their clinical practice and organizations, and directly and indirectly influencing the health care system.

Advocacy requires action: family physicians engage patients, communities, or populations to call for change, and they speak up when needed. They support or lead the mobilization of financial, material, and human resources. Family physician advocacy occurs within complex systems that require developing partnerships with patients, their families and support networks, other health care professionals, community organizations, administrators, and policy makers.

### **Key and enabling competencies**

- 1. Responds to an individual patient's health needs by advocating with the patient within and beyond the clinical environment**
  - 1.1 Works with patients to address determinants of health that affect them and their access to needed health services or resources
  - 1.2 Works with patients and their families and social or cultural support networks to increase opportunities to adopt healthy behaviours
  - 1.3 Incorporates disease prevention, health promotion, and health surveillance into interactions with individuals
- 2. As a resource to their community, assesses and responds to the needs of the communities or populations served by advocating with them as active partners for system-level change in a socially accountable manner**
  - 2.1 Works with a community or population to identify the determinants of health that affect them
  - 2.2 Improves clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
  - 2.3 Assesses community needs and identifies assets in the community or population served and contribute to a process to improve health and equity



2.4 Identifies specific needs of underserved patients and populations, including reducing barriers and improving access to culturally appropriate care

## **Scholar**

### **Definition**

As Scholars, family physicians demonstrate a lifelong commitment to excellence in practice through: continuous learning and teaching others; gathering, combining, and evaluating evidence; and contributing to the creation and dissemination of knowledge.

### **Description**

Family physicians pursue excellence by continually evaluating the processes and outcomes of their daily work, sharing and comparing with others, and actively seeking feedback in the interest of high quality care. Using multiple ways of learning, they strive to meet the needs of individual patients and their families, learners, health care providers, and health care systems. Family physicians work toward mastery and share their knowledge. As lifelong learners, they implement a planned approach to improve in each CanMEDS-FM Role and model this practice for others. As teachers, they facilitate individually and through teams the education of learners, colleagues, co-workers, the public, and others. Family physicians identify and rigorously evaluate evidence that is relevant to the primary care context considering the epidemiology of disease, comorbidity, and the complexity of patients. Engaging in evidence-informed and shared decision making, family physicians recognize uncertainty in practice and formulate questions to bridge knowledge gaps. Skillful in navigating information resources, they identify and synthesize knowledge relevant to these questions, arriving at evidence-informed clinical decisions, taking patient's values and preferences into account. Family physicians contribute to the creation, application, dissemination, and translation of knowledge applicable to their community of practice, and more broadly to health and health care. Family physicians appreciate the importance of research, applying and participating in it as part of their practice to improve patient care, and the creation of new knowledge.

### **Key and enabling competencies**

- 1. Engages in the continuous enhancement of their professional activities through ongoing learning**
  - 1.1 Develops, implements, monitors, and revises a personal learning plan to enhance professional practice
  - 1.2 Identifies opportunities for learning and improvement by regularly reflecting on and assessing their performance using various sources
  - 1.3 Engages in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
- 2. Teaches students, residents, the public, and other health care professionals**
  - 2.1 Recognizes and addresses the impact of the formal, informal, and hidden curriculum on learners including the public
  - 2.2 Promotes a safe learning environment
  - 2.3 Ensures patient safety is maintained even when learners are involved
  - 2.4 Plans and delivers a learning activity

- 2.5 Provides feedback to enhance learning and performance
- 2.6 Assesses and evaluates learners, teachers, and programs in an educationally appropriate manner
- 2.7 Integrates coaching, mentorship, and role-modelling into teaching practice
- 3. **Integrates best available evidence into practice considering context, epidemiology of disease, comorbidity, and the complexity of patients**
  - 3.1 Recognizes practice uncertainty and knowledge gaps in clinical and other professional encounters, and generates focused questions that have the potential to bridge the gaps
  - 3.2 Identifies, selects, and navigates pre-appraised resources and clinical practice guidelines that are relevant to family practice settings
  - 3.3 Accesses and applies appropriate resources at the point of care
  - 3.4 Critically evaluates the integrity, reliability, and applicability of health-related research and literature that is relevant to settings where family physicians work
  - 3.5 Integrates evidence into decision making in practice
- 4. **Contributes to the creation and dissemination of knowledge relevant to family medicine**
  - 4.1 Demonstrates an understanding of the scientific principles of research and scholarly inquiry, and the role that evidence has in the provision of health care
  - 4.2 Identifies and applies the ethical principles of research into providing informed consent, balancing benefits and potential harms/risks, and working with vulnerable populations
  - 4.3 Contributes to, supports, and nurtures a scholarly environment
  - 4.4 Participates in and conducts quality-improvement activities
  - 4.5 Poses questions amenable to scholarly inquiry, and selects appropriate research methods from across the research continuum to answer them
  - 4.6 Summarizes and communicates the findings of relevant research and scholarly inquiry to professional and lay audiences, including patients, their families, and communities

## **Professional**

### **Definition**

As Professionals, family physicians are committed to the health and well-being of their patients and society through competent medical practice; accountability to their patients, the profession, their colleagues, and society; profession-led regulation; ethical behaviour; and maintenance of personal well-being.

### **Description**

Family physicians serve an essential societal role as Professionals dedicated to the health and care of others. Their work requires mastery of the art, science, and practice of medicine. A family physician's professional identity is central to this Role. The Professional Role reflects contemporary society's expectations of family physicians, which include clinical competence, a commitment to ongoing professional development, promotion of the public good, social accountability, adherence to ethical standards, and values such as integrity, honesty, altruism, humility, respect for diversity, and transparency with respect to potential conflicts of interest. To provide optimal patient care, family physicians must take responsibility for their own and their colleagues' health and well-being. Professionalism is the basis of the implicit contract between society and the medical profession, granting the privilege of physician-led regulation with the understanding that family physicians are accountable to those served, society, their profession, and themselves.

### **Key and enabling competencies**

- 1. Demonstrates a commitment to patients through clinical excellence and high ethical standards**
  - 1.1 Exhibits appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
  - 1.2 Demonstrates a commitment to excellence in all aspects of practice
  - 1.3 Recognizes and responds to ethical issues encountered in practice
  - 1.4 Recognizes and manages conflicts of interest
  - 1.5 Exhibits professional behaviours and adhere to confidentiality and privacy principles with technology-enabled communication
  - 1.6 Maintains appropriate professional boundaries
- 2. Demonstrates a commitment to society by recognizing and responding to societal needs in health care**
  - 2.1 Demonstrates accountability to patients and society
  - 2.2 Demonstrates a commitment to quality care and continuous quality improvement
- 3. Demonstrates a commitment to the profession by adhering to standards and participating in physician-led regulation**

- 3.1 Fulfills and adheres to professional and ethical codes, standards of practice, and laws governing practice
  - 3.2 Recognizes and responds to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
  - 3.3 Participates in peer assessment and standard setting
  - 3.4 Fosters an environment of respect and collegiality
- 4. Demonstrates a commitment to physician health and well-being to foster optimal patient care**
- 4.1 Exhibits self-awareness and manage influences on personal well-being and professional performance
  - 4.2 Manages personal and professional demands for a sustainable practice throughout the family physician life cycle
  - 4.3 Promotes a culture that recognizes, supports, and responds effectively to colleagues at risk
- 5. Demonstrates a commitment to reflective practice**
- 5.1 Demonstrates the ability to gather, interpret, and appropriately act on information about personal performance, know one's own limits, and seek help when needed
  - 5.2 Demonstrates awareness of self and an understanding how one's attitudes, beliefs, assumptions, values, preferences, feelings, privilege, and perspective impact their practice
  - 5.3 Reflects on practice events, especially critical incidents, to deepen self-knowledge and recognize when something needs to change and does it

