



Department of Family Medicine Policy

Policy Name:	Revisions to the Academic Content List
Application/ Scope:	All Family Medicine Streams
Approved (Date):	April 15, 2020: Academic Curriculum Subcommittee April 15, 2020: Residency Program Committee, Postgraduate Medical Education (PGME) April 17, 2020: Executive Management Committee, Department of Family Medicine (DFM)
Review Date:	Five years from the approved date
Revised (Date):	
Approved By:	Academic Curriculum Subcommittee Residency Program Committee, Postgraduate Medical Education (PGME) Executive Management Committee, Department of Family Medicine

1. BACKGROUND AND DEFINITIONS

- 1.1 This policy shall be used by family medicine sites with respect to additions, modifications and/or deletions to the academic curriculum content.
- 1.2 Definitions
 - 1.2.1 Academic Curriculum Content: Refers to the content that is agreed to be presented to all family medicine residents, regardless of stream, during protected academic days.
Unless otherwise specified, it will be the responsibility of the Site Education Director to arrange for the content to be presented over the course of a two-year cycle.
 - 1.2.2 Academic Curriculum Subcommittee (ACS): develops a unified academic Curriculum, identify curricular topics, develops the respective learning objectives for the Family Medicine Residency Program that will be administered and implemented at all sites. The subcommittee also oversees the development and implementation of policies and processes related to academic curriculum. In consultation with the Curriculum Review Committee, its functions is to implement a process of continuous quality improvement.
 - 1.2.3 College of Family Physicians of Canada: CFPC
 - 1.2.4 College of Physicians and Surgeons of Manitoba: CPSM
 - 1.2.5 Postgraduate Medical Education: PGME
 - 1.2.6 Site Education Director: is responsible for ensuring that the educational programming that occurs at the relevant site conforms to the standards, policies and procedures set by the Program Director, PGME and the Residency Program Committee.
 - 1.2.7 Stream: for the purposes of this policy, when this term is used, it means one of the following Family Medicine streams: Urban, Rural, Bilingual and Northern.

2. REASON FOR POLICY

- 2.1 This policy clarifies the processes by which additions, modifications and/or deletions will be made to the academic curriculum content.
 - 2.1.1. For the purposes of this policy, modifications refer to either the consolidation of curricular material or the renaming of curricular material in order to better facilitate delivery.
- 2.2 This policy does not govern the development of stream-specific education.

3. POLICY AND PROCEDURE STATEMENTS

PRINCIPLE REASONS FOR MODIFICATIONS OR DELETION OF MATERIAL:

- 3.1 Residents indicate that content is either redundant or covered sufficiently by other means (through evaluations, year-end reports or other mechanism).
- 3.2 Certain specific health issues are no longer relevant to the training of family physicians.
- 3.3 Leadership either through the Department of Family Medicine or the Academic Curriculum Subcommittee feel that there is sufficient overlap in material and recommend consolidation of specific topics.
- 3.4 Leadership either through the Department of Family Medicine or the Academic Curriculum Subcommittee feel that there is certain material that does not require a dedicated session during an academic day and recommend deletion.

4. PROCESS:

- 4.1 Members of the DFM or ACS can recommend to the Chair of the Academic Curriculum Subcommittee informally any suggestions for modifications or deletions which the Chair, at their discretion, can bring forth at an ACS meeting.
- 4.2 The Chair of the Academic Curriculum Subcommittee will recommend to the ACS modifications or deletions. If a quorum of voting members agrees, the changes will be official.

5. POLICY AND PROCEDURE STATEMENTS

PRINCIPLE REASONS FOR THE DEVELOPMENT AND INCLUSION OF NEW CONTENT:

- 5.1 Residents indicate that there is a need for new content (through evaluations, year end report, or other written mechanism);
- 5.2 Regulatory or governing bodies mandate new content (e.g., PGME, CPSM, CFPC);
- 5.3 As a response to an emerging significant health issue;
- 5.4 A faculty member believes new content would be beneficial to learners and helps to develop the content;
- 5.5 The Department leadership requests that a new content area be considered.

6. PROCESS TO FOLLOW IN DEVELOPING NEW CONTENT:

- 6.1 Initially, an informal proposal is to be made to the ACS regarding a new content topic for possible inclusion.
 - 6.1.1 Any member of the ACS or invited guest may make an informal proposal.
 - 6.1.2 This informal proposal will only need to include a rationale for inclusion and an overview of the content that would be taught. This can be via presentation or oral report.
 - 6.1.3 If a quorum of voting members agrees, the individual(s) responsible for the informal proposal will be requested to develop a formal proposal to be presented at a later date.
- 6.2 Formal proposals are to be brought to the ACS for review and feedback based on the following considerations:
 - 6.2.1 Requests for consideration of new content should be made in reference to one of the

- 6.2.2 five reasons for developing new content referenced in Section 5;
 - 6.2.2 Suggestions for new content must be approached in a scholarly fashion, informed by appropriate evidence when possible;
 - 6.2.3 Proposals must include a description as to how resident input and feedback will be solicited;
 - 6.2.4 Proposals must include a clear plan for eventual implementation across all streams;
 - 6.2.5 Individuals who develop new curriculum will be encouraged to pilot new work at a small number of sites/streams.
- 6.3 Proposals that meet all of the above criteria will be voted upon by the ACS and if a quorum of voting members agree, the content will be brought to Curriculum Quality Improvement Subcommittee for approval.

7. CONSIDERATIONS WHEN DEVELOPING NEW CONTENT:

- 7.1 Requests for consideration of new content areas should be made in reference to one of the five reasons for developing new content;
- 7.2 Suggestions for new content must be approached in a scholarly fashion, informed by appropriate evidence when possible, including needs assessment;
- 7.3 Proposals must include a description as to how resident input and feedback will be solicited;
- 7.4 Proposals must include a clear plan for eventual implementation across all streams;
- 7.5 Individuals who develop new curriculum will be encouraged to pilot new work at a small number of sites/streams.

8. REVIEW AND EFFECT ON PREVIOUS STATEMENTS

- 8.1 The Review Date for this Policy and Procedure is five (5) years from the date it is approved by the Executive Management Committee, Department of Family Medicine.
- 8.2 If this document is revised or repealed, any related documents shall be reviewed as soon as possible to ensure that they comply with the revised document, or are in term revised or repealed.
- 8.3 This Policy supersedes all previous governing documents dealing with the subject matter addressed in this document.

9. POLICY CONTACT

Please contact the Family Medicine Academic Curriculum Faculty Lead with questions regarding this document.