

DEPARTMENT OF FAMILY MEDICINE

COMPETENCY FRAMEWORK



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Organizational acronyms

CFPC	College of Family Physicians of Canada
DFM	Department of Family Medicine
RCPSC	Royal College of Physicians and Surgeons of Canada
SOGC	The Society of Gynecologists of Canada

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Goal of the Residency Program

A broad knowledge base and clinical skill sets enable family physicians to work in diverse settings such as patients' homes, outpatient clinics (**in-person or virtual**), emergency departments, labour and delivery suites, hospital wards, and personal care homes. Family medicine often serves as the main entry point to the health care system and the hub that provides continuity of care throughout the life cycle. As such, family medicine is the central medical discipline. The importance of primary care in quality of health and the value Canadian society places on family physicians in the delivery of this care are well known.^{1, 2}

The goal of the University of Manitoba Department of Family Medicine (DFM) Core Residency Program (the Program) is to train residents who are competent to enter and adapt to the independent practice of comprehensive family medicine anywhere (whether urban, rural or remote settings) in Canada.

On completion of their program, family physicians trained by our residency program will demonstrate the abilities to:

- Respond and adapt to the needs of their communities by providing comprehensive, high quality, continuous health care to their patients and families across the life cycle (including prevention, acute and chronic illness management), in a variety of care settings, and to a broad base of patients, including those from underserved and marginalized populations.
- Recognize that the patient-physician relationship is central to their practice and strive to communicate effectively with patients.
- Collaborate with other physicians, health professionals, patients, and their families to optimize patient care.
- Mobilize the resources of the community to improve the health care delivery system.
- Take an active role in improving the safety and quality of health care.
- Engage in lifelong learning.
- Demonstrate professional behaviours in all aspects of practice.

The College of Family Physicians of Canada (CFPC) has adopted a competency approach to the accreditation of training programs for family physicians in Canada. The model is referred to as the CanMEDS-FM 2017 framework³, which is modified from the CanMEDS model⁴ of the Royal College of Physicians and Surgeons of Canada (RCPSC).

1 J. Macinko, B. Starfield, L. Shi, The Contribution of Primary Care Systems to Health Outcomes Within Organization for Economic Cooperation and Development (OECD) Countries, 1970—1998, *Health Services Research* 38, 3 (June 2003): pp. 831—865.

2 B. Starfield, Is Primary Care Essential? *Lancet* 344, 8930 (Oct. 22, 1994): pp. 1129—1133.

3 College of Family Physicians of Canada. *CanMEDS-Family Medicine 2017: A competency framework for family physicians across the continuum* (Nov 2017)

4 Royal College of Physicians and Surgeons of Canada. *CanMEDS Framework* (2015)

Introduction

In response to changes in accreditation standards in family medicine, the Program has engaged in a process to review and modify its curriculum to ensure it meets the goals of the CFPC's Triple C Curriculum⁵ — a competency-based curriculum that is:

- Comprehensive
- Focused on Continuity of education and patient care
- Centred in Family Medicine

This document is a guide to the development of specific and necessary competencies, all of which are critical for a resident's development as a competent physician. For individual learners, this competency-based approach provides a clear guide to necessary behaviours, skills, knowledge, and practices that will enable their development over time into a compassionate, comprehensive, and competent family physician.

The competencies are organized by family medicine **foundational competencies**, which are generic competencies of the graduating practice-ready family physician. The foundational competencies are complemented by **domain-specific competencies**, which are competencies specifically related to an area of clinical care. Domains are organized in terms of life cycle or special topics:

Life cycle

- Maternal care
- Care of children and adolescents
- Care of adults
- Care of elderly

Special topics

- Palliative care and end-of-life
- Care of First Nations, Inuit, and Métis populations
- Care of vulnerable and underserved populations
- Behavioural medicine

The development of rotation-specific learning outcomes is based on foundational and domain-specific competencies. The competencies have been constructed with the four principles of family medicine in mind and organized under CanMEDS roles.

⁵ College of Family Physicians of Canada. Triple C Competency-based Curriculum (March 2011)

Four principles of family medicine ⁶

The family physician is a skilled clinician

Family physicians demonstrate competence in the patient-centred clinical method; they integrate a sensitive, skillful, and appropriate search for disease. They demonstrate an understanding of patients' experience of illness (particularly their ideas, feelings, and expectations) and of the impact of illness on patients' lives.

Family physicians use their understanding of human development and family and other social systems to develop a comprehensive approach to the management of disease and illness in patients and their families.

Family physicians are also adept at working with patients to reach common ground on the definition of problems, goals of treatment, and roles of 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 have an expert knowledge of the wide range of common problems of patients in the community, and of less common, but life threatening and treatable emergencies in patients in all age groups. Their approach to health care is based on the best evidence available.

Family medicine is a community-based discipline

Family practice is based in the community and is significantly influenced by community factors. As a member of the community, the family physician is able to respond to people's changing needs, to adapt quickly to changing circumstances, and to mobilize appropriate resources to address patients' needs.

Clinical problems presenting to a community-based family physician are not pre-selected and are commonly encountered at an undifferentiated stage. Family physicians are skilled at dealing with ambiguity and uncertainty. They will see patients with chronic diseases, emotional problems, acute disorders (ranging from those that are minor and self-limiting to those that are life threatening), and complex bio-psychosocial problems. Finally, the family physician may provide palliative care to people with terminal diseases.

The family physician may care for patients in the office, the hospital (including the emergency department), other health care facilities, or the home. Family physicians see themselves as part of a community network of health care providers and are skilled at collaborating as team members or team leaders. They use referrals to specialists and community resources judiciously.

The family physician is a resource to a defined practice population

The family physician views his or her practice as a population at risk, and organizes the practice to ensure that patients' health is maintained whether or not they are visiting the office. Such organization requires the ability to evaluate new information and its relevance to the practice, knowledge and skills to assess the effectiveness of care provided by the practice, the appropriate use of medical records and/or other information systems, and the ability to plan and implement policies that will enhance patients' health.

Family physicians have the responsibility to advocate public policy that promotes their patients' health. They accept their responsibility in the health care system for wise stewardship of scarce resources.

Family physicians consider the needs of both the individual and the community.

The patient-physician relationship is central to the role of the family physician

Family physicians have an understanding and appreciation of the human condition, especially the nature of suffering and patients' response to sickness. They are aware of their strengths and limitations and recognize when their own personal issues interfere with effective care.

Family physicians respect the privacy of the person. The patient-physician relationship has the qualities of a covenant—a promise, by physicians, to be faithful to their commitment to patients' well-being, whether or not patients are able to follow through on their commitments. Family physicians are cognizant of the power imbalance between doctors and patients and the potential for abuse of this power.

Family physicians provide continuing care to their patients. They use repeated contacts with patients to build on the patient-physician relationship and to promote the healing power of interactions. Over time, the relationship takes on special importance to patients, their families, and the physician. As a result, the family physician becomes an advocate for the patient.

A competency-based residency program

The Program has identified family medicine **foundational** and **domain-specific** competencies that the resident will achieve by the end of their residency. These have been organized under CanMEDS roles with consideration of the CanMEDS-FM 2017 framework and the newly-released CanMEDS-FM Indigenous Health supplement.⁷

The following section outlines the **key competencies** required of all trainees in the Program. The term 'Key competency' is used to designate an overarching competency. All key competencies are further defined by a set of enabling competencies.

Key and enabling competencies were developed with consideration of the CFPC's **priority topics**⁸ (Appendix A) and **core procedures**⁹ (Appendix B).

In this framework, competencies that refer to a CFPC Priority Topic can be identified by the ☒ symbol.

⁷ 5 Kitty D, Funnell S, eds. *CanMEDS-FM Indigenous Health Supplement*. Mississauga, ON: The College of Family Physicians of Canada; 2020.

⁸ College of Family Physicians of Canada. Assessment objectives for certification in Family Medicine. Report of the Working Group on the Certification Process (May 2020)

⁹ College of Family Physicians of Canada. Defining competence for the purposes of certification by the College of Family Physicians of Canada: The evaluation objectives in family medicine. Report of the Working Group on the Certification Process (October 2010)

Family medicine foundational competencies

FAMILY MEDICINE EXPERT ROLE

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-centered 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 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 generate 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 to the changing needs of their patients and community, expanding or focusing their practice as necessary.

Family physicians work with Indigenous peoples, whether in urban, rural, or remote settings. First Nations, Inuit, and Métis people live in both homogenous and diverse populations that span all of these settings. They must serve Indigenous patients and their communities with trauma-informed care and healing-centred engagement, and to be aware of the social determinants of health that impact patient health in order to provide culturally safe care.

The role of the family physician

KEY COMPETENCY	ENABLING COMPETENCIES
ME1 - Practices generalist medicine within their defined scope of professional activity <i>Domain-specific content regarding knowledge and skills is provided in Life Cycle and Special Topics sections</i>	1.1 Quality care: Demonstrates a commitment to high quality, relationship centered compassionate care of their patients, integrating the four principles of family medicine: • 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 for the family physician 1.2 CanMEDS-FM: Integrates the CanMEDS-FM 2017 Intrinsic Roles into their practice of medicine 1.3 Range of duties: 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 Balancing competing demands: Carries out professional duties in the face of multiple, competing demands 1.5 Complexity and uncertainty: Recognizes and responds to the complexity, uncertainty, and ambiguity inherent in medical practice Domain-specific detail available for: ➤ First Nations, Inuit, and Métis (FNIM-1)

Clinical care

KEY COMPETENCY	ENABLING COMPETENCIES
ME2 – Provides comprehensive preventative care throughout the life cycle, incorporating strategies that modify risk factors and detect disease in early treatable stages <i>Domain-specific content regarding preventative care and periodic health exams is provided in Life Cycle and Special Topics sections</i> ☒ Priority Topic 75: Periodic health assessment/screening	2.1 Screening and prevention: Incorporates disease prevention, health promotion, and health surveillance into interactions with individuals 2.2 Health promotion: Works with patients and their families and social or cultural support networks to increase opportunities to adopt healthy behaviours (e.g., exercise, healthy eating) 2.3 Risk reduction: Recognizes modifiable risk behaviours and provide advice on risk reduction 2.4 Periodic health examination (PHE): Performs all components of a complete periodic health examination ▪ Adapting PHE: In a proactive or opportunistic manner, selectively adapts the PHE to the patient's specific circumstance(s) Domain-specific detail available for: ➤ Maternal Care (MAT1-4) ➤ Care of children and Adolescents (COC2-4) ➤ Care of Adults (ADU1) ➤ Care of the Elderly (COE1-2) ➤ Care of vulnerable and underserved populations (UND-1)

KEY COMPETENCY

ME3 - Performs a patient-centred clinical assessment and establishes a management plan

Domain-specific content regarding common (key) conditions, urgent/emergent conditions, and undifferentiated symptoms is provided in Life Cycle and Special Topics sections

ENABLING COMPETENCIES

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

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

- **History:** Takes an appropriately focused history regarding the presenting problem
- **Red flag:** Elicits pertinent associated symptoms, red flags, and risk factors
- **Physical:** Performs an appropriately thorough physical examination in a timely manner
- **Differential diagnosis:** Constructs an appropriately thorough differential diagnosis that is congruent with data generated by the history and physical, and that considers not only prevalence of the condition in the population, but also serious or life threatening conditions
- **Selecting investigations:** Selects investigations based on consideration of prevalence, evidence of benefit and risk, patient's wishes, and cost
- **Interpreting results:** Interprets the test results promptly and correctly
- **Communicating results:** Communicates results in a timely fashion

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

3.4 Management plan: Establishes a care management plan, finding common ground with the patient

- **Prescribing:** Plans and arranges pharmacologic treatments that address key principles of good prescribing practice
- **Non-pharmacologic interventions:** Integrates non-pharmacologic interventions into management plans
- **Follow-up:** Establishes an appropriate schedule for reassessment of the condition

3.5 Informed clinical decisions: Makes clinical decisions informed by the best evidence, past experience, and the patient's perspective

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

Domain-specific detail available for:

- Maternal Care (MAT5-13)
- Care of children and Adolescents (COC1, COC6-8)
- Care of Adults (ADU2-6)
- Care of the Elderly (COE3-4)
- Palliative Care and End-of-Life (PAL1-8)
- Care of First Nations, Inuit and Metis Populations (FNIM-2)
- Care of Vulnerable and Underserved Populations (UND-1)
- Behavioral Medicine (BEH1-7)

KEY COMPETENCY	ENABLING COMPETENCIES
ME4 - Demonstrates an effective approach to the ongoing care of patients with chronic conditions and/or to patients requiring regular follow-up <i>Domain-specific content regarding chronic conditions and conditions requiring regular follow-up is provided in Life Cycle and Special Topics sections</i> ☒ Priority Topic 14: Chronic disease ☒ Priority Topic 67: Multiple medical problems	4.1 Screening: Screens for and identifies patients with chronic disease 4.2 Monitoring: Monitors for complications of common chronic diseases 4.3 Patient perspective: Solicits the patient's perspective and establishes goals of care in collaboration with patients and their families 4.4 Patient education: Educates the patient about their chronic disease and empowers the patient to take some ownership of the disease 4.5 Management plan: Establishes a patient-centred management plan that integrates an interprofessional approach ▪ Prevention: Integrates health promotion and prevention into a management plan ▪ Pharmacotherapy: Recommends pharmacotherapy when appropriate for alleviating symptoms, achieving treatment targets, or preventing complications ▪ Lifestyle interventions: Proposes that the patient set small, achievable lifestyle goals to maximize their ability to control their disease ▪ Interprofessional care: Works with other health professionals to integrate care for individual patients or groups of patients 4.6 Targets: Sets appropriate treatment targets for common chronic diseases as informed by the most relevant clinical practice guidelines

KEY COMPETENCY	ENABLING COMPETENCIES
ME5 - Performs family medicine specialty-appropriate procedures to meet the needs of individual patients <i>A complete list of family medicine specialty-specific procedures is provided in Appendix B</i>	5.1 Selection: Determines the most appropriate procedures ▪ Contraindications: Identifies contraindications to procedure ▪ Own skill level: Recognizes own skill level in performing procedure and refers if procedure exceeds skill set 5.2 Consent: Obtains and documents informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure 5.3 Prioritize: Prioritizes a procedure, taking into account clinical urgency and the available resources 5.4 Performance: Prepares and performs procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances 5.5 Aftercare: Develops a plan with the patient for aftercare and follow -up after completion of a procedure 5.6 Complications: Describes the normal postoperative healing course and recognize and manages common post-operative complications

Coordination of patient care

KEY COMPETENCY	ENABLING COMPETENCIES
ME6 – Establishes patient-centered care plans that include the patient, their family, other health professionals, and consultant physicians	6.1 Patient-centred care plans: Implements patient-centred care plans that support ongoing care, follow-up on investigations, response to treatment, and further consultation or referral ▪ Consultation & referrals: When indicated, makes timely, complete, and clear consultation requests or referrals to colleagues ▪ Team-based care: Establishes the roles and contributions of physicians, other health care professionals, the patient, and his/ her family in the provision of patient-centred care plans that support ongoing care, including follow-up on investigations, response to treatment, and further consultation Domain-specific detail available for: ➤ Maternal Care (MAT14)

Quality and patient safety

KEY COMPETENCY	ENABLING COMPETENCIES
ME7 - Actively facilitates continuous quality improvement for health care and patient safety, both individually and as part of a team	7.1 Patient safety: Recognizes potential health care delivery risks and patient safety incidents, working proactively to prevent harm and remediate identified concerns ▪ Selecting for virtual care: Understands the applications and limits of virtual care, knowing when to advise a patient that they require an in-person assessment 7.2 Quality improvement: Adopts strategies and applies improvement science to promote continuous quality improvement 7.3 Human and system factors: Improves patient safety, addressing human and system factors as part of a commitment to quality 7.4 Optimizing care in practice: Implements mechanisms to optimize patient care in practice

Cultural safety

KEY COMPETENCY	ENABLING COMPETENCIES
ME8 - Establishes an inclusive and culturally-safe practice environment	8.1 Openness: Demonstrates humility and openness to patients' ideas and knowledge 8.2 Respect: Seeks to understand and respects culturally-based health beliefs 8.3 Exploration of patient experiences: Explores how the patient's previous experiences, including adverse life events, impact individual clinical encounters with the health system and incorporates this understanding in their provision of care

Community-adaptive expertise

KEY COMPETENCY	ENABLING COMPETENCIES
<i>ME9 - Contributes generalist abilities to address complex, unmet patient or community needs, and emerging health issues, demonstrating community-adaptive expertise</i>	9.1 Assessing need: Assesses and adapts practice to community needs, anticipating and planning for emerging health care issues in the community 9.2 Clinical courage: Demonstrates clinical courage (rational risk taking) and comfort with uncertainty in approaching novel and/or complex patient and community challenges 9.3 Adjusts learning plans: Creates and adjusts personal learning plans expanding or focusing practice as necessary to develop the knowledge and skills necessary to provide community-adaptive care

Family medicine foundational competencies

COMMUNICATOR ROLE

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 the gathering and sharing of essential information for effective patient-centered health care.

Description

The patient-physician relationship and patient-centered 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' experiences 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 their patients in a manner that respects their autonomy and empowers them in their health care decision-making. They seek to reach common ground on the definition of problems and goals of treatment, 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 psychosocial and social issues. This plan should be informed by evidence and guidelines.

The family physician recognizes that effective communication with Indigenous patients also involves responsive adaptation of interview tasks to consider an additional range of cultural (patient and physician) and societal (arising from colonization) contexts.

Communication with patients and their families

KEY COMPETENCY	ENABLING COMPETENCIES
CM1 - Develops rapport, trust and ethical therapeutic relationships with patients and their families ✉ Priority Topic 28: Difficult patient ✉ Priority Topic 52: In children	1.1 Positive relationships: Establishes positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and compassion ▪ Avoiding inequities: Ensures that interactions with Indigenous patients and families does not perpetuate inequity. 1.2 Environment: Optimizes the physical environment for patient comfort, dignity, privacy, engagement, and safety ▪ Virtual care: Effectively uses technology for communication and understands the limits of technology 1.3 Respect of patient: Respects patient confidentiality, privacy, and autonomy 1.4 Listening: Listens respectfully to patients and family members and addresses their concerns 1.5 Non-verbal communication: Responds to a patient's non-verbal behaviours to enhance communication 1.6 Adapting communication: Adapts communication to the unique needs of preferences of each patient and to his or her clinical condition and circumstances ensuring that care is inclusive and culturally safe ▪ Children: Adapts communication methods based on the age of the child ▪ Elderly: Adapts interviews with elderly patients by adapting personal communication style, the interview environment, and visit content ▪ Language barriers: Uses appropriate strategies, including use of translators, to minimize communication barriers related language ▪ Low literacy: Uses appropriate strategies to minimize communication barriers in patients with low literacy (both reading and numeracy literacy) ▪ Developmental delay: Identifies specific communication barriers in developmentally delayed populations and works to reduce these Domain-specific detail available for: ➤ First Nations, Inuit and Métis populations (FNIM-3)

KEY COMPETENCY	ENABLING COMPETENCIES
CM2 - Elicits and synthesizes accurate and relevant information from, and perspectives of, patients and their families ✉ Priority Topic 38: Family issues	2.1 Patient-centred interviewing: 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 Interview structure: Organizes the interview in a logical sequence, attending to timing, and keeping the interview on task while encouraging active participation by patients 2.3 Life context: Explores the patient’s personal life context, including cultural influences 2.4 Corroborating information: Seeks and synthesizes information from other sources, such as the patient’s family and caregivers 2.5 Engaging during key life events: Engages with families during important life events to improve understanding of the patient/family experience and/or to mobilize support

KEY COMPETENCY	ENABLING COMPETENCIES
CM3- Shares health care information and plans with patients and their families	3.1 Sharing information: Shares information and explanations that are clear, accurate, and timely, while checking for patient and family understanding 3.2 Disclosure: Discloses patient safety incidents to patients and their families accurately and appropriately

KEY COMPETENCY	ENABLING COMPETENCIES
CM4- Engages patients and their families in developing plans that reflect the patient's health care needs, values, and goals ☒ Priority Topic 43: Gender specific issues ☒ Priority Topic 9: Bad news ☒ Priority Topic 28: Difficult patient	4.1 Facilitating communication: 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 the use of an interpreter or cultural intermediary when needed 4.2 Supporting decision-making: Assists patients and their families to identify, access, and make use of appropriate information and communication technologies to support their care make informed decisions and manage their health while maintaining confidentiality 4.3 Respect of diversity: 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 Challenging/difficult communication: Effectively addresses challenging communication issues such as motivating behaviour change, delivering bad news, and addressing disagreements and emotionally charged situations 4.5 Counseling: Provides therapeutic interventions through supportive and other counseling techniques 4.6 Supporting patients: Assists patients to clarify their values and feelings, cope with uncertainty, and sort out their options for care Domain-specific detail available for: ➤ Palliative and End-of-Life Care (PAL9-10)

Documentation

KEY COMPETENCY	ENABLING COMPETENCIES
CM5- Documents and shares written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy	5.1 Documentation requirements: Documents clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements 5.2 Record formats: Communicate effectively using a written health record, electronic medical record, or other digital technology 5.3 Leveraging the EHR: Utilizes the Electronic Health Record (EHR)/Electronic Medical Record (EMR) to enhance shared decision-making with patients

Family medicine foundational competencies

COLLABORATOR ROLE

Definition

As collaborators, family physicians work with patients, families, communities and other healthcare providers to provide safe, high quality patient-centered care.

Description

Collaboration is essential for safe, high quality, patient-centered care. Family physicians collaborate with patients and their families, physicians and other healthcare 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 Patients' Medical Home, or an extended teams across multiple locations.

Family physicians see themselves as core participants in this broad community network of health care 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. This requires an understanding of the roles and perspectives of others, pursuit of common goals and outcomes, and managing differences. Collaboration skills are broadly applicable to activities beyond clinical care, such as administration, education, advocacy, and scholarship.

From an Indigenous lens, family physicians practice cultural humility when seeking to build and striving to maintain inclusive relationships with Indigenous-led organizations (e.g., Indigenous health and social programs, friendship centres), communities, families, and individuals, to provide culturally-safe, equitable, relationship-centred care. To be effective collaborators in Indigenous health, they understand and incorporate Indigenous perspectives of health to support Indigenous individuals and communities in achieving equitable health outcomes.

Team-based care

KEY COMPETENCY	ENABLING COMPETENCIES
CL1- Works effectively with others in a collaborative team-based model	1.1 Relationships: Establishes and maintains positive interdependent relationships with others 1.2 Roles: Describes one's own role and the roles of others (including clinical, research, education, or administrative roles) 1.3 Overlapping roles: Defines and negotiates overlapping and shared roles and responsibilities to meet the needs of patients 1.4 Diversity in roles: Respects diversity of roles and perspectives while ensuring integrated patient-centered care 1.5 Flexibility: Demonstrates role flexibility, for example changing from team member to team leader as necessary based on context, team composition, and patient needs Domain-specific detail available for: ➤ First Nations, Inuit, and Métis (FNIM-4)

KEY COMPETENCY	ENABLING COMPETENCIES
CL2- Cultivates and maintains positive working environments through promoting understanding, managing differences, minimizing misunderstandings, and mitigating conflicts	2.1 Respectful attitude: Demonstrates a respectful attitude towards others 2.2 Engaging others: Engages others in shared decision-making and finding common ground with team members 2.3 Managing conflict: Works with others to promote understanding, manage differences, and negotiate conflict 2.4 Contributions to team function: Recognizes and reflects on one's own contributions and limitations of their impact on team function

Transitions in care

KEY COMPETENCY	ENABLING COMPETENCIES
CL3- Recognizes and facilitates the necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, and /or handover of care to enable continuity and safety	3.1 Timing of transitions: Determines when a transition in care is required and facilitates the process. 3.2 Safe transitions: Effectively negotiates and communicates (both verbally and in writing) individual and/or shared responsibilities through care transition plans to optimize patient safety.

Family medicine foundational competencies

LEADER ROLE

Definition

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

Description

At a systems level, family physicians take responsibility for the development and delivery of comprehensive, continuity-based, and patient-centered health care. They engage with others in working towards 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.

Family physicians play leadership roles in promoting the health of Indigenous people at the individual, practice, and community levels. They respect Indigenous world views and work alongside Indigenous communities to advance improvements in Indigenous health. At the individual and community levels family physicians act as helpers, which have traditionally played an important role in Indigenous societies.

Quality Improvement

KEY COMPETENCY	ENABLING COMPETENCIES
LD1 - Contributes to the improvement of comprehensive, continuity-based, and patient-centered health care delivery in teams, organizations, and systems	1.1 Application of quality improvement (QI): Applies the science of quality improvement to contribute to improving systems of patient care 1.1 Culture of safety: Contributes to a culture that promotes patient safety ▪ Culturally safe care: Ensures that clinical practices offer quality and culturally safe care to Indigenous peoples. 1.3 Patient safety incidents: Analyzes patient safety incidents to enhance systems of care 1.4 Health data to improve care: Uses health data and technology informatics to improve and inform the quality of patient care across all levels of the health care system ▪ EMR and individual patient care: Uses appropriately organized information in the EMR to plan individual patient care ▪ EMR for care of a practice populations: Demonstrates how data can be extracted and used to improve the management of a practice population 1.5 Engages patients in improvement: Works to engage patients, families, and caregivers in the process of health care improvement

Resource stewardship

KEY COMPETENCY	ENABLING COMPETENCIES
LD2 – Engages in the stewardship of health care resources	2.1 Resource allocation: Allocates health care resources for optimal patient care 2.2 Cost-appropriate care: Combines evidence and best practices with individual patient needs to achieve cost-appropriate care: ▪ <i>Cost-appropriate investigations</i> ▪ <i>Cost-appropriate referrals</i> ▪ <i>Cost-appropriate prescribing</i>

Leadership

KEY COMPETENCY	ENABLING COMPETENCIES
LD3 – Demonstrates collaborative leadership in professional practice	3.1 Leadership: Facilitates change within health care to enhance services and outcomes 3.2 Engages others: Advances quality care and health outcomes through engagement of others to impact all levels of health care 3.3 Coalitions: Works with others in coalitions to achieve results that enable practice, organizational, and system transformations Domain-specific detail available for: ➤ First Nations, Inuit, and Métis (FNIM-5)

Career and practice

KEY COMPETENCY	ENABLING COMPETENCIES
LD4- Manages career planning, finances, and health human resources in a practice	4.1 Setting priorities: Establishes and balances appropriate personal and professional goals and reassesses on an ongoing basis 4.2 Practice management: Plans and manages professional practice in an efficient and ethical manner, including: ▪ Insurance needs ▪ Finance and debt management ▪ Accounting support ▪ Legal issues ▪ Practice options ▪ Income streams and billing ▪ Overhead requirements ▪ Medical record options ▪ Technology supports for patient care (e.g. Virtual Care) ▪ Office set up ▪ Human resource plan 4.3 Practice improvement: Implements processes to enhance personal, career, and practice improvement

Family medicine foundational competencies

HEALTH ADVOCATE ROLE

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 an important understanding of the impact of the societal 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. Family physicians 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 requiring the development of partnerships with patients, their families and support networks, other health care professionals, community organizations, administrators, and policy makers.

As successful advocates for Indigenous health, family physicians recognize that advocacy must include communication and collaboration with the particular community's social and traditional culture.

Advocacy for individual patients

KEY COMPETENCY	ENABLING COMPETENCIES
HA1 – Responds to an individual patient's health needs by advocating with the patient within and beyond the clinical environment	1.1 Determinants of health of individuals: Works with patients to address determinants of health that affect them and their access to needed health services or resources ▪ Community resources: Demonstrates awareness of community resources to help support patients; recognizes the indications for these services and advocates effectively ▪ Barriers to care: Identifies barriers that prevent patients from accessing health care, including financial, cultural, or geographical

Advocacy for communities

KEY COMPETENCY	ENABLING COMPETENCIES
HA2 – 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 Determinants of health of communities: Works with a community or population to determine the determinants of health that affect them 2.2 Applies QI approach to populations: Improves clinical practice by applying processes of continuous quality improvement to disease prevention, health promotion, and health surveillance activities 2.3 Improving health of communities: Assesses community needs and identifies assets in the community or population served, and contributes to a process to improve health and equity ▪ Advocacy: Identifies opportunities for advocacy, health promotion, and disease prevention in the communities they serve and respond appropriately ▪ Approaches to change: Describes approaches to implementing changes in the determinants of health of the population served, and points of influence within the health care system ▪ Policy: Describes how public policy, health care delivery and health care financing impact access to care and the health of the population served ▪ Role of the profession: Describes the role of the medical profession in advocating collectively for health and patient issues ▪ Ethical issues in advocacy: Describe ethical and professional issues inherent in health advocacy (altruism, social justice, autonomy, integrity, idealism) and the possibility of conflict inherent in the role of health advocate and that of manager 2.4 Underserved populations: Identifies and addresses specific needs of underserved patients and populations, including reducing barriers and improving access to culturally appropriate care Domain-specific detail available for: ➤ First Nations, Inuit, and Métis (FNIM-6) ➤ Care of vulnerable and underserved populations (UND-2-3)

Family medicine foundational competencies

SCHOLAR ROLE

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 systems. As lifelong learners, they implement a planned approach to improve in each CanMEDS-FM 2017 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, multi-morbidity, 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 patients values and preferences into account. Family physicians contribute to the creation, application, dissemination, and translation of knowledge application 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.

With respect to caring for Indigenous patients, families, and communities, family physicians pursue knowledge in epidemiology, health, and social issues relevant to this population, as well as the historical, political, and social contexts of First Nations, Inuit, or Métis populations. While there is a growing body of evidence-based Indigenous health literature, physicians must also be aware of non-academic sources of knowledge, such as that of Indigenous leaders, traditional healers, cultural resource persons, or knowledge keepers.

KEY COMPETENCY	ENABLING COMPETENCIES
SC1 – Engages in the continuous enhancement of their professional activities through reflection and ongoing learning ★ Priority Topic 59: Learning (Patients/self)	1.1 Personal learning plan: Develops, implements, monitors, and revises a personal learning plan to enhance professional practice 1.2 Principles of CPD: Describes principles of continuous professional development (CPD) and the CFPC Mainpro+ framework ▪ Selecting objectives: Sets <i>SMART (specific, measurable, attainable, relevant, time-bound)</i> objectives to address identified learning needs ▪ Selecting and engaging in activities: Selects and engages in learning activities ▪ Integration of learning: Integrates new learning into practice ▪ Reflection: Reflects on the impact of learning ▪ Assessing performance: Identifies opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources 1.3 Collaborative learning: Engages in collaborative learning to continuously improve personal practice, and contributes to collective improvements in practice Domain-specific detail available for: ➤ First Nations, Inuit, and Métis (FNIM-7)

KEY COMPETENCY	ENABLING COMPETENCIES
SC2 – Integrates best available evidence, into practice with consideration given to context, epidemiology of disease, multi-morbidity, and complexity of patients ☒ Priority Topic 59: Learning (Patients/self)	2.1 Identifying learning gaps: Recognizes practice uncertainty and knowledge gaps in clinical and other professional encounters, and generates focused questions that have the potential to bridge the gaps 2.2 Pre-appraised information: Identifies, selects, and navigates pre-appraised resources and clinical practice guidelines that are relevant to family practice settings ▪ Accessing information: Accesses and navigates scholarly sources of information ▪ Knowledge management: Develops a system to store and retrieve relevant educational material ▪ Scanning: Uses evidence alerting services or electronic knowledge dissemination services 2.3 Assessing information at the point of care: Accesses and applies appropriate resources at the point of care 2.4 Critical Appraisal: Critically evaluates the integrity, reliability, and applicability of health-related research and literature that is relevant to settings where family physicians work ▪ Asking good questions: Formulates a well-structured question ▪ Selecting information: Selects sources of information ▪ Interpreting findings: Interprets study findings, assesses validity and study design ▪ Applicability: Evaluates applicability 2.5 Integrating evidence: Integrates evidence into decision-making in practice. ▪ Guidelines: Reviews and appropriately applies guidelines from organizations such as Health Canada, CFPC, and relevant specialty societies

Research

KEY COMPETENCY	ENABLING COMPETENCIES
SC3 – Contributes to the creation and dissemination of knowledge relevant to family medicine	3.1 Principles of research: Demonstrates an understanding of the scientific principles of research and scholarly inquiry, and the role that evidence has in the provision of health care 3.2 Ethical principles: Identifies and applies the ethical principles for research into providing informed consent, balancing benefits and potential harms/risks, and working with vulnerable populations 3.3 Scholarly environment: Contributes to, supports, and nurtures a scholarly environment 3.4 Quality improvement: Participates in and conducts quality improvement activities 3.5 Research: Poses questions amenable to scholarly inquiry and selects appropriate research methods from across the research continuum to answer the questions 3.6 Communicating findings: Summarizes and communicates the findings of relevant research and scholarly inquiry to professional and lay audiences, including patients, their families, and communities.

Teaching

KEY COMPETENCY	ENABLING COMPETENCIES
SC4 – Teaches students, residents, the public, and other health care professionals	4.1 Formal, informal, and hidden curriculum: Recognizes and addresses the impact of the formal, informal, and hidden curriculum on learners, including the public 4.2 Learning environment: Promotes a safe learning environment 4.3 Patient safety in the learning environment: Ensures patient safety is maintained when learners are involved 4.4 Teaching: Plans and delivers a learning activity 4.5 Feedback: Provides feedback to enhance learning and performance 4.6 Assessment: Assesses and evaluates learners, teachers, and programs in an educationally appropriate manner. 4.7 Coaching, mentoring, role-modeling: Integrates coaching, mentorship, and role-modeling into teaching practice

Family medicine foundational competencies

PROFESSIONAL ROLE

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 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, and adherence to ethical standards, and values such as integrity, honesty, altruism, humility, respect for diversity, and transparency with respect to potential conflicts of interest. It is also recognized that to provide optimal patient care, family physicians must take responsibility for the health and well-being of themselves and their colleagues. 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, to society, to their profession, and to themselves.

Defining competent medical practice with Indigenous patients frames accountabilities to patients, colleagues, the community, and the profession. They direct us to act on cultural, structural, and systemic dynamics that influence health and health care as experienced by Indigenous people

Commitment to patients, society and the profession

KEY COMPETENCY	ENABLING COMPETENCIES
PR1 – Demonstrates a commitment to patients through clinical excellence and high ethical standards	1.1 Professional behaviours: 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 demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality ▪ Care and compassion: Demonstrates a caring and compassionate manner ▪ Respect of colleagues: Engages in respectful shared decision-making with physicians and other colleagues in the health care profession ▪ Comfort and dignity: Takes steps to ensure patient comfort and dignity at all times during exams or procedures ▪ Reliability: Ensures day-to-day behaviour reassures one that the physician is responsible, reliable, and trustworthy ▪ Flexibility: Demonstrates a flexible, open-minded approach that is resourceful and deals with uncertainty ▪ Confidence and humility: Evokes confidence without arrogance, and does so when needing to obtain further information or assistance ▪ Confidentiality: Demonstrates adherence to confidentiality constraints and Manitoba's Personal Health Information Act 1.2 Excellence: Demonstrates a commitment to excellence in all aspects of practice 1.3 Ethical issues: Recognizes and responds to ethical issues encountered in practice 1.4 Conflicts of interest: Recognizes and manages conflicts of interest 1.5 E-communication: Exhibits professional behaviours and adheres to confidentiality and privacy principles in the use of technology-enabled communication 1.6 Professional boundaries: Maintains appropriate professional boundaries Domain-specific detail available for: ➤ Palliative and End-of-Life Care (PAL11)

✉ **Priority Topic 28:** Difficult patient

KEY COMPETENCY	ENABLING COMPETENCIES
PR2 – Demonstrates a commitment to society by recognizing and responding to societal expectations in health care	2.1 Accountability: Demonstrates accountability to patients and society 2.2 Commitment to quality: Demonstrates a commitment to quality care, and continuous quality improvement Domain-specific detail available for: ➤ First Nations, Inuit, and Métis (FNIM-8)

KEY COMPETENCY	ENABLING COMPETENCIES
PR3 – Demonstrates a commitment to the profession by adhering to standards and participating in physician-led regulation	3.1 Adherence to codes: Fulfills and adheres to the professional and ethical codes, standards of practice, and laws governing practice 3.2 Unprofessional behaviour: Recognizes and responds to unprofessional and unethical behaviours in physicians or other colleagues in the health professions 3.3 Peer assessment: Participates in peer assessment and standard setting 3.4 Fostering collegial environment: Fosters an environment of respect and collegiality

Commitment to physician health and well-being

KEY COMPETENCY	ENABLING COMPETENCIES
PR4 – Demonstrates a commitment to physician health and well-being to foster optimal patient care	4.1 Well-being: Exhibits self-awareness and manages influences on personal well-being and professional performance: ▪ Know limits: Recognizes one's own limits and seeks help appropriately ▪ Mindful approach: Understands how one's attitudes impacts interactions 4.2 Work/life balance: Manages personal and professional demands for a sustainable practice throughout the family physician life cycle 4.3 Supporting colleagues: Promotes a culture that recognizes, supports, and responds effectively to colleagues in need

Commitment to reflective practice

KEY COMPETENCY	ENABLING COMPETENCIES
PR5 – Demonstrates a commitment to reflective practice	5.1 Information on personal practice: Demonstrates the ability to gather, interpret, and appropriately act on information about personal performance, knows one's own limits and seeks help when needed 5.2 Self-awareness: Demonstrates awareness of self and an understanding how one's attitudes, beliefs, assumptions, values, preferences, feelings, privilege, and perspective impact on their practice 5.3 Reflection: Reflects on practice events, especially critical incidents, to deepen self-knowledge, recognizing when something needs to change and implementing change Domain-specific detail available for: ➤ Palliative and End-of-Life Care (PAL12)

Maternal care competencies

Pre-conception and prenatal care

KEY COMPETENCY	ENABLING COMPETENCIES
MAT1 – Provides pre- and early pregnancy counselling ☒ Priority Topic 79: Pregnancy ☒ Priority Topic 91: Smoking cessation ☒ Priority Topic 51: Immunization ☒ Priority Topic 54: Infertility	1.1 Pre-conception counselling: Provides care for pre-pregnancy planning, including addressing issues such as lifestyle, exercise, dietary options/suggestions (e.g., folate, vitamin D, multivitamin use), environmental factors (e.g., smoking, pets, infectious diseases, alcohol, radiation, or chemical exposures), teratogenic medications (including isotretinoin, angiotensin converting enzyme [ACE] inhibitors, misoprostol/diclofenac) and anti-epileptic medications 1.2 Pre-conception vaccination: Offers pre-pregnancy immunizations (e.g., measles-mumps-rubella for non-immune women, influenza vaccination to protect women when pregnant) 1.3 Work Issues relevant to pregnancy: Lists exposures (work/home toxins, mutagens, infections e.g., parvovirus) needing to be managed and employment and maternity leave issues pertinent to patients who intend to become pregnant or who are pregnant 1.4. Infertility and repeat pregnancy loss: Provides support and perform initial investigation regarding infertility and repeat pregnancy losses

KEY COMPETENCY	ENABLING COMPETENCIES
MAT2 – Confirms and dates pregnancies ☒ Priority Topic 79: Pregnancy	2.1 Confirmation and dating: Confirms and dates pregnancies accurately, and if dates are uncertain, considers ordering an early dating ultrasound 2.2 Family structure and dynamics: Assesses family structure, family dynamics (including between partners), and stresses and support facing the pregnant patient 2.3 Pregnancy desirability: Establishes the desirability of the pregnancy in a patient with suspected or confirmed pregnancy. Ascertain whether the pregnancy is planned or unplanned.

KEY COMPETENCY	ENABLING COMPETENCIES
<i>MAT3 – Performs early pregnancy counselling</i> ✉ Priority Topic 79: Pregnancy	3.1 Family structure and dynamics: Assesses family structure, family dynamics (including between partners), and stresses and support facing the pregnant patient 3.2 Pregnancy desirability: Establishes the desirability of the pregnancy in a patient with suspected or confirmed pregnancy. Ascertain whether the pregnancy is planned or unplanned. 3.3 Pregnancy options: Demonstrates an open-minded and non-judgmental attitude when discussing all pregnancy options, including pregnancy termination and adoption

KEY COMPETENCY	ENABLING COMPETENCIES
<i>MAT4 – Plans and provides comprehensive prenatal care to low-risk female patients</i> ✉ Priority Topic 79: Pregnancy	4.1 Prenatal visits (schedule, purpose): Plans an appropriate prenatal visit schedule for a pregnant patient, and outlines the purpose of each visit 4.2 Common prenatal office-based manoeuvres: Performs and interprets key pregnancy-related office-based screening questions, examination techniques, and investigations to screen for conditions relevant to maternal and fetal well-being, including fetal movement counts, symphysis fundal height, maternal weight, and use of Doppler to assess fetal heart rate 4.3 Pregnancy risk stratification: Describes maternal and fetal criteria for a pregnancy to be considered “low risk,” and criteria for pregnancy to be considered “high risk” and requiring obstetrical specialty consultation 4.4 Prenatal screening: Counsels patients on common tests ordered in pregnancy, including Integrated Prenatal Screening (IPS) tests, genetic screening, ultrasounds, and other screening tests including laboratory investigations

KEY COMPETENCY	ENABLING COMPETENCIES
<i>MAT5 – Manages concurrent medical conditions in pregnant patients</i> ✉ Priority Topic 79: Pregnancy	5.1 Manages chronic concurrent medical conditions in pregnancy: Appropriately manages ongoing medical issues (e.g., diabetes, hypertension, hypothyroidism, asthma, inflammatory bowel disease, epilepsy, cardiac conditions, and depression) whose management may affect or be affected by pregnancy. Refers to specialist colleagues as appropriate.

KEY COMPETENCY	ENABLING COMPETENCIES
<i>MAT6 – Identifies, evaluates, and manages early pregnancy problems</i> ☒ Priority Topic 79: Pregnancy	6.1 Nausea and vomiting of pregnancy: Assesses and manages nausea and vomiting of pregnancy 6.2 Ectopic pregnancy: Identifies ectopic pregnancy and appropriately refers for management 6.3 First trimester bleeding: Diagnoses and manages first trimester bleeding appropriately (including threatened and missed abortions). For patients who experience miscarriage, offers empathic, supportive counselling, advice, and management plan 6.4 Rh status: Diagnoses Rh status and counsels women on role of Rh status. Manages Rh-negative status, including discussion of benefits and risks of RhoGAM or WinRho

KEY COMPETENCY	ENABLING COMPETENCIES
MAT7 – Identifies, evaluates, and manages late pregnancy problems ☒ Priority Topic 79: Pregnancy ☒ Priority Topic 53: Infections ☒ Priority Topic 88: Sexually transmitted infections	7.1 Abnormal lie: Describes and diagnoses an abnormal lie (including transverse lie). Propose appropriate management plan for abnormal lie 7.2 Breech presentation: Describes management plan for breech presentation 7.3 IUGR: Describes characteristics of Intrauterine Growth Retardation (IUGR), its diagnosis, prevention, and management 7.4 Gestational hypertension: Describes approach to diagnosis and management of gestational hypertension/pregnancy-induced hypertension, including pre-eclampsia 7.5 Placenta position: Recognizes significance, including risks of placenta and placenta previa, and describes approaches to counselling and managing these patients 7.6 GDM: Lists risk factors for Gestational Diabetes Mellitus (GDM). Orders screening tests for GDM, and lists implications (for mother and baby) of GDM in the long-term care of the patient and postpartum follow-up of affected individuals 7.7 Manage acute maternal infections during pregnancy: Describes key infections that might affect the pregnancy (e.g., TORCH infections [toxoplasmosis, other – syphilis, varicella-zoster, parvovirus B19, rubella, cytomegalovirus, herpes infections], listeria, influenza, varicella, zika, urinary tract infections, bacterial vaginosis, and Group B strep infections), how to prevent these infections, and how to appropriately manage the infections when they are acquired 7.8 STIs in pregnancy: Screens, diagnoses, and manages sexually transmitted infections (STIs) in pregnancy 7.9 Antepartum hemorrhage (APH): Recognizes, diagnoses, and manages antepartum hemorrhage appropriately and in a timely fashion 7.10 Premature rupture of the membrane (PROM): Describes approach to diagnosis and management of premature rupture of membranes 7.11 Pre-term labour: Counsels patients on preterm labour and how to recognize and manage this appropriately 7.12 Post-dates: Describes an approach to managing postdate pregnancies, including indications for fetal assessment and induction. 7.13 VBAC: Counsels patients on vaginal birth after cesarean section and refers when indication

KEY COMPETENCY	ENABLING COMPETENCIES
MAT8 – Confirms, monitors and manages labour ✉ Priority Topic 79: Pregnancy	8.1 Stages of labour: Lists and describes different stages of labour 8.2 Fetal membranes: Assesses for spontaneous rupture of membranes 8.3 Cervical assessment: Performs vaginal examination for cervical status (position, effacement, cervical dilation), fetal station, and position 8.4 Analgesia during labour: Describes different forms of pharmacologic (including epidural) and non-pharmacologic means to control pain and discomfort during labour and delivery 8.5 Fetal surveillance: Performs basic fetal surveillance, including intermittent auscultation, and electronic fetal monitoring, including scalp electrode placement. Recognizes concerning patterns and responds appropriate to these 8.6 Failure to progress: Describes risk factors for an abnormal or difficult childbirth or labour. Recognizes failure to progress, and when appropriate, treats by non-pharmacologic means and pharmacologic means (with consultation – BASIC, Independently – ADVANCED) 8.7 Induction: Manages induction for ruptured membranes at term or postdates, including the use of cervical ripening, amniotomy, and oxytocin (with consultation – BASIC, independently – ADVANCED)

Intrapartum

KEY COMPETENCY	ENABLING COMPETENCIES
MAT9 – Manages spontaneous vaginal delivery ✉ Priority Topic 79: Pregnancy	9.1 Manage delivery: Manages spontaneous term singleton vertex delivery and immediate care and aftercare of mother and baby. • VBAC delivery (with consultation - BASIC) • Twin delivery (with consultation - ADVANCED)

KEY COMPETENCY	ENABLING COMPETENCIES
MAT10 – Manages obstetrical emergencies ☒ Priority Topic 79: Pregnancy ☒ Priority Topic 5: Antibiotics	10.1 Shoulder dystocia: Recognizes and manages shoulder dystocia (including request for assistance) 10.2 Nuchal cord: Recognizes and manages a nuchal cord at delivery 10.3 Prolapsed umbilical cord: Describes an approach to recognizing and providing emergency management for a prolapsed umbilical cord 10.4 Intrapartum fever and infection: Chooses appropriate Cultures to perform, and manages acutely and empirically if necessary. Managed prolonged rupture of membranes appropriately 10.5 Retained placenta: Recognizes retained placenta and describes techniques to remove a retained placenta (including manual removal). Performs manual removal of placenta (ADVANCED) 10.6 Postpartum hemorrhage (PPH): Describes risk factors and approach to diagnosis, prevention, and management of immediate and later postpartum hemorrhage 10.7 Breech management: Recognizes and manages pre-partum breech presentation with appropriate referral. Explains the management of an emergency vaginal breech presentation 10.8 Support of newborn: Anticipates and prepares for the at-risk or depressed newborn

KEY COMPETENCY	ENABLING COMPETENCIES
MAT11 – Performs episiotomy and perineal repair ☒ Priority Topic 79: Pregnancy	11.1 Episiotomy: Describes the indications for an episiotomy and performs one as required. 11.2 Perineal Injury: Assesses the degree of perineal injury 11.3 Repair: Repairs an uncomplicated 1st or 2nd degree laceration, or episiotomy (BASIC). Repairs a 3rd degree tear (ADVANCED)

KEY COMPETENCY	ENABLING COMPETENCIES
MAT12 – Describes the indications for, and participates in operative delivery ☒ Priority Topic 79: Pregnancy	12.1 Assisted vaginal delivery: Describes indications and contraindications for use of an outlet vacuum or forceps assistance for a low assisted vaginal delivery. Performs vacuum assisted delivery as indicated (BASIC). 12.2 Caesarian section: Describes indications for Caesarian section. Provides assistance at Caesarian section

Postpartum

KEY COMPETENCY	ENABLING COMPETENCIES
<i>MAT13 – Provides basic postpartum care in both hospital and office environments</i> ✉ Priority Topic 79: Pregnancy	13.1 Anticipatory guidance: Provides anticipatory guidance regarding common maternal concerns 13.2 Breastfeeding: Encourages breastfeeding, develops strategies to promote this, prevents breastfeeding difficulties, and helps women with breastfeeding difficulties 13.3 Postpartum medical complications: Diagnoses and manages key maternal postpartum complications, including pain, fever, urine retention, bleeding, delayed hemorrhage, infections, uterine rupture 13.4 Postpartum visits: At postpartum visits, demonstrates an organized approach to following up maternal complications during the pregnancy and providing preventative care 13.5 Postpartum mood disorders: Lists risk factors for postpartum depression. Screens for, assesses, and manages postpartum support and depression (using common tools such as depression screening scales)

KEY COMPETENCY	ENABLING COMPETENCIES
<i>MAT14 – Engages patients and their families in developing birthing plans that reflect the patient's health care needs and goals</i> ✉ Priority Topic 79: Pregnancy	14.1 Birth plans: Understands the role of “birth plans,” review with patients, and communicates it to other health care team members. 14.2 Cultural safety: Facilitates discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe 14.3 Information technology and decision-making: Assists patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health. 14.4 Consumer health information: Analyzes consumer health information that is evidence-based. Is able to review such information with patients. 14.5 Common ground: Uses communication skills and strategies that help patients and their families make informed decisions leading to a shared plan of care.

Care of children and adolescents competencies

Neonatology

KEY COMPETENCY	ENABLING COMPETENCIES
<i>COC1 – Demonstrates an approach to neonatal resuscitation</i> ✉ Priority Topic 69: Newborn	1.1 Neonatal distress: Recognizes newborns requiring respiratory approach to neonatal support, and other serious conditions that require higher level resuscitation neonatal support 1.2 APGAR: Determines APGAR (appearance, pulse, grimace, activity, respiration) score 1.3 NPR (Neonatal Resuscitation Program): Performs basic neonatal resuscitation
<i>COC2 – Performs a comprehensive assessment of the newborn</i> ✉ Priority Topic 69: Newborn	2.1 Neonate common physical findings: Recognizes common physical findings or congenital abnormalities in the newborn (e.g., cardiac murmur, un-descended testes, hypospadias, ambiguous genitalia, benign neonatal rashes, congenital skin lesions, hip abnormalities, genitor-urinary tract abnormalities, absent red reflex) 2.2 Neonatal jaundice: Demonstrates a logical approach to the diagnosis and management of jaundice in the newborn 2.3 Serious neonate conditions: Diagnoses, investigates, and manages (including arrangement of timely referral) for common and serious neonatal conditions: ▪ failure to thrive/dehydration ▪ hypoglycemia ▪ hypotonia ▪ infants born to febrile mother ▪ infants born to GBS positive ▪ infants born to hepatitis B ▪ large for gestational age (LGA) ▪ neonatal abstinence mother syndrome ▪ respiratory distress ▪ sepsis ▪ small for gestational age (SGA) ▪ temperature instability positive mother ▪ vomiting in newborn period 2.4 Routine newborn discharge issues: Demonstrates appropriate routine neonatal care and discharge instructions (e.g., breastfeeding advice, neonatal screening including hearing, sleep position, and safety, monitoring hydration/weight gain, vitamin D supplementation, car seats), and recommends timely and adequate post-discharge care 2.5 Transferring neonates: Demonstrates an understanding of the principles of stabilizing and preparing a neonate for transport

Children

KEY COMPETENCY	ENABLING COMPETENCIES
COC3 – Provides periodic health exams and preventative care to infants and children ☒ Priority Topic 52: In children ☒ Priority Topic 105: Well-baby care	3.1 Screening: Demonstrates skill in the use of common preventative screening tools 3.2 Growth Curves: Collects, records and interprets biometric measures for newborns, children, and adolescents 3.3 Nutrition: Assesses and screens for appropriate nutritional intake and intervenes appropriately 3.4 Development Provides effective advice to parents to encourage motor, language, and social development 3.5 Prevention: Develops and demonstrates practical approaches to delivering rapid, effective, and evidence-based preventative care advice and guidance on the following topics: ▪ ankyloglossia (tongue tie) ▪ bicycle safety ▪ burn and injury prevention ▪ car seat use ▪ choking prevention ▪ coping with crying ▪ crib safety syndrome ▪ discipline and ▪ drowning prevention ▪ fever assessment and colic management ▪ firearm safety ▪ pacifier use parenting/ discipline ▪ positional (occipital) dental care plagiocephaly ▪ prevention of shaken baby ▪ second-hand smoke effects ▪ sleep advice and night ▪ sleep position ▪ sun protection ▪ swaddling ▪ toilet training ▪ tooth eruption schedule and ▪ use of insect repellants ▪ waking 3.6 Physical Activity: Recommends a safe and effective stage – specific exercise program for children 3.7 Screening lab tests: Describes common screening tests performed in newborns and children, their rationale, and implications for parents and children tested 3.8 Immunization: Administers an organized vaccination program within family practice, including routine vaccinations and those for travel and special populations 3.9 History and physical examination of children: Performs an age appropriate newborn and well child exam
☒ Priority Topic 51: Immunization	

Adolescents

KEY COMPETENCY	ENABLING COMPETENCIES
<i>COC4 – Provides periodic health exams and preventative care to adolescents</i> ☒ Priority Topic 52: In children ☒ Priority Topic 91: Smoking ☒ Priority Topic 87: Sex ☒ Priority Topic 88: Sexually transmitted infections	4.1 Physical changes of adolescence: Appropriately assessed the physical development of adolescents (Tanner staging) 4.2 Teen risk behaviours and teens at risk: Assesses risk behaviours in teens (HEADSSS approach – home, education, alcohol, drugs, smoking, sex, suicide) 4.3 Adolescents preventative advice: When caring for adolescents, actively inquires about and counsels regarding substance abuse, peer issues, bullying, home environment, diet/eating disorders, academic performance, social stress/mental illness, sexuality, STIs, contraception, and sexual orientation

Children and adolescents

KEY COMPETENCY	ENABLING COMPETENCIES
<i>COC5 – Performs patient-centred clinical assessment and manages children and adolescents presenting with common (key) conditions</i> ☒ Priority Topic 5: Antibiotics ☒ Priority Topic 40: Fever ☒ Priority Topic 53: Infections ☒ Priority Topic 83: Red eye ☒ Priority Topic 64: Meningitis ☒ Priority Topic 77: Pneumonia	5.1 Fever and infection in children: Describes a family medicine-centered approach to fever and diagnose and manages key pediatric infectious conditions a) Approach to fever: Describes an age-specific approach to diagnosing fever in children and appropriate use of anti-pyretics b) Key infectious conditions: Describes an approach to the diagnosis and management of infectious conditions in children: ▪ cellulitis ▪ chicken pox ▪ conjunctivitis ▪ fifth disease ▪ gastroenteritis ▪ hand, foot, and mouth disease ▪ lice ▪ measles ▪ meningitis ▪ otitis ▪ pertussis ▪ pinworms ▪ pneumonia ▪ rubella ▪ scabies ▪ scarlet fever ▪ strep throat ▪ varicella ▪ warts c) Infections and daycare exclusion: For infectious conditions, develops an awareness of routes of transmission, periods of contagion, and appropriate period of school/daycare exclusion d) Reportable conditions: Demonstrates strategy of referring reportable diseases to public health officials

KEY COMPETENCY	ENABLING COMPETENCIES
☒ Priority Topic 3: Allergy ☒ Priority Topic 83: Red eye	5.2 Allergies in children: Diagnoses and manages key pediatric allergy conditions: ▪ allergic conjunctivitis ▪ allergic rhinitis ▪ anaphylaxis ▪ drug allergies ▪ environmental allergies ▪ food allergies
☒ Priority Topic 82: Rash ☒ Priority Topic 90: Skin disorder	5.3 Skin conditions in children: Diagnoses and manages key pediatric skin conditions: ▪ acne ▪ atopic dermatitis ▪ cafe au lait spots ▪ candidiasis ▪ cellulitis ▪ cradle cap ▪ diaper dermatitis ▪ erythema migrans ▪ erythema multiforme ▪ erythema nodosum ▪ erythema toxicum ▪ impetigo ▪ milia ▪ neonatorum ▪ petechiae warts ▪ plantar warts and common ▪ purpura ▪ seborrheic dermatitis ▪ urticaria ▪ viral exanthems
☒ Priority Topic 34: Earache ☒ Priority Topic 37: Epistaxis	5.4 Head and neck conditions in children: Diagnoses and appropriately manages key pediatric head and neck conditions ▪ cerumen ▪ dental problems ▪ epistaxis ▪ foreign body ear/nose ▪ hearing loss ▪ mononucleosis ▪ otitis externa ▪ otitis media ▪ pharyngitis ▪ plagiocephaly ▪ serous otitis media ▪ sinusitis ▪ stomatitis

KEY COMPETENCY	ENABLING COMPETENCIES
☒ Priority Topic 83: Red eye	5.5 Eye conditions in children: Diagnoses and manages key pediatric eye conditions: ▪ conjunctivitis ▪ corneal abrasion ▪ decreased visual acuity ▪ naso-lacrimal duct obstruction ▪ preorbital/orbital cellulitis ▪ strabismus
☒ Priority Topic 26: Diabetes ☒ Priority Topic 70: Obesity ☒ Priority Topic 97: Thyroid	5.6 Endocrine conditions in children: Diagnoses and manages key pediatric endocrine conditions: ▪ adrenal insufficiency ▪ diabetic ketoacidosis ▪ early type 2 diabetes ▪ hypothyroidism ▪ obesity ▪ pubertal disorder ▪ type 1 diabetes
☒ Priority Topic 7: Asthma ☒ Priority Topic 21: Croup ☒ Priority Topic 77: Pneumonia ☒ Priority Topic 100: Upper respiratory tract infection	5.7 Respiratory conditions in children: Diagnoses and manages key pediatric respiratory conditions: ▪ asthma ▪ bronchiolitis ▪ croup ▪ pneumonia ▪ post-viral cough ▪ upper respiratory tract infections
☒ Priority Topic 49: Hypertension	5.8 Cardiovascular concerns in children: Diagnoses and manages key pediatric cardiac conditions: ▪ acyanotic heart disease (VSD, PDA, coA) ▪ arrhythmia ▪ CHF ▪ hypertension ▪ innocent murmurs ▪ valvular disorders
☒ Priority Topic 1: Abdominal pain ☒ Priority Topic 27: Diarrhea	5.9 Gastrointestinal concerns in children: Diagnoses and manages key pediatric gastrointestinal conditions: ▪ abdominal pain ▪ appendicitis ▪ celiac disease ▪ colic ▪ constipation ▪ diarrhea ▪ encopresis ▪ failure to thrive ▪ gastroesophageal reflux ▪ hernias ▪ intussusception ▪ lactose intolerance ▪ Meckel's diverticulum ▪ obstruction

KEY COMPETENCY	ENABLING COMPETENCIES (cont.)
☒ Priority Topic 33: Dysuria ☒ Priority Topic 101: Urinary tract infection ☒ Priority Topic 103: Vaginitis	▪ pyloric stenosis ▪ rectal bleeding ▪ volvulus ▪ vomiting 5.10 Renal, urologic, and genitourinary issues in children: Diagnoses and manages key pediatric renal, urologic, and genitourinary conditions: • balanitis • enuresis • labial adhesions • phimosis/paraphimosis • testicular torsion • urinary tract infections • vulvo-vaginitis
☒ Priority Topic 45: Headache ☒ Priority Topic 86: Seizures	5.11 Neurologic conditions in children: Diagnoses and manages key pediatric neurologic conditions: • concussion • epilepsy • febrile seizures • headaches
☒ Priority Topic 4: Anemia	5.12 Hematological conditions in children: Diagnoses and manages key pediatric hematological conditions: • anemia • bleeding disorders • ITP • sickle cell anemia
☒ Priority Topic 41: Fractures ☒ Priority Topic 57: Joint disorder	5.13 Musculoskeletal conditions in children: Diagnoses and manages key pediatric musculoskeletal conditions: • congenital hip dislocation • dislocations • fractures • Henoch Schonlein purpura • intoeing • joint instability • juvenile rheumatoid arthritis • ligamentous tears • limp
☒ Priority Topic 17: Contraception	5.14 Sexuality, contraception issues in children: Develops an approach to issues related to child and adolescent sexuality and contraception counselling 5.15 Abuse in children: Recognizes signs of physical, sexual and emotional abuse in children Domestic violence and children: Recognizes the impact of domestic violence on children and adolescents, and recognizes the signs and symptoms of abuse in children (excluding sexual, emotional and physical abuse) Child Protection: Demonstrates knowledge of child protection issues including identification and management of suspected and confirmed child abuse. Describes a doctor's responsibility of reporting to child protection services

KEY COMPETENCY	ENABLING COMPETENCIES
COC6 – Diagnoses and manages key pediatric mental health issues ✉ Priority Topic 10: Behavioral problems ✉ Priority Topic 6: Anxiety ✉ Priority Topic 85: Schizophrenia ✉ Priority Topic 59: Learning (Patients/self) ✉ Priority Topic 35: Eating disorder	6.1 Context: Inquires about a child’s context (home, school, recreational environments) and its effect on his or her mental health, assesses the child’s supports and stressors (such as bullying), and intervenes appropriately 6.2 Parent-child problems: Recognizes parent-child problems and develops patient-centred approaches to dealing with these conflicts 6.3 Mood, psychotic, and other disruptive disorders: Diagnoses and manages mood disorders (anxiety, depression, obsessive compulsive disorder), psychotic disorders (schizophrenia), and conditions such as oppositional defiant disorder, conduct disorder, and separation anxiety disorder, and treats, and refers appropriately 6.4 Antidepressants: Develops awareness of controversies about use of some antidepressants in children (e.g., suicide risk) 6.5 Substance use: Assesses for alcohol, drug and tobacco use in teens 6.6 Attention deficit disorder in children: Diagnoses and manages attention deficit hyperactivity disorder (ADHD) in collaboration with the child, parents, schools, and other professionals (e.g., psychologists) as appropriate 6.7 Learning concerns: Addresses signs and symptoms of developmental or behavioural concerns. • ADHD (attention deficit hyperactivity disorder) • autism spectrum disorder • cerebral palsy • developmental coordination disorder • fetal alcohol spectrum disorder • global developmental delay • language delay • learning disorder 6.8 Eating Disorders in children: Recognizes the high prevalence of eating disorders in adolescents and diagnoses and manages appropriately

KEY COMPETENCY	ENABLING COMPETENCIES
COC7 – Recognizes and appropriately responds to emergent conditions in children and adolescents ☒ Priority Topic 61: Loss of consciousness ☒ Priority Topic 78: Poisoning ☒ Priority Topic 23: Dehydration ☒ Priority Topic 64: Meningitis	7.1 Decreased level of consciousness: Assesses decreased level of consciousness using age appropriate tools (such as pediatric Glasgow Coma Scale), considers broad differential diagnosis (infections, toxic ingestions, Diabetic Keto-Acidosis, other metabolic problems, and non-accidental trauma), and manage appropriately 7.2 Poisoning: Demonstrates knowledge of the risks of child poisoning, access to poison control, and other information databases, and recognizes when urgent action must be taken 7.3 Dehydration: Lists signs and symptoms of different stages of dehydration, and how this differs over different child ages. Treats appropriately with both oral and parenteral fluid resuscitation 7.4 Life threatening illnesses: Distinguishes illness acuity and identifies and manages patients with life threatening illnesses, such as meningitis or sepsis (including septic shock)

KEY COMPETENCY	ENABLING COMPETENCIES
COC8 – Assesses, manages, and follows up patients presenting with undifferentiated symptoms	8.1 Undifferentiated illness in children: Describes how the presentation and management of disease in children differs from adults, specifically in diagnosis and management of non-specific and undifferentiated complaints in children, such as behaviour disturbance, sleep disturbance, failure to thrive, chronic abdominal pain, and change in level of activity

Care of adults competencies

KEY COMPETENCY	ENABLING COMPETENCIES
ADU1 – Perform adult periodic health exams that address health promotion, screening, and disease prevention ☒ Priority Topic 51: Immunization ☒ Priority Topic 60: Lifestyle ☒ Priority Topic 75: PHE ☒ Priority Topic 91: Smoking	1.1 Screening, prevention: Apply current evidence-based guidelines for health promotion, screening, and disease prevention for different groups of patients by age and sex. 1.2 Periodic health examination (PHE): Perform all components of a complete periodic health examination, including a review of the patient's profile (past medical history, family history, allergies, medications, lifestyle issues such as exercise, alcohol, smoking, and drugs), appropriate history, examination, counselling for health promotion and disease prevention, screening manoeuvres, and investigations by age and sex group.

KEY COMPETENCY	ENABLING COMPETENCIES
ADU2 – Assesses, manages and follows up patients presenting with undifferentiated symptoms ☒ Priority Topic 1: Abdominal pain ☒ Priority Topic 13: Chest pain ☒ Priority Topic 18: Cough ☒ Priority Topic 30: Dizziness ☒ Priority Topic 32: Dyspepsia ☒ Priority Topic 33: Dysuria ☒ Priority Topic 34: Earache ☒ Priority Topic 39: Fatigue ☒ Priority Topic 40: Fever ☒ Priority Topic 45: Headache ☒ Priority Topic 55: Insomnia ☒ Priority Topic 62: Loss of weight ☒ Priority Topic 89: Shortness of breath	2.1 Patient-centred approach for undifferentiated complaints: Recognize the importance of using patient-centred interviewing for all patients, especially those with common undifferentiated complaints. 2.2 Approach to undifferentiated complaints: Describes an appropriate primary care approach to the assessment, management and follow-up of patients presenting with undifferentiated complaints that incorporates a system-based approach (i.e., musculoskeletal, cardiovascular, pulmonary, gastrointestinal, neurogenic, psychiatric) and rules out serious pathologies. • abdominal pain • chest pain • cough • dizziness and vertigo • dyspepsia • dysuria • earache • fatigue • fever • headache • insomnia/sleep disorders • loss of weight loss • shortness of breath

KEY COMPETENCY	ENABLING COMPETENCIES
ADU3 – Recognizes and responds appropriately to urgent and emergent conditions in adults ☒ Priority Topic 2: Advanced Cardiac Life Support ☒ Priority Topic 3: Allergy ☒ Priority Topic 58: Lacerations ☒ Priority Topic 86: Seizures ☒ Priority Topic 23: Dehydration ☒ Priority Topic 61: Loss of consciousness	3.1 Cardiac arrest: Demonstrates Advanced Cardiac Life Saving (ACLS) skills and awareness of current resuscitation recommendations. Using current protocols, promptly manages a compromised airway, serious arrhythmias, and other acute cardiovascular compromise. Participates in and is prepared to lead a patient’s resuscitation 3.2 Acute coronary syndromes: Recognizes typical and atypical presentations of acute coronary syndromes (ACS), interprets electrocardiograms and other investigations appropriately, displays knowledge of various treatments for ACS, and manages the conditions acutely and in a timely fashion, while watching for and responding to complications of the condition and the treatment 3.3 Respiratory failure: Recognizes, assesses, and promptly manages patients presenting with respiratory failure 3.4 Anaphylaxis and allergic reactions: Recognizes and promptly manages an allergic reaction, including anaphylaxis 3.5 Major burns: Describes the initial approach to the patient presenting with major burns 3.6 Laceration/wounds: Assesses and manages lacerations and wounds, including bite injuries 3.7 Limb threatening injuries: Diagnoses a fracture or joint dislocation by examination and appropriate use of diagnostic imaging, rules out life threatening or limb threatening complications, provides adequate analgesia, and appropriately immobilizes and/or reduces the fracture/dislocation in a timely manner 3.8 Hypothermia: Recognizes, assesses, and promptly manages the patient presenting with hypothermia 3.9 Seizures and status epilepticus: Recognizes, assesses, and promptly manages the patient presenting with seizures, including status epilepticus 3.10 Dehydration and electrolyte disturbances: Recognizes the signs and symptoms of dehydration, assesses the degree of dehydration, and manages appropriately. Manages associated electrolyte and acid-base disorders 3.11 Shock: Recognizes the signs and symptoms of shock and initiates management 3.12 Altered mental status: Investigates loss of consciousness to exclude serious /potentially lethal and reversible causes by interviewing the patient and witnesses, performing an appropriate physical examination and laboratory/diagnostic imaging tests. Manages causes and complications as appropriate, and arranges for follow-up care

KEY COMPETENCY	ENABLING COMPETENCIES (cont.)
✉ Priority Topic 78: Poisoning	3.13 Poisoning and toxin exposure: Recognizes cases of intentional and unintentional poisoning caused by medication toxicity, chemical exposure (including household and agricultural chemicals), heavy metal poisoning, alcohol poisoning, common herbal ingestions, and carbon monoxide toxicity. Arranges appropriate investigations, monitoring, and poison/toxicology treatment. Uses resources available (e.g., poison control centre, toxicology management supports) and collaborates with others (including dialysis teams, pharmacists) when appropriate
✉ Priority Topic 81: Rape / sexual assault	3.14 Sexual assault: Provides comprehensive care to all patients who have been sexually assaulted, regardless of their decision to proceed with evidence collection or not
✉ Priority Topic 98: Trauma	3.15 Stabilizing ill/trauma patients: Stabilizes and appropriately immobilizes a victim of trauma and prevents decline in a proactive way 3.16 Prepare for transfer: Recognizes signs or symptoms when a patient should be transported to another facility (by land or air), manage patient with advice from specialists at a distance, and where appropriate, coordinates transfer and adequately stabilizes and prepares the patient for transport. When preparing transfer, considers best method for transportation and need for accompanying health professional (and implications for remaining professionals in team), and anticipates patient needs during transportation. 3.17 Support during transfer: Ensures regular reassessment of patient's status when accompanying a patient during transfer, communicating with receiving hospital as needed

KEY COMPETENCY	ENABLING COMPETENCIES
ADU4 – Performs patients – centered clinical assessment and manages adults presenting with common (key) conditions ☒ Priority Topic 40: Fever ☒ Priority Topic 53: Infections ☒ Priority Topic 64: Meningitis ☒ Priority Topic 77: Pneumonia ☒ Priority Topic 88: Sexually transmitted infections ☒ Priority Topic 100: Upper respiratory tract infection ☒ Priority Topic 5: Antibiotics ☒ Priority Topic 3: Allergy ☒ Priority Topic 82: Rash ☒ Priority Topic 90: Skin disorder ☒ Priority Topic 34: Earache ☒ Priority Topic 37: Epistaxis	4.1 Fever and infectious conditions: Describes an approach to fever and diagnose and manages key infectious conditions: ▪ appendicitis ▪ cholecystitis infections ▪ cystitis and pyelonephritis ▪ diverticulitis ▪ early sepsis & septic shock ▪ epididymitis ▪ fever of unknown origin ▪ herpes zoster ▪ hospital acquired infections ▪ human immunodeficiency virus (HIV) infections ▪ infectious diarrhea ▪ meningitis ▪ pneumonia ▪ prostatitis ▪ sexually transmitted infections ▪ soft tissue infections ▪ tuberculosis ▪ upper respiratory tract infections 4.2 Allergic conditions: Diagnoses and manages key adult allergy conditions: • allergic rash • anaphylaxis • angioedema • urticaria 4.3 Skin conditions: Diagnoses and manages key skin conditions: • burns • cellulitis • contact dermatitis • erythema migrans • erythema multiforme • erythema nodosum • petechiae • purpura • skin ulcers • urticaria 4.4 Head and neck conditions: Diagnoses and manages key head and neck conditions: • acute dental pain • acute hearing loss • epistaxis • eye trauma • otitis externa • otitis media • pharyngitis • serous otitis media • sinusitis • stomatitis • vertigo

KEY COMPETENCY	ENABLING COMPETENCIES
☒ Priority Topic 83: Red eye	4.5 Eye conditions: Diagnoses and manages key eye conditions: • acute glaucoma • conjunctivitis • decreased visual acuity • preorbital and orbital cellulitis • strabismus
☒ Priority Topic 26: Diabetes ☒ Priority Topic 48: Hyperlipidemia ☒ Priority Topic 70: Obesity ☒ Priority Topic 97: Thyroid	4.6 Endocrine conditions: Diagnoses and manages key endocrine conditions: • adrenal disorders (Addison's, Cushing's) • diabetic ketoacidosis and hyperosmolar hyperglycemic state (HHS) • lipid disorders • obesity • thyroid disorders (hypothyroidism, hyperthyroidism, nodules) • type 1 diabetes • type 2 diabetes
☒ Priority Topic 7: Asthma ☒ Priority Topic 15: Chronic obstructive pulmonary disease ☒ Priority Topic 18: Cough ☒ Priority Topic 77: Pneumonia ☒ Priority Topic 100: Upper respiratory tract infection	4.7 Respiratory conditions: Diagnoses and manages key respiratory conditions: • Asthma • COPD and COPD exacerbations • Pneumonia • Post-viral cough • upper respiratory tract infections
☒ Priority Topic 11: Breast lump	4.8 Breast conditions: Diagnoses and manages key breast conditions: • fibrocystic breast disease • fibroadenoma
☒ Priority Topic 8: Atrial fibrillation ☒ Priority Topic 22: Deep venous thrombosis ☒ Priority Topic 46: Heart failure ☒ Priority Topic 49: Hypertension ☒ Priority Topic 56: Ischemic heart disease	4.9 Cardiovascular conditions: Diagnoses and manages key cardiac conditions: • acute coronary syndrome • aortic aneurysm and dissection • arrhythmias (including a fib) • Heart failure • DVT/PE • Hypertension & hypertensive emergencies • ischemic heart disease

KEY COMPETENCY**ENABLING COMPETENCIES**

☒ **Priority Topic 1:** Abdominal pain

☒ **Priority Topic 27:** Diarrhea

☒ **Priority Topic 42:** Gastrointestinal bleed

☒ **Priority Topic 47:** Hepatitis

4.10 Gastrointestinal conditions: Diagnoses and manages key gastrointestinal conditions:

- acute abdominal pain
- appendicitis
- biliary colic
- bowel perforation
- constipation
- diverticulitis
- Gastroenteritis
- gastroesophageal reflux
- gastrointestinal bleeding
- hepatitis
- hernias
- inflammatory bowel disease
- jaundice
- obstruction
- pancreatitis
- peptic ulcer disease
- volvulus
- vomiting

☒ **Priority Topic 80:** Prostate

☒ **Priority Topic 17:**

Contraception

☒ **Priority Topic 33:** Dysuria

☒ **Priority Topic 65:**

Menopause

☒ **Priority Topic 84:** Renal failure

☒ **Priority Topic 87:** Sex

☒ **Priority Topic 88:** Sexually transmitted infections

☒ **Priority Topic 101:** Urinary tract infection

☒ **Priority Topic 102:** Vaginal bleeding

☒ **Priority Topic 103:** Vaginitis

4.11 Renal, urologic, and genitourinary conditions: Diagnoses and manages key renal, urologic, and genitourinary conditions:

- acute renal failure
- benign prostate hypertrophy (BPH)
- contraception
- hematuria
- infections
- menopausal disorders
- renal colic
- sexual dysfunction
- sexually transmitted infections
- testicular torsion
- urinary retention/incontinence
- urinary tract infections
- vaginal bleeding
- vulvo-vaginitis

☒ **Priority Topic 94:** Stroke

☒ **Priority Topic 86:** Seizures

☒ **Priority Topic 45:** Headache

☒ **Priority Topic 64:**

Meningitis

☒ **Priority Topic 74:**

Parkinsonism

4.12 Neurologic conditions: Diagnoses and manages key neurologic conditions:

- CVA/TIA
- epilepsy
- Essential tremor
- headaches
- intra-cranial hemorrhage
- meningitis
- Parkinson's/parkinsonism
- peripheral neuropathy
- syncope

KEY COMPETENCY	ENABLING COMPETENCIES
☒ Priority Topic 4: Anemia	4.13 Hematological conditions: Diagnoses and manages key hematological conditions: - anemia - neutropenia (including febrile neutropenia) - thrombocytopenia
☒ Priority Topic 41: Fractures ☒ Priority Topic 57: Joint disorder ☒ Priority Topic 63: Low back pain ☒ Priority Topic 68: Neck pain	4.14 Musculoskeletal conditions: Diagnoses and manages key musculoskeletal conditions: - back pain/sciatica - dislocations - fractures - ligamentous tears - neck pain - osteoarthritis - polyarthritis - septic arthritis - sprains
☒ Priority Topic 12: Cancer ☒ Priority Topic 11: Breast lump ☒ Priority Topic 80: Prostate ☒ Priority Topic 90: Skin disorder	4.15 Oncologic conditions: Diagnoses and provide ongoing follow-up and support of patients with key oncologic conditions: - bone metastases - bowel cancer - brain tumours - breast cancer - gynecologic cancers (ovary, uterus, cervix, vagina) - hypercalcemia - liver cancer - lung cancer - pancreatic cancer - prostate cancer - skin cancer - urologic cancer (kidney, bladder)
☒ Priority Topic 17: Contraception	4.16 Emergency contraception: Develops an approach to emergency contraception
☒ Priority Topic 99: Travel Medicine	4.17 Travel health: Travel health: Provides comprehensive prevention, assessment and treatment to patients leaving or returning from travel centred clinical assessment and manages adults presenting with common (key) conditions

KEY COMPETENCY	ENABLING COMPETENCIES
ADU5 – Plan and arrange pharmacologic treatments that address key principles of good prescribing practice ✉ Priority Topic 84: Renal failure	5.1 Rational prescribing (general): Prescribe with consideration of the four steps to rational prescribing: efficacy, toxicity, cost, and convenience 5.2 Provincial medication payment programs: Counsel patients about programs available to help patients pay for medication (e.g., Pharmacare) and mechanisms to access medication free of charge (e.g. SOGC Compassionate Access to Oral Contraceptive programs, manufacturer's compassionate use programs) 5.3 Monitoring: List medications that require close monitoring or that have a narrow therapeutic index (e.g.; digoxin, theophylline, aminoglycosides, vancomycin, amiodarone) 5.4 Prolonged QT interval: List medications that can prolong QT interval. 5.5 Electrolyte imbalances: Alter prescriptions, prescribe new medications or supplements to address common electrolyte abnormalities(e.g., potassium, magnesium, calcium, phosphorus, sodium) 5.6 Herbal treatments: List evidence-based resources or references explaining herbal/complementary/alternative medication uses and interactions 5.7 Post-marketing adverse effects: Report post-marketing drug adverse effects online to Health Canada. Subscribe to email alerts from Health Canada to stay abreast of post-marketing adverse effects for commonly prescribed medications 5.8 Medications (new to the market): Critically appraise new medications available and consider the potential role of these new treatments. Critically appraise landmark randomized controlled trials and other studies that may lead to a change in prescribing patterns. Recognize that new chemical entities lack robust safety data when choosing therapy. 5.9 Medications and liver or kidney disease: Describe medications that are contraindicated or whose dose needs to be adjusted in renal failure, as well as liver failure 5.10 Medications in pregnancy, lactation: Identify medications that are contraindicated in pregnancy and when breastfeeding, and identify evidence-based sources of information about prescribing in these contexts, as well as reputable information sources for prescribing to children 5.11 Provincial formulary: Determine formulary status of drugs, identify those that require Pharmacare approval, and complete an application for individual clinical review for patients receiving benefits under Pharmacare 5.12 Medication (do not crush): Recognize medications and formulations that should not be crushed or split

KEY COMPETENCY	ENABLING COMPETENCIES
	5.13 Medication (adverse effects): List common or important medication-related adverse effects and medication interactions. Use informatics (including software and print sources) to identify potential medication interactions, and collaborate with pharmacist colleagues to screen for serious interactions and to assess their clinical relevance. Appropriately counsel, warn, and advise patients about common, important, or serious adverse effects of medications being prescribed, and monitor for the adverse effects. 5.14 Medication (allergies): Screen and review routinely for medication allergies, including when medications are prescribed. Recognize potential drug reactions in patients taking related medications (e.g., sulfa reactions), and monitor for intended and adverse effects if drugs prescribed. Properly differentiate between drug allergies and sensitivities, and assess their clinical relevance to individual scenarios. 5.15 Medication (interactions): List common, clinically relevant, pharmacodynamic interactions (additive effects), and pharmacokinetic interactions (of absorption, distribution, metabolism, and elimination).

KEY COMPETENCY	ENABLING COMPETENCIES
<i>ADU6 – Demonstrates an effective approach to patients presenting with surgical concerns</i>	6.1 Pre-operative assessment: Performs appropriate pre-operative assessment, identifying potential surgical risk 6.2 Pre-operative consults: Facilitates referral prior to surgery when risks identified 6.3 Surgical assistance: Participates effectively when assisting in the operating room 6.4 Post-operative assessment: Performs appropriate post-operative assessment through a focused history, physical examination, and investigations 6.5 Post-operative complications: Initiates management of common post-operative complications

Care of the elderly competencies

KEY COMPETENCY	ENABLING COMPETENCIES
COE1 – Provides periodic health assessments and preventative care adapted to the needs of the elderly ☒ Priority Topic 36: Elderly ☒ Priority Topic 60 Lifestyle ☒ Priority Topic 91: Smoking cessation ☒ Priority Topic 51: Immunization ☒ Priority Topic 43: Gender specific issues	1.1 Common Changes of aging: Demonstrates an understanding of the physiological and psychosocial changes associated with aging and how they relate to the importance of a comprehensive approach to care 1.2 Health Promotion in elderly: Counsels elderly patients about lifestyle factors that promote healthy living, such as smoking cessation, moderation of alcohol consumption, eating a balanced diet, aerobic and resistance exercise, immunization, and optimizing socialization opportunities 1.3. Prevention and early detection in elderly: Identifies conditions that are appropriate for screening in the older patient, including assessment of falls, vision, hearing, and blood pressure screening, immunizations, and cancer screening (in select groups) 1.4 Adapted periodic health exam: Selectively adapts the periodic health exam to suit a given patient's circumstances (personal health goals, age, gender, medical comorbidities, and family history)

KEY COMPETENCY	ENABLING COMPETENCIES
COE2 – Provides comprehensive care to elderly patients using a functional approach that is adapted to the patient's physical and cognitive capacity 🌟 Priority Topic 36: Elderly	2.1 History taking in the elderly, with a focus on functional assessment: In the course of history taking, physical exam, and treatment planning, assesses the impact of problems on a patient's independence and ability to function 2.2 Physical examination of the elderly: Performs an appropriate and adapted physical examination of elderly patients

KEY COMPETENCY	ENABLING COMPETENCIES
COE3 – Performs a patient-centred clinical assessment, and manages and follows up patients presenting with common (key) conditions in the care of the elderly ✉ Priority Topic 36: Elderly ✉ Priority Topic 24: Dementia ✉ Priority Topic 25: Depression ✉ Priority Topic 71: Osteoporosis ✉ Priority Topic 16: Chronic pain ✉ Priority Topic 29: Disability ✉ Priority Topic 66: Mental competency	3.1 Cognitive decline and dementia: Demonstrates an approach to diagnosing declining cognition (develop a differential diagnosis for cognitive impairments). Uses appropriate cognitive assessment tests (and screening tests where appropriate), and initiates appropriate investigation, management, supports, and care plans for patients with cognitive decline 3.2 Delirium: Promptly diagnoses and manages delirium in the elderly 3.3. Mood disorders in the elderly: Recognizes the manifestations of centred clinical assessment, depression in the elderly and the potential for suicide, and diagnoses and manages and follows up manage mood disorders in the elderly patients presenting with common (key) conditions in the care of the elderly 3.4 Falls and mobility difficulty: Screens for falls appropriately. Implements rehabilitation and other resources to improve mobility and prevent falls 3.5 Fracture risk in the elderly: Assesses factors for increased risk of fractures, including osteoporosis-related fractures and reduced bone mineral density (BMD). Prevents and treats fractures (including rehabilitation) where indicated 3.6 Urinary incontinence in the elderly: Identifies, classifies (i.e., stress, urge, mixed, overflow, functional), and manages different types of urinary incontinence 3.7 Malnutrition and depleted nutritional status: Identifies and manages risk factors for weight loss and malnutrition in the elderly 3.8 Pain in the elderly: Develops an approach to diagnosis and management plan for pain in the elderly that takes into consideration issues relevant to the elderly 3.9 Constipation in the elderly: Describes constipation risk factors, manifestations, diagnosis, and management in the elderly 3.10 Fitness to drive in the elderly: Assesses an elderly patient’s fitness to drive and complete mandatory reporting requirements 3.11 Capacity issues in the elderly: Assesses a patient’s capacity to make informed decisions about health and planning for the future 3.12 POA: Initiates a discussion about advanced directives and specific wishes with regard to decisions around health and healthcare. Describes The differences between a power of Attorney (POA) for personal care and a POA for finances. Assists patients in establishing a POA and seeking additional supports (e.g. social work) if required 3.13 Elder abuse and neglect: Identifies risk factors for elder abuse. ▪ Lists signs of elder abuse and neglect, and lists avenues for reporting

KEY COMPETENCY	ENABLING COMPETENCIES
COE4 – Understands key issues in drug therapy for the elderly, demonstrating an appropriate use of medications ✉ Priority Topic 36: Elderly	4.1 Safe prescribing in the elderly: Demonstrates awareness of medications to be used with caution and uses a safe approach to drug dosing, including required adjustments in renal impairment. Safely stops commonly used drugs and monitors for signs of withdrawal (e.g., SSRIs, benzodiazepines) 4.2 Polypharmacy in the elderly: Recognizes polypharmacy and effectively monitors for hazardous drug-drug interactions, prescribing cascades, and drug-disease interactions 4.3 Use of non-pharmacological alternatives in the elderly: Uses non-pharmacological alternatives to drug therapy wherever appropriate 4.4 Treatment adherence in the elderly: Recognizes potential barriers to medication adherence (such as low literacy, poor vision, poverty, poor executive functions) and adapts approach to prescribing to accommodate for these. Recognizes the importance of monitoring and optimizing adherence to treatment using strategies such as collaborating with the community pharmacist on dosette or bubble pack systems and medication home delivery 4.5 Medication cessation: Demonstrates awareness of when cessation of medications may be appropriate (i.e., primary prevention in the very elderly or other medications near end of life)

Palliative care and end-of-life competencies

KEY COMPETENCY	ENABLING COMPETENCIES
<i>PAL1—Identifies patients who might benefit from a palliative approach and initiates this early in the disease trajectory</i>	1.1. Identification: Identifies opportunities for advance care planning discussions, whether or not a patient has a life threatening or life limiting illness 1.2. Initiate a palliative care approach: Initiates a “palliative care approach” early in the illness trajectory

KEY COMPETENCY	ENABLING COMPETENCIES
<i>PAL2 – Demonstrate an effective approach to advance care planning</i>	2.1 Discussion of advance care plans: Initiates advance care planning discussions with patients and families. Participates in the development of highly specific and detailed advance care plan documents that clearly outline the patient’s wishes and will serve to direct care in the event of certain clinical conditions 2.2 Quality of life: Identifies the elements that define quality of life for an individual patient living with advanced disease 2.3 Differing opinion: Appreciates that family members may differ in opinion from the patient when prioritizing elements of quality of life 2.4 Legal definitions: Describes the elements of substitute decision-making, power of attorney, and living wills 2.5 Consultation: Refers for consultation (specialty or ethics) those patients with complex issues

KEY COMPETENCY	ENABLING COMPETENCIES
<i>PAL3 – Establishes the patient’s goals of care and needs (spiritual, emotional, and psychosocial)</i> ✉ Priority Topic 73: Palliative care	3.1 Patient feelings: Discusses and addresses the patient’s feelings, impact on function, ideas, fears, and expectations about their illness, dying, and palliative care 3.2 Values: Determines patient and family values, wishes, needs (physical, spiritual, emotional, and psychosocial), and how this may impact decisions regarding end-of-life care 3.3 Conflict: Identifies potential goal conflicts between the patient and others, and seeks to resolve them

KEY COMPETENCY	ENABLING COMPETENCIES
<i>PAL4 – Assesses function and symptoms using palliative care tools</i>	4.1 Tools: Demonstrates appropriate use of standard symptom assessment and communication tools (e.g., Edmonton Symptom Assessment Scale, Palliative Performance Scale) 4.2 Resources: Uses evidence-based palliative symptom management resources (including educational resources, books, and tools) to support patients

KEY COMPETENCY	ENABLING COMPETENCIES
<i>PAL5 – Assesses and manages pain by multiple modalities and delivery systems</i> ☒ Priority Topic 16: Chronic pain ☒ Priority Topic 72: Pain ☒ Priority Topic 73: Palliative care	5.1 Tools: Assessing pain: Performs a comprehensive assessment of pain and non-pain symptoms 5.2 Approach to pain: Develops an approach to pain management using key principles (including a consideration of pain patho- physiology, the World Health Organization pain ladder), and includes a role for opioids, adjuvant medications, and non-pharmacological tools. 5.3 Opioid prescribing: Prescribes opioids effectively, including proper initiation, dosage, titration, rotation, breakthrough dosing, side effect prevention, and use of oral, parenteral route a) Opioid toxicity: Describes and manages the clinical presentation of opioid neurotoxicity 5.4 Adjuvant treatment: Integrates adjuvant therapy in the management of a) Pharmacological adjuvants: Selects appropriate medication from commonly used adjuvants in the management of pain (NSAIDS, anti-convulsants, tricyclic antidepressants) b) Non-pharmacological adjuvants: Uses non-pharmacological adjuvant therapies when appropriated (radiotherapy, surgery, splinting, physiotherapy, transcutaneous electrical nerve stimulations ({TENS}))

KEY COMPETENCY	ENABLING COMPETENCIES
PAL6 – Assesses and manages common non-pain symptoms in the last year of life ☒ Priority Topic 73: Palliative care	6.1: Common end-of-life (EOL) symptoms: Prevent, identify, and manage end-of-life symptoms: • anorexia • anxiety • ascites • bowel obstruction • cachexia • constipation • cough • delirium • dyspnea • edema • fatigue • nausea • oral problems • urinary retention • vomiting • wounds 6.2 Palliative sedation: Describes the use of palliative sedation for the purpose of symptom management

KEY COMPETENCY	ENABLING COMPETENCIES
PAL7 - Recognizes and appropriately addresses palliative emergencies ☒ Priority Topic 73: Palliative care	7.1 Palliative care emergencies: Recognizes and addresses the following palliative care emergencies • cardiac tamponade • hemorrhage • hypercalcemia • malignant bowel obstruction • opioid-induced neurotoxicity • seizures • spinal cord compression • SVC syndrome • urinary obstruction 7.2 Refer: Refers appropriately for specialty consultation

KEY COMPETENCY	ENABLING COMPETENCIES
<i>PAL8 - Provides care during the actively dying phase across multiple settings: hospital, hospice, care facility, home</i> ✉ Priority Topic 73: Palliative care	8.1 Last hours: Plans for and manages the care of the dying patient during the last hours of life a) Impending death: Recognizes signs and symptoms of impending death 8.1 Setting: Recognizes and accesses the differing resources in different palliative care settings: patients' homes, hospice, nursing/ retirement/long-term care home, specialized palliative care environment, or in hospital a) Home care: Accesses home care resources appropriately, identifying unique aspects of caring for the dying patient in the home 8.3 Death certification: Pronounces death and conducts death certification. Identifies situations in which the coroner must be contacted a) Anticipation of death at home: Completes required documentation for patients planning to die at home

KEY COMPETENCY	ENABLING COMPETENCIES
<i>PAL9 – Demonstrates an effective approach to conveying bad news and discussing prognosis</i> ✉ Priority Topic 9: Bad news	9.1 Breaking bad news: Demonstrates sensitivity, compassion, empathy, and respect when conveying difficult news to patients 9.2 Prognosis: Informs patients and families of the diagnosis of life threatening or life limiting illness or change in trajectory of chronic illness. Informs patients of progression of disease and complications

KEY COMPETENCY	ENABLING COMPETENCIES
<i>PAL10 – Communications with patient, families, and care team about palliative and end-of-life care, including Medical Assistance in Dying (MAiD)</i> ✉ Priority Topic 44: Grief	10.1 Communicating with families: Identifies situations that may benefit from a family meeting and facilitate these meetings 10.2 Supporting families: Supports patients and families coping with loss and bereavement, grief (including anticipatory grief), and risk factors for atypical grief. Develops an awareness of local resources to assist families through this process 10.3 MAiD: Engages in conversation with patients and families in regards to Medical Assistance in Dying (MAiD) and directs patients to appropriate resources. a) Exploration: Explores underlying motivations for request for MAiD b) Underlying/Untreated conditions: Ascertains any underlying or untreated symptoms or conditions c) Differentiating: Articulates differences between MAiD, non-treatment decision, and palliative sedation therapy d) Provincial framework: Describes the legal framework and guidelines for MAiD in the province of Manitoba e) Resources: Directs patients wishing to pursue MAiD to appropriate resources

KEY COMPETENCY	ENABLING COMPETENCIES
<i>PAL11 - Recognizes ethical challenges in providing palliative care and MAiD and demonstrates the use of an ethical framework for decision-making</i>	11.1 Ethical Framework: employs ethical frameworks or tools for decision-making in common end of life situations as they arise in any environment. 11.2 Decision makers: Describes a sound ethical and legal approach/limitations to obtaining informed consent, assessment of capacity, and substitute decision-making 11.3 Withdrawal of treatment: Considers ethical issues related to withholding and withdrawing of active interventions 11.4 MAiD: Considers ethical issue related to MAiD

KEY COMPETENCY	ENABLING COMPETENCIES
<i>PAL12 – Demonstrates skills in self-reflection on the personal impact of patient’s illness, dying and death</i>	12.1 Discomfort: Recognizes personal comfort or discomfort in responding to patient and family spiritual issues 12.2 Personal experience: Recognizes how personal life experiences may affect interactions with patients and their families 12.3 Sharing: Identifies a colleague or resource with whom to share discomforts or challenges

Care of First Nations, Inuit, and Métis populations competencies

KEY COMPETENCY	ENABLING COMPETENCIES
<i>FNIM1 – Demonstrates compassionate, culturally safe, relationship-centred care for First Nations, Inuit, and Métis patients, their families, and communities</i>	1.1. Context: Describes the connection between historical and compassionate, culturally safe, current government practices toward First Nations, Inuit, and Métis relationship-centred care for peoples (including, but not limited to, colonization, residential First Nations, Inuit, and Métis schools, treaties, bills, land claims, segregation, and Indian hospitals), patients, their families, and the resultant intergenerational health outcomes 1.2. Service delivery: Describes the various health care services that are delivered to First Nations, Inuit, and Métis peoples, and the historical basis for the systems as they pertain to these communities 1.3. Diversity: Demonstrates an understanding of the cultural diversities of Indigenous peoples that result in a variety of perspectives, attitudes, beliefs, and behaviours 1.4. Determinants of health: Articulates how the various medical, social, and spiritual determinants of health and well-being for First Nations, Inuit, and Métis peoples impact their health 1.5. Health practices: Identifies and describes the range of healing and wellness practices (traditional and non-traditional) present in local First Nations, Inuit, and Métis communities

KEY COMPETENCY	ENABLING COMPETENCIES
<i>FNIM2 – Describes specific health problems in Indigenous populations including First Nations, Inuit, and Métis</i>	2.1 Morbidity and mortality patterns: Compares patterns of mortality and morbidity of the Indigenous populations (on and off reserves) with that of the general Canadian population, and describes factors that contribute to these patterns

KEY COMPETENCY	ENABLING COMPETENCIES
<i>FNIM3 – Demonstrates effective and culturally safe communication with First Nations, Inuit, and Métis patients, their families, and peers</i>	3.1 Communication with the individual: Demonstrates cultural safety as it pertains to individual First Nations, Inuit, and Métis patients 3.2 Communication with communities: Establishes positive therapeutic relationships with First Nations, Inuit, and Métis patients and their families. Effective and culturally safe communication encourages reciprocity, equality, trust, respect, honesty, and empathy

KEY COMPETENCY	ENABLING COMPETENCIES
<i>FNIM4 – Demonstrate effective collaboration with both Indigenous and non-Indigenous health care professionals in the provision of effective health care for Indigenous patients/populations</i>	4.1 Traditional medicine providers: Describes types of Indigenous effective collaboration with Healers, Elders, and health care professionals working both Indigenous and non- in local First Nations, Inuit, and Métis communities, and Indigenous health care how they are viewed in the community professionals in the provision of effective health care for Indigenous patients/populations 4.2 Inquiring about traditional medicine: Demonstrates how to appropriately inquire whether a First Nations, Inuit, or Métis patient is taking traditional herbs or medicines to treat their ailment, and how to integrate that knowledge into their care 4.3 Planning care: Describes a process to effectively assess, plan, provide, and integrate care for different Indigenous patients/ populations appropriate to the patient’s home environment/locale (e.g., urban, reserve, northern)

KEY COMPETENCY	ENABLING COMPETENCIES
<i>FNIM5 - Describe approaches to optimizing First Nations, Inuit, and Métis health through a just allocation of health care resources, balancing effectiveness, efficiency, and access, employing evidence-based and Indigenous best practices</i>	5.1 Jurisdictional issues: Describe the complexity of providing health care in context to jurisdictional areas and local health service models 5.2 Engaging community: Describe the concepts of community development, ownership, engagement, empowerment, capacity building, reciprocity, and respect in relation to health care delivery in and by First Nations, Inuit, and Métis communities 5.3 Community contacts: Identify and describe key First Nations, Inuit, and Métis community contacts, resources, and support structures in the provision of effective health care 5.4 Approaches to improving care: Describe successful approaches that have been implemented to improve the health of First Nations, Inuit, and Métis peoples, either locally, regionally, or Nationally

KEY COMPETENCY	ENABLING COMPETENCIES
<i>FNIM6 - Identifies the determinants of health of Indigenous populations and uses this knowledge to promote the health of individual First Nations, Inuit, and Métis patients and their communities</i>	6.1 Inequities: Demonstrates an understanding of the inequity of access to health care/health information for First Nations, Inuit, and Métis peoples, and factors that contribute to it 6.2 Government policies: Demonstrates an understanding of the impact of government policies on the health care of First Nations, Inuit, and Métis communities 6.3 Addressing Inequities: Identifies ways of redressing inequity of access to health care with First Nations, Inuit, and Métis populations

KEY COMPETENCY	ENABLING COMPETENCIES
<i>FNIM7- Integrates Indigenous health approaches into practice</i>	7.1 Learning gap: Appreciates that the First Nations, Inuit, or Métis concept of health is different than mainstream society and is based on a holistic approach to health and life 7.2 Sources: Identifies relevant sources of Indigenous health information, and social and community issues, including those from Indigenous health professionals, knowledge keepers, and community leaders. 7.3 Critical appraisal: Use critical appraisal to evaluate and integrate the knowledge gained, justified, and contextualized. Indigenous-relevant knowledge extends into cultural and social domains, beyond academia, which can also be pertinent in certain situations such as birthing and bereavement traditions. 7.4 Integration into practice: Uses knowledge of Indigenous approaches to engage and give better clinical care using a holistic approach.

KEY COMPETENCY	ENABLING COMPETENCIES
<i>FNIM8 - Demonstrates a commitment to engage in dialogue and relationship building with Indigenous peoples to improve health through increased awareness of and insights into First Nations, Inuit, and Métis peoples, cultures, and health practices</i>	8.1 Reflecting on one's attitudes: Identifies, acknowledges, and analyzes one's own considered emotional response to the many histories and contemporary environment of First Nations, Inuit, and Métis peoples, and offers opinions respectfully 8.2 Recognizing own limitations: Acknowledges and analyzes the limitations of one's own knowledge and perspectives, and incorporates new ways of seeing, valuing, and understanding with regard to First Nations, Inuit, and Métis health practice 8.3 Respect: Respectfully engages with and gives back to First Nations, Inuit, and Métis communities as a health professional 8.4 Support: Demonstrates authentic, supportive, and inclusive behaviour in all exchanges with First Nations, Inuit, and Métis individuals, health care workers, and communities

Care of vulnerable and underserved populations competencies

KEY COMPETENCY	ENABLING COMPETENCIES
UND1- Provides care to vulnerable and underserved populations, while demonstrating an awareness of the special or unique health risks and health problems facing specific groups ☒ Priority Topic 99: Travel medicine ☒ Priority Topic 50: Immigrants ☒ Priority Topic 87: Sex ☒ Priority Topic 29: Disability	1.1. Illnesses in other countries: Recognizes the potential health risks facing travelers to and from specific destinations, particularly migrants returning to visit friends and relatives; reduces risks and manages these health problems if they occur 1.2. Migrant health: Acquires knowledge of the key health risks and health promotion needs of immigrants to Canada (immigrant/ refugee) 1.3. Health problems in the homeless and those living in inner cities: Demonstrates awareness of common medical issues found amongst homeless and marginally housed patients, and issues affecting inner city populations 1.4. LGBTT*Q health: Demonstrates knowledge and skills necessary to meet the specific health needs of the Lesbian, Gay, Bisexual, Two- spirit, Transgender, and Queer communities 1.5. Health problems in individuals who are disabled or have developmental delay: Recognizes the particular importance of providing screening and preventative care to patients with developmental delay and disability, whose needs in this area are often traditionally overlooked

KEY COMPETENCY	ENABLING COMPETENCIES
UND2- Recognizes social determinants of health, health inequity, and barriers to good health for vulnerable populations, and advocates for correction of these inequities	2.1 Health inequities in Canada: Describes social determinants of health and health inequities that exist in Canada, and directs attention to health inequities in all clinical and teaching duties (migrants, disabilities, homeless, people with low incomes, global populations, and individual communities in other countries) 2.2 Determinants of health for global populations: Demonstrates knowledge of the social determinants of health worldwide and their impact on disease 2.3 Migrant determinants of health: When caring for a patient who is a refugee or immigrant to Canada, describes specific determinants of health for this patient 2.4 Homeless determinants of health: When caring for a patient who is homeless or marginally housed, describes specific determinants of health for this patient 2.5 Determinants of health for patients with disabilities: Recognizes the impact of disabilities on a patient's health

KEY COMPETENCY	ENABLING COMPETENCIES
<i>UND3- Describes health care systems and how they contribute to or help to reduce barriers to good health for vulnerable populations</i>	3.1 International health infrastructure: Demonstrates a basic understanding of the international health infrastructure, particularly the role of the World Health Organization and United Nations 3.2 Health systems and resources for vulnerable populations in general: Explains how health systems and specific resources can improve the health of vulnerable populations in general 3.3 Health systems and resources for global populations: Explains how health systems and specific resources can improve the health of global populations 3.4 Health systems and resources for migrants: Describes elements of the health care system that can improve the care of migrant patients 3.5 Health systems and resources for patients with disabilities, including developmental delay: Describes elements of the health care system that can improve the care of patients with developmental delay

Behavioural medicine competencies

KEY COMPETENCY	ENABLING COMPETENCIES
BEH1- Integrates psychosocial and cultural aspects of normal human development into family practice, with special regard for knowledge of family systems, life cycle, and relationship dynamics ✉ Priority Topic 38: Family issues ✉ Priority Topic 43: Gender specific issues ✉ Priority Topic 87: Sex	1.1. Genograms: Explains how a genogram clarifies family structure, membership, life cycle, relationships, and significant events. Constructs a genogram for the medical chart, employing standard symbols 1.2. Family life cycle and dynamics: Explains concepts of family life cycle and family dynamics, and their impact on the management of health and illness. Employs family interviewing skills to elicit relevant and useful family information 1.3. Cultural and gender sensitivity: Demonstrates cultural and gender sensitivity when interviewing patients 1.4. Sexual history: Takes a sexual history and elicits relevant chief concerns, to include bio-psychosocial and cultural perspectives 1.5. Patient resilience and coping with stress: When patients present with crisis, and/or when duress of acute or chronic medical condition is evident, assesses patient resilience and strategies for coping with stress, to include personal and social coping strategies

KEY COMPETENCY	ENABLING COMPETENCIES
BEH2- Recognizes and diagnoses mental health problems commonly co-existing with health issues ✉ Priority Topic 92: Somatization ✉ Priority Topic 93: Stress ✉ Priority Topic 95: Substance use and Addiction	2.1 Mental health problems underlying somatic complaints: Recognizes how common somatic complaints (e.g., abdominal pain and bowel upset, atypical pain presentation, dizziness, palpitations and paresthesias, headache, fatigue, insomnia) can have underlying mental health causes 2.2 Organic conditions underlying mental health complaints: Recognizes how mental health complaints can have underlying organic causes and selectively arranges investigations to rule out these conditions (e.g., medication, drug or alcohol use, metabolic, endocrine, malignant, infectious or ischemic causes of fatigue, depressed mood, insomnia, pain, depression, confusion, or delirium) 2.3 Mental health comorbidities: Recognizes increased prevalence of comorbid physical health problems (including smoking, substance abuse, obesity, and anorexia) experienced by those with underlying mental health problems, and screens and case-finds appropriately 2.4 Mental health conditions and physical illness: Recognizes increased prevalence of mental health conditions, such as depression and post-traumatic stress disorder (PTSD), among those experiencing a variety of acute and chronic physical health problems (including cancer, heart disease, stroke, endocrine disorders, disabling and disfiguring conditions), and screens and case-finds appropriately

KEY COMPETENCY	ENABLING COMPETENCIES
BEH3- Recognizes and provides care to patients presenting with a history of abuse ☒ Priority Topic 31: Domestic violence ☒ Priority Topic 81: Rape / sexual assault	3.1 Domestic violence: Recognizes risks of intimate partner violence (e.g., pregnancy) and screens for abuse and domestic violence appropriately. Assesses the level of risk for all members of the household, and appropriately refers to child protection services (e.g., Child and Family Services), as required 3.2 Sexual abuse: Identifies sexual abuse, rape, or incest. Considers query of sexual abuse in patients who present with chronic pain, somatization, PTSD, depression, anxiety, substance abuse, cluster B traits, or sexual history that raises concerns for patient's welfare, such as evidence of prostitution 3.3 Child abuse: Identifies child abuse, whether physical, sexual, or emotional abuse. Assesses the level of risk for other members of the household, and appropriately refers to child protection services (e.g., Child and Family Services), as required 3.4 Elder abuse: Facilitates support and safety in the case of elder abuse. Knows when and how to report elder abuse if the patient is in a long-term care setting (e.g., Protection for Persons in Care Office)

KEY COMPETENCY	ENABLING COMPETENCIES
BEH4- Describes specific approaches to screening for, recognizing, diagnosing, and managing common key mental health conditions ☒ Priority Topic 10: Behavioral problems ☒ Priority Topic 6: Anxiety ☒ Priority Topic 24: Dementia ☒ Priority Topic 25: Depression ☒ Priority Topic 35: Eating disorder ☒ Priority Topic 44: Grief ☒ Priority Topic 76: Personality disorder ☒ Priority Topic 85: Schizophrenia ☒ Priority Topic 92: Somatization ☒ Priority Topic 93: Stress	4.1 Mental health conditions in children/adolescents: Screens for, recognizes, diagnoses, and manages common mental health conditions in children/adolescents: ▪ anxiety ▪ attention deficit hyperactivity ▪ autism and Asperger's ▪ conduct disorder ▪ depression ▪ eating disorders disorder ▪ enuresis ▪ learning disorders spectrum disorders ▪ oppositional defiant disorder 4.2 Mental health conditions in adults: Screens for, diagnoses, and manages common mental health condition in adults: ▪ adjust ▪ ent disorders ▪ alcohol and drug abuse/dependence ▪ anxiety disorders ▪ attention deficit hyperactivity ▪ bipolar spectrum disorders ▪ dementia ▪ depression and dysthymia ▪ malingering disorder ▪ Munchausen ▪ personality disorders ▪ schizophrenia and psychotic illness ▪ somatoform disorders

KEY COMPETENCY	ENABLING COMPETENCIES
☒ Priority Topic 96: Suicide ☒ Priority Topic 104: Violent / aggressive patient	4.3 Screening: Employs psychometric investigations designed for or amenable to primary care to diagnose, rule out, screen for, or case-find specific conditions 4.4 Mental status: Assesses and documents a patient's mental status, including relevant psychosocial context, stresses, and supports, and documents appropriately 4.5 Suicide risk: Assesses patient's suicide or homicide risk and determines if patient requires involuntary admission 4.6 Risk to others/Violence: Identifies and manages patients at risk to themselves or others 4.7 Involuntary admission: States criteria for involuntary admission 4.8 Select management approach: Uses a patient-centred, multi-disciplinary, multi-faceted general approach to management and follow-up of patients regardless of their mental health condition

KEY COMPETENCY	ENABLING COMPETENCIES
BEH5- Prescribes appropriate psychopharmacology for common psychiatric conditions	5.1 Psychotropic classes effects and adverse effects: Demonstrates knowledge of drug classes, indications and contraindications, side effects, toxicity, common interactions, and discontinuation strategies for medications used in mental health conditions. Demonstrates knowledge of monitoring requirements, laboratory tests, and therapeutic levels. 5.2 Choosing and monitoring psychotropics: Selects and manages psychotropic medication based on specific psychiatric target symptoms. Monitors response of target symptoms to treatment using functional benchmarks, adjusting and augmenting as clinically indicated. 5.3 Counselling patients: Counsels patients regarding side effects and profiles of their psychotropic medication 5.4 Addiction and dependence: Counsels regarding potential addiction to certain prescription medications, such as benzodiazepines. Manages addiction and dependence when it arises 5.5 Medication review: Incorporates comprehensive medication reviews in the ongoing management of chronic mental illness

KEY COMPETENCY	ENABLING COMPETENCIES
BEH6- Becomes familiar with and employs specific primary care counselling skills that have been designed for or are useful in a family practice setting ☒ Priority Topic 19: Counselling ☒ Priority Topic 87: Sex ☒ Priority Topic 20: Crisis ☒ Priority Topic 96: Suicide	6.1 Motivational interviewing: Employs motivational interviewing techniques to help patients consider or commit to behaviour change 6.2 Sexual health counselling: Understands normal sexual development and how to address specific sexual concerns 6.3 Crisis intervention: Applies the BATHE (background, affect, trouble, handle, empathy) technique for crisis intervention, initial screen for psychosocial or psychosomatic concerns, and as a general approach to psychotherapy in primary care 6.4 Suicide intervention: Identifies and addresses the issue(s) that contribute to a patient's risk. Develops a plan for safety with the patient 6.5 Cognitive behavioural therapy: Practices evidence-based skills in primary care of cognitive behavioural therapy (CBT) and begins to use these techniques to help patients with problems such as depression and anxiety 6.6 Relaxation techniques: Describes when relaxation therapy may be useful. Demonstrates techniques for relaxation training (e.g., breathing, imagery, mindfulness, progressive muscle relaxation)

KEY COMPETENCY	ENABLING COMPETENCIES
BEH7– Provides care to patients with substance abuse problems and their families ☒ Priority Topic 95: Substance use and Addiction	7.1 Screening for addiction: Routinely performs screening for patients with substance abuse problems 7.2 Screen for sequelae: Screens patients for sequelae of substance abuse (liver disease, infections) 7.3 Stages of change: Identifies the patient's current stage in the Stages of Change Model 7.4 Intoxication/withdrawal: Identifies common intoxication and withdrawal symptoms 7.5 Counselling: Provides simple and bridging psychosocial interventions for patients with substance abuse 7.6 Acute withdrawal: Demonstrates an approach for acute management for alcohol, nicotine, benzodiazepine, and narcotic withdrawal, including pharmacological approaches 7.7 Weaning: Demonstrates an approach for weaning of benzodiazepines and opioids 7.8 Referral: Demonstrates knowledge of community resources for management of addictions 7.9 Support to families: Offers support to family members affected by substance abuse and identifies community resources to support them

Milestones and Entrustable Professional Activities

In 2015, the University of Manitoba Department of Family Medicine Residency program introduced two new concepts to its competency framework: **Milestones** and **Entrustable Professional Activities (EPAs)**.

A **milestone** is an observable marker of an individual's ability along a developmental continuum. Milestones for each of the foundational family medicine competencies are described in this section and are articulated based on entry to the program (T0), end of PGY-1 (T12) and end of PGY-2 (T24). The milestones are based on work completed by the Royal College of Family Physicians and Surgeons of Canada (Competency by Design), as well as the American Board of Family Medicine (Family Medicine Milestone Project).

In our assessment framework, PGY1 and PGY2 milestones are used in In-training Assessment Reports (ITARs) to assess achievement of competencies over the course of the residency.

An **Entrustable Professional Activity (EPA)** is a task in the clinical setting that may be delegated to a resident by their supervisor once sufficient skill has been demonstrated. Typically, each EPA integrates multiple competencies and milestones. For ease of use, a narrative for each EPA of the expected behaviours for pre-entrustable and entrustable learners based on the milestones has been developed.



The initial version of EPAs was based on work completed by the University of Calgary's Department of Family Medicine and the American Board of Family Medicine, and are extracted from the College of Family Physicians of Canada's Family Medicine Professional Profile (**Appendix C**). **EPAs have been revised in light of the CFPC's ongoing work in developing Core Professional Activities (CPAs).**

In our assessment framework, achievement of EPAs is used to evaluate overall resident progress over the two year residency.

Milestones

Key and enabling competencies		T0	PGY1	PGY2
Medical Expert Milestones				
ME1: Practices generalist medicine within their scope of professional activity			Demonstrates commitment to the holistic role of the family physician by beginning to develop longitudinal doctor-patient relationships	Practices patient-centered, continuous, and comprehensive care
1.1	Demonstrates a commitment to high quality care, relationship-centered compassionate care of their patients	While engaging as a learner in the clinical care environment, demonstrates a duty of care toward patients	Demonstrates a commitment to high quality care	Demonstrates a commitment to high quality care and to the four principles of family medicine
1.2	Integrates the CanMEDS-FM 2017 Intrinsic roles into their practice of medicine	Describes the CanMEDS-FM 2017 roles and explains how they relate to the practice of medicine	Explains how the intrinsic roles need to be integrated in practice of their discipline to deliver optimal patient care	Practices patient-centered continuous and comprehensive care
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	Applies knowledge of biomedical sciences and clinically relevant skills to identify, diagnose, and address common clinical problems	Applies clinical and biomedical sciences to manage core patient presentations in their discipline	Applies a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in their discipline
1.4	Carries out professional duties in the face of multiple, competing demands	Recognizes competing demands in professional duties and seeks assistance in determining priorities	On the basis of patient-centred priorities, seeks assistance to prioritize multiple competing tasks that need to be addressed	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	Recognizes that there is a degree of un-certainty in all clinical decision-making	Identifies clinical situations in which complexity, uncertainty, and ambiguity may play a role in decision-making	Adapts care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolve

Key and enabling competencies		T0	PGY1	PGY2
Medical Expert Milestones				
ME2: Provides comprehensive, preventative care throughout the life cycle, incorporating strategies that modify risk factors and detect disease in early treatable stages			Integrates disease screening and health promotion into practice	Integrates disease screening and health promotion seamlessly in the ongoing care of patients, adapting to the individual patient's needs
2.1	Incorporates disease prevention, health promotion, and health surveillance into interaction with individuals	Describes the processes of disease prevention, health promotion, and health surveillance	Explains the basis of health promotion and disease prevention recommendations to patients with the goal of shared decision-making	Integrate disease prevention and health promotion seamlessly in the ongoing care of all patients
2.2	Works with patients and their families, and social or cultural social networks, to increase opportunities to adopt healthy behaviours	Describes the value and limitations of promoting healthy behaviours Describes the principles of behaviour change	Selects and provides appropriate patient education resources to support adoption of healthy behaviours	Partners with the patient and family to overcome barriers to disease prevention and health promotion
2.3	Recognizes modifiable risk behaviours and provides advice on risk reduction	Collects family, social, and behavioural history with the goal of risk stratification	Counsels patients on lifestyle changes	Applies the principles of behaviour change during conversations with patients about adopting healthy behaviours
2.4	Performs all components of a complete periodic health exam	Demonstrates an awareness of recommendations for health maintenance developed by various organizations	Reconciles recommendations for health maintenance and screening guidelines developed by various organizations	Adapts the periodic health exam based on individual patient factors

Key and enabling competencies		T0	PGY1	PGY2
Medical Expert Milestones				
ME3: Performs a patient-centred clinical assessment and establishes a management plan			Uses a patient-centered approach in clinical assessments	Establishes patient-centered management plans
3.1	Identifies relevant priorities for assessment and management, based on the patient's perspective, context, and medical urgency	Identifies the concerns and goals of patients and their families for the encounter Recognizes the signs of potentially urgent conditions	Effectively and selectively identifies, assesses and prioritizes the main presenting symptoms in collaboration with the patient, while recognizing and appropriately responding to urgent and emergent conditions	Iteratively establishes priorities, considering the patient's and/or caregiver's perspective (including values and preferences) as the patient's situation evolves, while recognizing and appropriately responding to urgent and emergent conditions
3.2	Elicits a history, performs a physical exam, selects appropriate investigations and interprets results for the purpose of diagnosis and management, disease prevention and health promotion	Elicits a history and performs a physical exam that informs the diagnosis Develops a general differential diagnosis relevant to the patient's presentation	Gathers relevant information and uses that information to generate appropriate differential diagnoses	Elicits a history, performs a physical exam, selects appropriate investigations, and interprets results for the purpose of diagnosis and management, disease prevention, and health promotion
3.3	Establishes goals of care in collaboration with patients and their families, which reflect the patient's values and goals for health and well-being	Initiates discussions with patients and their families, under supervision, about goals of care Solicits the patient's ideas, feelings, impact on function, and expectations	Addresses the patient's and his or her family's ideas about the nature and cause of the health problem, their fears and concerns, and their expectations of health care professionals	Establishes goals of care in collaboration with patients and their families, which may include slowing disease progression, achieving cure, improving function, treating symptoms, and palliation
3.4	Establishes a care management plan, finding common ground with the patient	Develops an initial management plan for common patient presentations	Develops and implements initial management plans for common problems in their discipline	Establishes patient-centred management plans for all patients
3.5	Makes clinical decisions informed by the best evidence, past experience and the patient's perspective	Identifies source of best evidence related to clinical situations encountered	Ensures that patients and their families are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines	Makes clinical decisions informed by the best evidence, past experience and the patient's perspective
3.6	Manages complex co-existing clinical and contextual issues, both acute and chronic, often in conditions of uncertainty	Recognizes presence of complexity and uncertainty in clinical care	Discusses with patients and their families the degree of uncertainty inherent in all clinical situations	Develops, in collaboration with the patient and his or her family, a plan to deal with clinical uncertainty

Key and enabling competencies		T0	PGY1	PGY2
Medical Expert Milestones				
ME4: Demonstrates an effective approach to the ongoing care of patients with chronic conditions and/or patients requiring regular follow-up			Applies appropriate clinical guidelines into the management of patients with chronic conditions	Utilizes a comprehensive approach to management of patients with chronic conditions, which integrates self-management and team-based care
4.1	Screens for and identifies patients with chronic disease	Accurately documents a clinical encounter on a patient with a chronic condition, and generates a problem list	Lists screening and case-finding recommendations for early detection of asymptomatic chronic disease	Tracks and monitors disease prevention and health promotion for the practice population Uses registries in managing patient and population health
4.2	Monitors for complications of common chronic diseases	Recognizes common complications of commonly encountered chronic diseases	Recognizes variability and natural progression of chronic conditions and adapts care accordingly	Uses quality markers to evaluate care of patients with chronic conditions
4.3	Solicits the patient's perspective and establishes goals of care in collaboration with patients and their families	Initiates discussions with patients and their families, under supervision, about goals of care Solicits the patient's ideas, feelings, impact on function and expectations	Assesses the social impact of chronic disease on individual patients	Establishes goals of care in collaboration with patients and their families, which may include slowing disease progression, achieving cure, improving function, treating symptoms, and palliation
4.4	Educates the patient about their chronic disease and empowers the patient to take some ownership of the disease	Recognizes the central role of the patient in chronic disease management	Engages the patient in the self-management of his or her chronic condition	Facilitates patients' and families' efforts at self-management of chronic conditions, including the use of community resources and services
4.5	Establishes a patient- centred management plan, which integrates an interprofessional approach	Develops an initial management plan for common chronic conditions	Develops a management plan that Includes input from other health professionals	Leads care teams to consistent and appropriate management of patients with chronic conditions and comorbidities
4.6	Sets appropriate treatment targets for common chronic diseases informed by the most recent clinical guidelines	Identifies clinical guidelines for common chronic diseases	Reports the common treatment targets for common chronic diseases as recommended by relevant clinical guidelines	Adjusts treatment targets based on patient factors and circumstances

Key and enabling competencies		T0	PGY1	PGY2
Medical Expert Milestones				
ME5: Performs family medicine specialty-appropriate procedures to meet the needs of individual patients			Performs common family medicine specialty-appropriate procedures with assistance as needed	Performs family medicine specialty-appropriate procedures independently
5.1	Determines the most appropriate procedures	Identifies procedures that family physicians perform	Describes to patients common procedures in family medicine for the purpose of assessment and/or management of a given problem	Integrates all sources of information to develop a procedural plan that is safe, patient-centred, and considers the risks and benefits of all approaches
5.2	Obtains and documents informed consent, explaining the risks and benefits of, and the rationale for, the proposed procedure or therapy	Describes the ethical principles and legal process of obtaining and documenting informed consent	Obtains informed consent for commonly performed procedures and therapies, under supervision, explaining the indications, risks, benefits, and alternatives	Obtains and documents informed consent explaining the risk and benefits of, and the rationale for, the proposed options
5.3	Prioritizes procedure, taking into account clinical urgency and available resources	Recognizes need to prioritize based on clinical urgency	Considers urgency and potential for deterioration in advocating for the timely execution of procedures for their patients	Prioritize procedures, taking into account clinical urgency, potential for deterioration, and available resources
5.4	Performs procedure in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances	Performs simple procedures under direct supervision	Performs common procedures in a safe manner with assistance as needed	Competently and efficiently executes discipline-specific procedures with assistance as needed in situations that are complex or new to the physician
5.5	Develops a plan with the patient for aftercare and follows up after completing a procedure	Describes the need for follow-up post procedure	Establishes and implements a plan for post procedure care	Establishes and implements a plan for post procedure care that considers individual patient factors that may affect recovery
5.6	Describes the normal postoperative healing course, and recognizes and manages common postoperative complications	Describes common postoperative complications	Counsels patients and recognizes common postoperative complications	Provides anticipatory guidance to patients regarding normal postoperative healing and when and how to access care. Manages postoperative complications

Key and enabling competencies		T0	PGY1	PGY2
Medical Expert Milestones				
ME6: Establishes patient-centred care plans that include the patient, their family, other health professionals, and consultant physicians			Seeks input from the patient and their family in the development of care plans	Establishes patient-centred care plans that include the patient, their family, other health professionals, and consultant physicians
6.1	Implements patient- centred care plans that support ongoing care, follow-up on investigations, response to treatment, and further consultation	Describes the importance of consultation and follow-up in patient care	Coordinates investigation, treatment, and follow-up plans	Establishes plans for ongoing care for the patient, taking into consideration his or her clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence

Key and enabling competencies		TO	PGY1	PGY2
Medical Expert Milestones				
ME7: Actively facilitates continuous quality improvement for health care and patient safety, both individually and as a part of a team			Recognizes opportunities to improve safety or quality in the clinical setting	Recognizes and takes steps to improve safety or quality in the clinical setting
7.1	Recognizes any potential health care delivery risks and patient safety incidents, working proactively to prevent harm and remediate identified concerns	Describes the scope and burden of health care-related harm	Recognizes the occurrence of an adverse event or near miss Prioritizes the initial medical response to adverse events to mitigate further injury	Discloses adverse events or near misses to patients and families and to appropriate institutional representatives Recognizes near misses in real time and responds to correct them, preventing them from reaching the patient
7.2	Adopts strategies and applies quality improvement science to promote quality improvement	Recognizes inefficiencies, inequities, variation, and quality gaps in health care delivery	Describes quality improvement methodologies	Uses a systematic improvement (e.g., Plan-Do-Study-Act [PDSA] cycle) to address and identify areas of improvement
7.3	Improves patient safety, addressing human and system factors as part of a commitment to quality	Describes the individual factors that can affect human performance, including sleep deprivation and stress Describes system factors that can affect patient safety, including resource availability and physical and environmental factors	Describes the principles of situational awareness and their implications for medical practice Describes strategies to mitigate the negative effects of human and system factors on clinical practice	Applies the principles of situational awareness to clinical practice Adopts strategies that promote patient safety and mitigate negative human and system factors
7.4	Implements mechanisms to optimize patient care in practice	Recognizes inefficiencies, inequities, variation, and quality gaps in health care delivery	Uses cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient care	Analyzes processes seen in one's own practice, team, organization, and system

Key and enabling competencies		T0	PGY1	PGY2
Medical Expert Milestones				
ME8: Establishes an inclusive and culturally-safe practice environment			Contributes to an inclusive and culturally-safe practice environment	Establishes an inclusive and culturally-safe practice environment
8.1	Demonstrates humility and openness to patient's ideas and knowledge	Recognizes that health providers' attitude can influence the flow of interview	Encourages patients to share ideas and perspectives	Demonstrates humility and openness to patient's ideas and knowledge
8.2	Seeks to understand and respects culturally-based health beliefs	Describes how culturally-based health beliefs influence perception of health/illness	Asks about patients' culturally-based health beliefs	Seeks to understand and respects culturally-based health beliefs
8.3	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	Recognizes that the patient's previous experiences with the health system impacts their future interactions	Inquires about a patient's previous experiences with the health system, including adverse life events.	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

Key and enabling competencies		TO	PGY1	PGY2
Medical Expert Milestones				
ME9: Contributes generalist abilities to address complex, unmet patient or community needs, and emerging health issues, demonstrating community-adaptive expertise			Considers how the needs of the community influences how practice is organized	Adapts practice based on the needs of the community
9.1	Assesses and adapts practice based on community needs, anticipating and planning for emerging health care issues in the community	While engaging as a learner in the clinical care environment, demonstrates an appreciation of the diversity of roles of the family physician	Considers how the needs of the community influence how practice is organized	Assesses and adapts practice based on community needs, anticipating and planning for emerging health care issues in the community
9.2	Demonstrates clinical courage (rational risk taking) and comfort with uncertainty in approaching novel and/or complex patient and community challenges	Appreciates that uncertainty exists within clinical care	Reflects on clinical situations characterized by uncertainty	Demonstrates clinical courage (rational risk taking) and comfort with uncertainty in approaching novel and/or complex patient and community challenges
9.3	Creates and adjusts personal learning plans, expanding or focusing practice as necessary, to develop the knowledge and skills necessary to provide community adaptive care	Recognizes that family physicians may require different knowledge and skills based on the community in which they practice	Recognizes that family physicians may require different knowledge and skills based on the community in which they practice	Creates and adjusts personal learning plans, expanding or focusing practice as necessary, to develop the knowledge and skills necessary to provide community adaptive care

Key and enabling competencies		TO	PGY1	PGY2
Communication Milestones				
CM1: Develops rapport, trust, and ethical therapeutic relationships with patients and their families			Optimizes the physical environment for patient comfort, privacy, engagement, and safety	Establishes effective therapeutic relationships with patients and their families that are characterized by understanding, trust respect, honesty, and compassion
1.1	Establishes positive therapeutic relationships with patients and their families that are characterized by understanding, trust respect, honesty, and compassion	Describes the key components of a patient-centred approach to medical care	Demonstrates the key components of a patient-centred approach in complex clinical encounters	Communicates using a patient-centred approach that facilitates patient trust and autonomy, and is characterized by empathy, respect, and compassion
1.2	Optimizes the physical environment for patient comfort, dignity, privacy, engagement, and safety	Describes elements of the physical environment that affect patient comfort, privacy, engagement, and safety (e.g., curtains, background noise, time standing or sitting, lighting, heating)	Mitigates physical barriers to communication to optimize patient comfort, privacy, engagement, and safety	Optimize the physical environment for patient comfort, privacy, engagement, and safety
1.3	Respects patient confidentiality, privacy and autonomy	Describes models of decision-making along the spectrum from “paternalistic” to “shared” to “autonomous”	Assesses patients’ preferred involvement in decisions about their care Assesses patients’ decision-making capacity	Tailors approaches to decision-making to patient capacity, values, and preferences
1.4	Listens respectfully to patients and family members and addresses their concerns	Identifies non-verbal communication on the part of patients and their families, and its impact on physician-patient communication	Critically reflects on emotional encounters and identifies how different approaches may have affected the interaction	Manages disagreements and emotionally charged conversations
1.5	Responds to a patient’s non-verbal behaviours to enhance communication	Describes physician, patient, and contextual factors that lead to strong emotions	Uses appropriate non-verbal communication to demonstrate attentiveness, interest, and responsiveness to patients and their families	Responds to patients’ non-verbal communication and uses appropriate non-verbal behaviours to enhance communication with patients
1.6	Adapts communication to the unique needs and preferences of each patient, and to his or her clinical condition and circumstances, ensuring that care is inclusive and culturally safe	Describes how patient and physician values, biases, and perspectives affect clinical encounters	Assesses patients’ values, biases, and perspectives	Recognizes when patient and physician values, biases, or perspectives threaten the quality of care, and modifies the approach to patient care according to the context

Key and enabling competencies		T0	PGY1	PGY2
Communication Milestones				
CM2: Elicits and synthesizes accurate and relevant information from, and perspectives of, patients and their families			Utilizes patient-centered interviewing skills effectively and consistently	Utilizes a range of patient-centered interviewing techniques to gather information and develop an understanding of the whole person
2.1	Engages patient to gather information about their symptoms, ideas, concerns, expectations of health care, and the full impact of their illness experience on their lives	Describes the basic elements of the patient-centred interview	Conducts a patient-centred interview, gathering relevant biomedical and psychosocial information in the context of a presentation of a common medical problem	Uses patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
2.2	Organizes the interview in a logical sequence, attending to timing, and keeping the interview on task while encouraging active participations by patients	Uses a model to guide a patient encounter Conducts a patient interview without using a checklist	Conducts a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses	Provides a clear structure for, and manages the flow of, an entire patient encounter
2.3	Explores the patient's personal life context, including cultural differences	Describes how a patient's personal life context impacts perception of illness	Explores the patient's personal life context, including cultural differences	Explores the patient's personal life context, including cultural differences, and its impact on the perception of illness
2.4	Seeks and synthesizes information from other sources, such as the patient's family and caregivers	Describes potential sources of information that may assist in a given patient's care	Solicits relevant information from other sources, including the patient's family and caregivers with the patient's consent	Seeks and synthesizes relevant information from other sources, including the patient's family and caregivers, with the patient's consent
2.5	Engages with families during important life events to improve understanding of the patient/family experience and/or to mobilize support	Describes common key life events and their impact	Identifies common key life events and explores their impact on the patient and their family	Engages with families during important life events to improve understanding of the patient/family experience and/or to mobilize support

Key and enabling competencies		T0	PGY1	PGY2
Communication Milestones				
CM3: Shares health care information and plans with patients and their families			Communicates plan of care clearly and accurately to patients and their families.	Shares information and explanations that are clear, accurate and timely while checking for patient and family understanding
3.1	Shares information and explanations that are clear, accurate, and timely while checking for patient and family understanding	Describes ethical principles of truth-telling in the physician-patient relationship	Communicates the plan of care clearly and accurately to patients and their families	Skillfully shares information and explanations that are clear, accurate, timely, and adapted to the patient's and his or her family's level of understanding and need
3.2	Discloses harmful patient safety incidents to patients and their families, accurately and appropriately	Defines the terms "close call," "no-harm event," "potential harm event," and "adverse event" Describes the ethical, professional, legal obligations, and policies for, disclosure of reporting adverse events Differentiates complications or expected outcomes of disease from adverse events	Describes the steps in providing disclosure after an adverse event	Discloses adverse events to patients and their families, accurately and appropriately Plans and documents follow-up to an adverse event

Key and enabling competencies		TO	PGY1	PGY2
Communication Milestones				
CM4: Engages patients and their families in developing plans that reflect the patient's health care needs, values, and goals			Answers questions from patients and families to facilitate decision-making	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 in a way that is respectful, inclusive, non-judgmental, and culturally safe, including the use of an interpreter or cultural interpreter when needed	Describes principles of cross-cultural interviewing	Conducts an interview, demonstrating cultural awareness Describes steps for conducting an interview with an interpreter	Facilitates discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
4.2	Assists patients and their families to identify, access, and make use of information and communication technologies to support their care, make decisions, and manage their health, while maintaining confidentiality	Describes the various sources of consumer health information that can enhance their understanding and management of their health care	Identifies reliable sources of consumer health information	Assists patients and their families to identify, access, and make use of evidence-based consumer health information to support their care and manage their health
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	Describes principles of cross-cultural interviewing	Conducts an interview, demonstrating cultural awareness	Facilitates discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
4.4	Effectively addresses challenging communication issues such as motivating behaviour change, delivering bad news, and addressing disagreements and emotionally charged situations	Describes the key components of a patient-centred approach to delivering bad news Describes the key components of motivational interviewing	Manages sensitive, complex, and/or challenging patient issues effectively Promotes patient health behaviour change opportunistically using interviewing/counselling skills	Manages sensitive, complex and/or challenging patient issues effectively Promotes patient health behaviour change consistently and effectively using counselling skills
4.5	Provides therapeutic interventions through supportive and other counseling techniques	Describes different counselling approaches (supportive counselling, CBT, etc.)	Supports patients during common life cycle events	Supports patients in crisis or emotional distress appropriately, using effective counselling skills/techniques
4.6	Assists patients to clarify their values and feelings, cope with uncertainty, and sort out their options for care	Lists relevant questions to ask patients, families, and partners in care to elicit an understanding of health care goals and needs	Demonstrates interviewing techniques for encouraging discussion, questions, and interaction	Explores the perspectives of patients and others when developing care plans

Key and enabling competencies		TO	PGY1	PGY2
Communication Milestones				
CM5: Documents and shares written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy			Documents in a clear, organized, and timely way	Communicates in a clear, concise, and timely way across all domains (charting, letters, reports) and mediums (oral, written, electronic)
5.1	Documents clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements	Describes the functions and principle components of a medical record Describes the regulatory and legal requirements, including privacy legislation, for record keeping Identifies potential difficulties and errors in medical record keeping that have a negative impact on patient care or patient safety Documents the essential elements of a clinical encounter using a structured approach Maintains accurate and up-to-date problem lists and medication lists	Organizes information in appropriate sections within an electronic or written medical record Demonstrates proficiency in using the vocabulary and appropriate abbreviations specific to their discipline and workplace Documents information about patients and their medical conditions in a manner that enhances intra- and interprofessional care	Documents clinical encounters in an accurate, complete, timely, and accessible manner, and in compliance with legal and privacy requirements
5.2	Communicates effectively using a written health record, electronic medical record, or other digital technology	Demonstrates effective documentation of a simulated encounter in a written or electronic record Demonstrates reflective listening, open-ended inquiry, empathy, and effective eye contact while using a written or electronic medical record	Shares information in his or her health record with the patient to enhance collaboration and joint decision-making	Communicates effectively using a written health record, electronic medical record, or other digital technology Uses electronic tools appropriately to communicate with patients, protecting their confidentiality
5.3	Utilizes the Electronic Health Record (EHR)/ Electronic Medical Record (EMR) to enhance shared decision-making with patients	Describes the legal requirements for protection of personal health information	Applies processes for patient authorization of sharing of personal health information	Shares information effectively with patients and others in a manner that respects patient privacy

Key and enabling competencies		TO	PGY1	PGY2
Collaborator Milestones				
CL1: Works effectively with others in a collaborative team-based model			Displays awareness of scope of practice and communicates well with other members of the health care team	Works effectively with others in a collaborative team-based model
1.1	Establishes and maintains positive Interdependent relationships with others	Introduces themselves and their role to physicians and other colleagues in health care professions Identifies opportunities for collaboration among health care professional along the continuum of care	Compares and contrasts enablers of and barriers to collaboration in health care Receives and appropriately responds to input from other health care professionals	Establishes and maintains healthy relationships with physicians and other colleagues in health care professions to support relationship-centred collaborative care
1.2	Describes one's own role and the roles of others (including clinical, research, education, or administrative roles)	Describes the importance of professional role diversity and integration in high quality and safe patient care	Discusses the role and responsibilities of the family physician in a team Describes the roles and scope of practice of other health care professionals related to the discipline	Describes the family physician's role and scope of practice of other health care professionals within a team
1.3	Defines and negotiates overlapping and shared roles and responsibilities to meet the needs of patients	Describes the importance of good communication with physicians and other colleagues in health professions	Identifies barriers to communication with collaborators Actively listen and engage in interactions with collaborators	Negotiates overlapping and shared care responsibilities with physicians and other colleagues in health care professions
1.4	Respects diversity of roles and perspectives while ensuring integrated patient-centered care	Describes relationship-centred care Identifies the stages of group development in health care settings	Uses effective communication (both written and verbal) to build relationships with collaborators and to develop shared plans of care	Communicates effectively with physicians and other colleagues in health care professions Engages in respectful shared decision-making with patients and their families, and with physicians and other colleagues in health care professions
1.5	Demonstrates role flexibility (for example changing from team member to team leader), as necessary, based on context, team composition, and patient needs	Describes strategies to promote engagement of physicians and other colleagues in health care professions in shared decision-making	Discusses with patients and their families any plan for involving other health care professionals, including other physicians, in their care	Demonstrates role flexibility (for example changing from team member to team leader), as necessary, based on context, team composition, and patient needs

Key and enabling competencies		T0	PGY1	PGY2
Collaborator Milestones				
CL2 Cultivates and maintains positive working environments through promoting understanding, managing differences, minimizing misunderstandings, and mitigating conflicts			Engages in respectful shared decision-making with colleagues	Supports the clinical team proactively
2.1	Demonstrates a respectful attitude towards others	Respects the diversity of perspectives and expertise among health care professionals	Responds to requests and feedback in a respectful and timely manner	Shows respect toward collaborators
2.2	Engages others in shared decision-making and finding common ground with team members	Lists factors that contribute to effective teamwork	Actively listens to and engages in interactions with collaborators	Distributes tasks and responsibilities in an appropriate and respectful manner
2.3	Works with others to promote understanding, manage differences, and negotiate conflict	Lists factors that contribute to misunderstanding, differences, and conflicts in the health care setting	Identifies communication barriers between health care professionals	Implements strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
2.4	Recognizes and reflects on one's contributions and limitations, and their impact on team function	Lists factors that contribute to effective teamwork	Seeks feedback on his/her performance within the team	Recognizes and reflects on one's contributions and limitations, and their impact on team function

Key and enabling competencies		T0	PGY1	PGY2
Collaborator Milestones				
CL3: 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			Demonstrates safe handover of the care of patients to other health care professionals.	Recognizes and facilitates necessary transitions in care with other health care professionals, 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	Describes how scope of practice can trigger transfer of care Describes common transitions in health care and the process of safe transfer of care	Identifies the appropriateness of transferring patients to other physicians or services Summarizes a patient's issues in the transfer summary, including plans to deal with ongoing issues	Decides when care should be transferred to another physician or health care professional and organizes the transfer of care
3.2	Effectively negotiates and communicates (both verbally and in writing) individual and/or shared responsibilities through care transitions plans to optimize patient safety	Describes a structured communication framework for transfer of care	Describes specific information required for safe handover during transition in care Communicates with health care professionals during transitions in care, clarifying issues after transfer as needed	Demonstrates safe transfer of care, both verbal and written, during a patient's transition to a different health care professional, setting, or stage of care

Key and enabling competencies		TO	PGY1	PGY2
Leader Milestones				
LD1: Contributes to the improvement of comprehensive, continuity-based, and patient centered health care delivery in teams, organizations, and systems			Identifies opportunities to improve patient safety and quality of care	Contributes to culture that promotes patient safety and quality improvement
1.1	Applies the science of quality improvement to contribute to improving systems of patient care	Recognizes inefficiencies, inequities, variation, and quality gaps in health care delivery	Describes the domains of health care quality (safe, effective, patient-centred, timely, efficient, equitable) Describes quality improvement methodologies	Uses a systematic improvement (e.g., Plan-Do-Study-Act [PDSA] cycle) to address and identify areas of improvement Analyzes processes seen in one's own practice, team, organization, and system
1.2	Contributes to a culture that promotes patient safety	Describes the features of a fair and non-punitive approach to patient safety	Actively encourages all involved in health care, regardless of their role, to report and respond to unsafe situations	Contributes to a culture that promotes patient safety
1.3	Analyzes patient safety incidents to enhance systems of care	Describes the elements of the health care system that facilitate or protect against adverse events or near misses	Describes the process for reporting adverse events and near misses Describes the available supports for patients and health care professionals when adverse events and near misses occur	Analyzes a given adverse event or near miss to generate recommendations for safer care Models a blame-free culture to promote openness and increased reporting
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	Identifies how information is organized within an EMR	Enters patient data in appropriate fields to plan preventative patient care and chronic disease management Describes how EMR can be used to assess patient access and continuity of care Uses care communication and recall functionalities to plan patient care Defines the nature of one's clinical population through the use of various electronic data sources	Uses recall and reporting functionalities to identify patients requiring care Uses an organized method, such as a registry, to assess and manage population health Integrates multiple EMR functionalities to plan individual patient care Uses informatics tools to reflect on and evaluate one's practice population and practice activities in comparison to evidence and practice norms
1.5	Works to engage patients, families, and caregivers in the process of health care improvement	Recognizes that patients are central stakeholders in health care	Describes how patient surveys can be utilized to collect patient perspectives on care	Works to engage patients, families, and caregivers in the process of health care improvement

Key and enabling competencies		T0	PGY1	PGY2
Leader Milestones				
LD2: Engages in the stewardship of health care resources			Considers costs of diagnostic and therapeutic interventions	Partners with patients to consistently use resources efficiently and cost-effectively
2.1	Allocates health care resources for optimal patient care	Explains health care spending and how it has changed over time Discusses the differences between cost, efficacy, and value with respect to health care delivery Describes the ethical debate related to resource stewardship in health care	Identifies costs of common diagnostic and therapeutic interventions as well as factors affecting these costs Accounts for costs when choosing care options	Uses clinical judgment and assessment of probability to minimize wasteful practices Optimizes practice patterns for cost-effectiveness and cost control
2.2	Combines evidence and best practices with individual patient needs to achieve cost-appropriate care	Recognizes that health care resources and costs impact patients and the health care system Describes potential changes in practice that could address rising costs	Knows and considers cost and risks/benefits of different treatment options in common situations Describes how evidence-informed medicine can be applied to optimize health care resource allocation Discusses strategies to overcome the personal, patient, and organizational factors that lead to waste of health care resources	Determines cost discrepancies between best practices and their current practice Partners with patients to consistently use resources efficiently and cost effectively in complex and challenging cases

Key and enabling competencies		T0	PGY1	PGY2
Leader Milestones				
LD3: Demonstrates collaborative leadership in professional practice			Engages in activities led by others	Demonstrates leadership in professional practice
3.1	Facilitates change within health care to enhance services and outcomes	Describes the key issues regarding the need to improve health care delivery and the role of physician leadership in this improvement	Analyzes patient feedback to help improve patient experiences and clinical outcomes Presents a recommendation for a change in health care delivery at a team meeting	Develops a strategy for implementing change with patients, colleagues, and staff Critiques an ongoing change occurring in health care delivery
3.2	Advances quality care and health outcomes through engagement of others to impact all levels of health care	Describes leadership styles as they relate to health care	Describes how self-awareness, self-reflection, and self-management are important to developing leadership skills Discusses aspects of one's own leadership style (including strengths, weaknesses, and biases)	Participates in activities and educational programs that develop self-awareness, self-reflection, and self-management as a leader and a follower in health care organizations Uses self-awareness, self-reflection, and self-management to improve practice
3.3	Recognizes the role of working with others in coalitions to achieve results that enable practice, organizational, and system transformations	Describes the role of coalitions as they relate to health care	Actively engages in change initiatives led by others	Demonstrates techniques to motivate themselves and others for quality care

Key and enabling competencies		TO	PGY1	PGY2
Leader Milestones				
LD4: Manages career planning, finances, and health human resources in a practice			Describes an approach to practice improvement	Participates in practice improvement
4.1	Establishes and balances appropriate personal and professional goals, and reassesses on an ongoing basis	Reflects on and sets personal, educational, and professional goals Aligns short-, medium-, and long-term goals	Aligns priorities with expectations for education and clinical work Organizes work using strategies that address strengths and areas to improve in personal effectiveness and efficiency	Balances personal life with responsibilities in education, research, administration, and patient care Develops time management skills in specific contexts, such as for delegation, in meetings, and for teamwork
4.2	Plans and manages professional practice in an efficient and ethical manner	Describes societal needs and current and projected workforce requirements, aligning these with personal factors important to choosing a career	Selects educational experiences to gain competencies necessary for future independent practice	Reconciles expectations for practice with job opportunities and workforce needs Plans practice finances, considering short- and long-term goals
4.3	Implements processes to enhance personal, career, and practice improvement	Develops systemic habits for practice management (e.g., checklists, prompts, to-do lists, and standard operating procedures) Uses tools and technologies to manage their own schedules	Describes the elements of the CFPC Patient Medical Home model Analyzes potential facilitators of and barriers to implementation of practice management tools and process improvement	Completes a plan for personal practice improvement, including evaluating a problem, setting priorities, executing the plan, and analyzing the results

Key and enabling competencies		T0	PGY1	PGY2
Health Advocate Milestones				
HA1: Responds to an individual patient's health needs by advocating with the patient within and beyond the clinical environment			Seeks appropriate community-based resources for patients	Advocates on behalf of individual patients to access appropriate resources
1.1	Works with patients to address determinants of health that affect them and their access to needed health services or resources	Describes the role of health care professionals in patient advocacy Defines determinants of health and explains their implications	Identifies the obstacles patients and families face in obtaining health care resources Demonstrates an approach to working with patients to advocate for beneficial services or resources	Facilitates timely patient access to services and resources Works with patients to address the determinants of health that affect them and their access to needed health services or resources

Key and enabling competencies		T0	PGY1	PGY2
Health Advocate Milestones				
HA2: As a resource to their community, assesses and responds to the needs of the communities or patient populations served by advocating with them as active partners for system-level change in a socially accountable manner			Identifies communities or populations experiencing health inequities or unmet health needs	Assesses and responds to the needs of the community or population served to improve health and reduce inequities.
2.1	Works with a community or population to determine the determinants of health that affect them	Defines determinants of health and explain their implications	Identifies communities or populations they serve that are experiencing health inequities	Works with a community or population to identify the determinants of health that affect them
2.2	Improves clinical practice by applying processes of continuous quality improvement to disease prevention, health promotion, and health surveillance activities	Describes strategies used in prevention, health promotion, and surveillance.	Participates in health promotion and disease prevention programs relevant to their practice Identifies patients or populations that are not being served optimally in their clinical practice	Reports epidemics or clusters of unusual cases seen in practice, balancing patient confidentiality with the duty to protect public health Improves clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
2.3	Assesses the community needs and identifies assets in the community or population served, and contributes to a process to improve health and equity	Describes sources of information on population health needs	Partners with others to identify the health needs of a community or population they serve	Appraises available resources to support the health needs of communities or populations they serve Distinguishes between the potentially competing health interests of the individuals, communities, and populations they serve
2.4	Identifies and addresses specific needs of underserved patients and populations, including reducing barriers and improving access to culturally appropriate care	Describes communities or populations that commonly face health inequities	Identifies communities or populations they serve that are experiencing health inequities	Participates in a process to improve health in the communities or populations they serve

Key and enabling competencies		T0	PGY1	PGY2
Scholar Milestones				
SC1: Engages in the continuous enhancement of their professional activities through reflection and ongoing learning			Recognizes knowledge gaps and seeks appropriate resources to address these gaps	Recognizes professional gaps across different CanMEDS roles and seeks appropriate resources to address these gaps
1.1	Develops, implements, monitors, and revises a personal learning plan to enhance professional practice	Describes principles of effective learning relevant to medical education Describes learning opportunities, resources, and assessment and feedback opportunities relevant to learning in the clinical setting	Describes physicians' obligations for lifelong learning and ongoing enhancement of competence Creates a learning plan in collaboration with a main preceptor and others, as needed, identifying learning needs related to their own discipline and career goals	Creates a learning plan, incorporating all CanMEDS domains for transition to practice Discusses a learning plan and strategy for ongoing self-monitoring with the main preceptor
1.2	Identifies opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources	Identifies and prioritizes, with guidance, personal learning needs based on formal curriculum learning objectives Uses exam results and feedback from teachers and peers to enhance self-assessment and improve learning	Identifies, records, and answers questions arising in daily work Regularly engages in personal learning by drawing on various sources (daily work, literature, scanning of literature, formal or informal education sessions) to identify and prioritize learning needs	Compares, with guidance, self-assessment with external assessments Seeks and interprets multiple sources of performance data and feedback, with guidance, to continuously improve performance Demonstrates initiative and maintenance of improvements to performance
1.3	Engages in collaborative learning to continuously improve personal practice, and contributes to collective improvements in practice	Participates effectively in collaborative group learning	Identifies the learning needs of a health care team	Engages in collaborative learning to continuously improve personal practice, and contributes to collective improvements in practice

Key and enabling competencies		TO	PGY1	PGY2
Scholar Milestones				
SC2: Integrates best available evidence, contextualized to specific situations, into real time decision-making			Seeks to integrate best available evidence into clinical decision-making	Integrates best available evidence into clinical decision-making
2.1	Recognizes practice uncertainty and knowledge gaps in clinical and other professional encounters, and generates focused questions that have the potential to bridge the gaps	Describes the different kinds of evidence and their roles in clinical decision-making	Recognizes uncertainty and knowledge gaps in clinical and other professional encounters relevant to their discipline	Generates focused questions that can address practice uncertainty and knowledge gaps
2.2	Identifies, selects, and navigates pre-appraised resources and clinical practice guidelines that are relevant to family practice settings	Describes the advantages and limitations of pre-appraised resources Selects appropriate sources of knowledge as they relate to addressing focused questions	Describes the need for and benefits of evidence-alerting services appropriate to one's scope of professional practice Develops a system to store and retrieve relevant educational material	Demonstrates proficiency in identifying, selecting, and navigating clinical information sources that provide or are based on pre-appraised evidence Use quality appraised evidence-alerting services that highlight new evidence appropriate to their practice
2.3	Accesses and applies appropriate resources at the point of care	Identifies source information of point of care	Accesses point of care resources	Utilizes resources at the point of care to answer clinical questions
2.4	Critically evaluates the integrity, reliability, and applicability of health-related research and literature	Formulates structured clinical or scholarly questions using a specific question architecture that can inform a critical appraisal exercise Describes how various sources of clinical information (studies, expert opinion, practice audits) contribute to the evidence base of medical practice	Identifies scholarly sources that inform the clinical question at the centre of a structured critical appraisal activity Interprets study findings, including a discussion and critique of their relevance to professional practice Determines the validity and risk of bias in a wide range of scholarly sources	Formulates detailed scholarly questions in the categories of diagnosis, prognosis, prevention therapy, harm reduction, and clinical prediction, incorporating outcomes important to the patient Evaluates the applicability (external validity or generalizability) of evidence from a wide range of research
2.5	Integrates evidence into decision-making in practice	For a given clinical case, demonstrates the application of evidence during decision-making	Discusses the barriers to and facilitators of applying study findings to professional practice	Demonstrates the use of an integrated model of decision-making that combines best evidence, resources, and clinical expertise in the context of patient values and preferences

Key and enabling competencies		TO	PGY1	PGY2
Scholar Milestones				
SC3: Contributes to the creation and dissemination of knowledge relevant to family medicine			Begins to engage in scholarly activity	Contributes to the creation and dissemination of knowledge by engaging in scholarly activity
3.1	Demonstrates an understanding of the scientific principles of research and scholarly inquiry, and the role that research evidence has in provision of care	Describes the basic scientific principles of research and scholarly inquiry Describes the role of research and scholarly inquiry in contemporary health care	Discusses the role of research and scholarly inquiry in addressing questions in family medicine	Demonstrates an understanding of the scientific principles of research and scholarly inquiry, and the role of research evidence in health care
3.2	Identifies and applies the ethical principles for research into providing informed consent, balancing benefits and potential harms/risks, and working with vulnerable populations	Describes the ethical principles applicable to research and scholarly inquiry		Discusses and provides examples of the ethical principles applicable to research and scholarly inquiry relevant to family medicine
3.3	Contributes to, supports, and nurtures a scholarly environment		Describes how engaging in scholarship complements and advances clinical practice	Actively participates as a research or QI team member, balancing this role and responsibilities with the clinical role and responsibilities of a physician
3.4	Participates in and conducts quality improvement activities	Describes the characteristics of a well-constructed research question	Describes and compares the common methodologies used in Quality Improvement	Participates in a Quality Improvement Initiative
3.5	Poses questions amenable to scholarly inquiry, and selects appropriate research methods from across the research continuum to answer the questions	Describes common methodologies used for scholarly inquiry in medicine	Discusses and critique the possible methods of addressing a given scholarly question	Poses relevant and appropriately constructed questions amenable to scholarly inquiry
3.6	Summarizes and communicates the findings of relevant research and scholarly inquiry to professional and lay audiences, including patients, their families, and communities		Summarizes and communicates to peers the findings of relevant research and scholarship	Summarizes and communicates to professional and lay audiences the findings of relevant research or scholarly inquiry

Key and enabling competencies		TO	PGY1	PGY2
Scholar Milestones				
SC4: Teaches students, residents, the public, and other health care professionals			Demonstrates an approach to teaching others	Effectively teaches others
4.1	Recognizes and addresses the impact of formal, informal, and hidden curriculum on learners, including the public	Describes the concepts of formal, informal, and hidden curricula	Identifies behaviours associated with positive and negative role modeling Describes the link between role modeling and hidden curricula	Applies strategies to mitigate the tensions between formal, informal, and hidden curricula
4.2	Promotes a safe learning environment	Describes factors that can positively or negatively affect the learning environment Describes strategies for reporting and managing witnessed or experienced mistreatment	Explains how power differentials between learners and teachers can affect the learning environment	Ensures a safe learning environment for all members of the team
4.3	Ensures patient safety is maintained when learners are involved	Works within their limitations, seeking guidance and supervision when needed	Speaks up in situations in the clinical training environment where patient safety may be at risk	Balances clinical supervision and graduated responsibility, ensuring the safety of patients and learners
4.4	Plans and delivers a learning activity	Describes the characteristics of effective teachers in medicine	Inquires about the knowledge and skill level of learners Describes how to formally plan a medical education session	Defines specific learning objectives for a teaching activity Describes sources of information used to assess learning needs
4.5	Provides feedback to enhance learning and performance	Describes the features of effective feedback, and its importance for teaching and learning	Participates in the provision of feedback to other learners, faculty, and other members of the team	Provides effective feedback to enhance learning and performance of others
4.6	Assesses and evaluates learners, teachers, and programs in an educationally appropriate manner	Assesses teachers and programs in an honest, fair, and constructive manner	Participates in the assessment of learners	Assesses and evaluates learners, teachers, and programs in an educationally appropriate manner
4.7	Integrates coaching, mentorship, and role-modeling into teaching practice	Describes the link between role-modeling and the hidden curriculum	Identifies behaviours associated with positive and negative role-modeling	Uses strategies for deliberate, positive role-modeling

Key and enabling competencies		TO	PGY1	PGY2
Professional Milestones				
PR1: Demonstrates a commitment to patients through clinical excellence and high ethical standards			Demonstrates professional behaviour	Demonstrates professional behaviours and relationships in all aspects of practice
1.1	Exhibits appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality	Exhibits honesty and integrity with patients, other physicians, and other health care professionals Demonstrates caring and compassion Consistently maintains confidentiality in the clinical setting, while recognizing the special limitations on confidentiality	Consistently prioritizes the needs of patients and others to ensure a patient's legitimate needs are met	Exhibits appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, dedication, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
1.2	Demonstrates a commitment to excellence in all aspects of practice	Reflects on experiences in the clinical setting to identify personal deficiencies and modify behaviour accordingly	Engages in a self-initiated pursuit of excellence	Demonstrates a commitment to excellence in all aspects of practice
1.3	Recognizes and responds to ethical issues encountered in practice	Describes principles and theories of core ethical concepts	Describes a strategy to approach ethical issues encountered in the clinical setting	Recognizes and responds to ethical issues encountered in practice
1.4	Recognizes and manages conflicts of interest	Describes the implications of potential personal, financial, and institutional conflicts of interest, including conflicts of interest with industry	Recognizes one's own conflicting personal and professional values	Recognizes personal conflicts of interest and demonstrates an approach to managing them
1.5	Exhibits professional behaviours and adheres to confidentiality and privacy principles with technology-enabled communication	Explains the potential abuses of technology-enabled communication and their relation to professionalism Describes policies related to technology enabled communication	Uses technology-enabled communication in a professional, ethical, and respectful manner Follows relevant policies regarding the appropriate use of electronic medical records	Exhibits professional behaviours in the use of technology-enabled communication
1.6	Maintains appropriate professional boundaries	Recognizes and respects boundaries	Recognizes challenges in maintaining clear boundaries, especially in smaller community, or rural settings.	Maintaining appropriate personal and professional boundaries

Key and enabling competencies		TO	PGY1	PGY2
Professional Milestones				
PR2: Demonstrates a commitment to society by recognizing and responding to societal expectations in health care			Attends to responsibilities and completes duties as required	Demonstrates accountability to patients, society and the profession
2.1	Demonstrates accountability to patients and society	Describes the social contract between the profession of medicine and society Explains physician roles and duties in the promotion of the public good Describes the tension between the physician's role as advocate for individual patients and the need to manage scarce resources	Attends to responsibilities and completes duties as required	Demonstrates accountability to patients, society, and the profession by recognizing and responding to societal expectations of the profession
2.2	Demonstrates a commitment to quality care, and continuous quality improvement	Reflects on experiences in the clinical setting to identify opportunities for improvement	Engages in a self-initiated pursuit of improvement	Demonstrates a commitment to quality care and continuous quality improvement

Key and enabling competencies		TO	PGY1	PGY2
Professional Milestones				
PR3: Fulfills and adheres to the professional and ethical codes, standards of practice, and laws governing practice			Describes the regulatory structures governing physicians and the profession	Describes the relevant codes, policies, standards, and laws governing physicians and the profession, including standard setting, disciplinary, and credentialing procedures
3.1	Fulfills and adheres to the professional and ethical codes, standards of practice, and laws governing practice	Describes the regulatory structures governing physicians and the profession	Describes the relevant codes, policies, standards, and laws governing physicians and the profession, including standard setting, disciplinary, and credentialing procedures	Fulfills and adheres to the professional and ethical codes, standards of practice, and laws governing practice Demonstrates accountability to patients, the profession, and society with regard to the impact of decisions that are made
3.2	Recognizes and responds to unprofessional and unethical behaviours in physicians or other colleagues in health care professions	Respects the diversity of perspectives and expertise among health care professionals	Describes and identifies regulatory codes and procedures relevant to involving a regulatory body in a case of serious unprofessional behaviour or practice	Recognizes and responds to unprofessional and unethical behaviours in physicians and other colleagues in health care professions
3.3	Participates in peer assessment and standard setting	Describes and recognizes key behaviours that are unprofessional or unethical Personally responds to peer group lapses in professional conduct	Participates in the review of practice, standard setting, and quality improvement activities Participates in the assessment of junior learners	Participates in peer assessment and standard setting
3.4	Fosters an environment of respect and collegiality	Describes the principles of peer assessment	Actively listens to and engages in interactions with collaborators	Engages physicians and other colleagues in health care professions in genuine and respectful relationships

Key and enabling competencies		TO	PGY1	PGY2
Professional Milestones				
PR4: Demonstrates a commitment to physician health and well-being to foster optimal patient care			Incorporates self-care in to personal routines	Recognizes, supports, and responds effectively to colleagues in need
4.1	Exhibits self-awareness and manages influences on personal well-being and professional performance	Describes how physicians are vulnerable to physical, emotional, and spiritual illness Describes the connection between self-care and patient safety	Uses strategies to improve self-awareness to enhance performance	Exhibits self-awareness and effectively manages 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	Identifies strategies to support personal well-being, a healthy lifestyle, and appropriate self-care, with the help of a primary health professional, therapist, and/or spiritual advisor Seeks appropriate health care for their own needs Uses strategies to mitigate stressors during transitions and enhance professional development	Incorporates self-care into personal routines	Manages personal and professional demands for a sustainable practice throughout the physician life cycle
4.3	Promotes a culture that recognizes, supports, and responds effectively to colleagues in need	Describes the multiple ways in which poor physician health can present, including disruptive behaviour, and offers support to peers when needed Describes the importance of early intervention for colleagues in need of assistance, identifies available professional and ethical obligations and options for intervention	Recognizes, supports, and responds effectively to colleagues in need	Promotes a culture that recognizes, supports, and responds effectively to colleagues in need

Key and enabling competencies		TO	PGY1	PGY2
Professional Milestones				
PR5: Demonstrates a commitment to reflective practice			Seeks feedback in order to improve his/her practice	Reflects routinely on gaps in medical knowledge and professional 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 with needed	Describes how reflection can inform future practice	Identifies sources of information regarding personal performance and engage in reflection Recognizes one's own limits	Gathers, interprets, and appropriately acts on information about personal performance and seek help when needed
5.2	Demonstrates awareness of self, and understanding how one's attitudes, beliefs, assumptions, values, preferences, feelings, privilege and perspective impact on their practice	Describes how one's own attitudes and beliefs can impact patient care	Reflects on one's attitudes, beliefs, assumptions, values, preferences, feelings, privilege, and perspectives, and how they can potentially impact approach to care	Demonstrates awareness of self, and understanding how one's attitudes, beliefs, assumptions, values, preferences, feelings, privilege, and perspective impact on their practice
5.3	Reflects on practice events, especially critical incidents, to deepen self-knowledge, recognizing when something needs to change and implementing change	Describes how reflection can inform future practice	Reflects on practice events	Reflects on practice events to deepen self-knowledge, recognizing when something needs to change and implementing change

Entrustable professional activities

Foundational Competencies

Core Competencies

Community-based Primary Care (office, virtual, home, long-term care) & Across Settings

- F1. Provide recommended preventative care to adults
- F2. Provide recommended preventative care to infants, children, and adolescents
- F3. Facilitate and manage care transitions

- C1. Assess, manage, and follow up adults presenting with undifferentiated symptoms and common (key) conditions
- C2. Manage and follow up adults with common chronic conditions and multiple comorbidities
- C3. Assess, manage, and follow up infants, children, and adolescents presenting with undifferentiated symptoms and common (key) conditions
- C4. Assess, manage, and follow up the elderly or patients with complex medical needs
- C5. Assess, manage, and follow up patients with common mental health issues
- C6. Provide palliative and end-of-life care
- C7. Perform common family medicine procedures
- C8. Provide expert advice and obtains consultation for patients

Emergency & Urgent Care

- C9. Recognize and provide appropriate management of common emergencies

Hospital Care

- C10. Determine when a patient requires admission and in-patient hospital care
- C11. Assess and appropriately manage medical patients in hospital
- C12. Recognize and provide initial management of medically unstable patients in the hospital setting

Maternal and Newborn Care

- F4. Provide pre-conception and prenatal care
- F5. Provide family-centred care to newborns in their first weeks of life

- C13. Provide intra-partum care and performs low- risk deliveries
- C14. Recognize and manage common intra-partum emergencies
- C15. Provide postpartum care and breast-feeding support

Leadership, Advocacy & Scholarship

- C16. Provide leadership within inter-professional healthcare teams
- C17. Provide care to vulnerable and underserved populations
- C18. Provide care to First Nations, Inuit, and Métis peoples
- C19. Optimize the quality and safety of health care through the use of best practices and application of QI
- C20. Provide clinical teaching

EPA F1: Provide recommended preventative care to adults

Description of the activity	In the outpatient setting, the residents will provide evidence-based preventative care. He/she will adapt and individualize the review, exploring new symptoms and signs as indicated. He/she will apply evidence-based prevention guidelines in a patient-centred way, and provide lifestyle counselling as needed.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☐ Collaborator ☒ Leader ☒ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME2.1-2.4, ME6.1, CM1.1, CM2.1, CM2.3, CM3.1, CM4.2, CM5.1, LD2.2, HA1.1, PR1.1, ADU1.1&1.2
 Priority Topic	11, 12, 17, 24, 25, 26, 31, 43, 48, 49, 51, 56, 60, 65, 67, 70, 71, 75, 79, 80, 87, 88, 91, 93, 95, 98, 99
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history and can perform an accurate physical exam pertinent to the patient visit; actively searches for and addresses risk behaviours; and recognizes and responds to cues about underlying health determinants (e.g., poverty, literacy). The resident at this level consistently engages the patient, inquiring about the patient's concerns and building a therapeutic relationship. This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning; effectively documents care provided in the medical record; and uses EMR functionalities that support preventative care management. The resident provides age-specific prevention, screening, risk-assessment and immunizations as part of routine care and periodic health assessment The entrustable resident is comfortable with ambiguity, manifested as an ability to respond to questions or challenges from the patient in a professional manner, even when uncertain about the answer. The entrustable resident actively plans for continuity of care for the patient, and makes evidence-based follow-up plans that integrate appropriate use of community resources or other health providers.	

EPA F2: Provide recommended preventative care to infants, children, and adolescents

Description of the activity	In the outpatient setting, the residents will perform evidence-based periodic health exams for infants, children, and adolescents. He/she will demonstrate adaptability, individualizing the review in a patient-appropriate manner, as well as exploring new symptoms and signs as indicated. He/she will be aware of changing cognitive and developmental stages in children, and modify their approach accordingly as they assess and build their therapeutic relationship with the patient.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☐ Collaborator ☒ Leader ☒ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME2.1-2.4, ME6.1, CM1.1, CM2.1, CM2.3, CM3.1, CM4.2, CM5.1, LD2.2, HA1.1, PR1.1, COC3.1-3.9, COC4.1-4.3
 Priority Topic	4, 10, 12, 17, 25, 31, 35, 43, 48, 49, 51, 52, 55, 59, 60, 62, 69, 70, 71, 75, 78, 81, 87, 91, 95, 96, 99, 105
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history and can perform an accurate physical exam pertinent to the patient visit. He/she actively searches for and addresses risk behaviours, integrates information on the family context, and recognizes and responds to cues about underlying health determinants (e.g., poverty, literacy). When seeing infants and children, the resident at this level consistently engages parents, inquiring about their concerns and building a therapeutic relationship with them. Proactive in discussing confidentiality with adolescents and their parents, this resident recognizes the adolescent's requirement for progressive autonomy. This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning. He/she effectively documents using Rourke or adolescent-specific preventative care flow sheets. The resident provides age-specific prevention, screening, and immunizations as part of routine care and periodic health assessment. The entrustable resident is comfortable with ambiguity, manifested as an ability to respond to questions or challenges from a parent in a professional manner, even when uncertain about the answer. The entrustable resident actively plans for continuity of care for the patient, and makes evidence-based follow-up plans that integrate patient/parental perspectives.	

EPA F3: Facilitates and manages care transitions

Description of the activity	The resident plans and coordinates transitions between care settings for patient and ensures appropriate follow-up with the patient's family physician.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☒ Collaborator ☐ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME1.4, ME6.1, CM5.1, CL3.1, CL3.2, PR1.1, PR1.5, PR3.4
 Priority Topic	1, 2, 3, 4, 7, 8, 11, 12, 13, 14, 15, 18, 22, 23, 26, 27, 31, 35, 37, 39, 40, 41, 42, 45, 47, 49, 53, 54, 56, 57, 58, 51, 62, 63, 64, 66, 67, 73, 74, 78, 81, 83, 85, 86, 90, 94, 95, 96, 98, 99, 102, 104
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level determines the need and readiness for discharge or transfer of the patient. This resident seeks input from colleagues to inform the discharge or transfer plan and integrates the perspective of the patient and his/her family. The entrustable resident identifies and coordinates external resources as required. The resident manages patient medications, prescriptions and related pharmacy communications. The resident completes medication reconciliation accurately. The resident identifies any investigations that are not reported or completed and ensures these will be follow-up upon. This resident demonstrates safe hand-over of care using both verbal and written communication. The resident completes clear, accurate, and timely discharge summaries/transfer notes, ensuring they are sent to appropriate providers in the community or receiving facility.	

EPA F4: Provide pre-conception and prenatal care

Description of the activity	In the outpatient setting, the resident will effectively provide patient-centred pre-conception and prenatal care, guided and documented on standardized prenatal forms. Through continuity of prenatal care, the resident will explore and respond to medical and/or psychosocial issues with consideration for both maternal and fetal well-being.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☐ Collaborator ☒ Leader ☒ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME2.1-2.4, ME6.1, CM1.1, CM2.1, CM2.3, CM3.1, CM4.2, CM5.1, LD2.2, HA1.1, PR1.1, MAT1.1-1.4, MAT2.1-2.3, MAT3.1-3.3, MAT4.1-4.4, MAT5.5, MAT6.1-6.4
 Priority Topic	1, 3, 4, 5, 11, 23, 26, 31, 35, 38, 39, 40, 43, 49, 51, 53, 62, 79, 87, 88, 91, 95, 97, 101, 102, 103
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history, including collection of prenatal risk factors, can perform an accurate physical exam pertinent to the patient visit, and incorporates known information, including information gathered from previous visits or from others. The resident at this level consistently uses patient-centred interview skills and physical exam techniques that, even under conditions of stress or fatigue, demonstrate respect for patients, insight about patients' emotional responses, sensitivity toward each patient's unique background and needs, and the ability to communicate bi-directionally. This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning, such as premature closure. The resident effectively documents, including appropriate use of the prenatal form. Provides evidence-based management for initial management of fertility concerns. In pre-natal care, confirms pregnancy, establishes due dates, pregnancy desirability and counsels appropriately. The resident provides pregnancy related guidance and health promotion, and plans routine antenatal care. The resident recognizes and manages common pregnancy complication and identifies patients with higher risk pregnancies and refers appropriately. The entrustable resident is comfortable with ambiguity, manifested as an ability to respond to questions or challenges from the patient or family in a professional manner, even when uncertain about the answer. The entrustable resident actively plans for continuity of care for the patient, using encounters to build therapeutic relationships with patients and their families.	

EPA F5: Provide family-centred care to newborns in their first weeks of life

Description of the activity	In hospital and outpatient settings, the resident will provide evidence-based care of the newborn. The residents will demonstrate knowledge and competent assessment and management of problems presenting in the newborn period, including provision of neonatal resuscitation if required. The resident will establish professional relationships with parents and effectively counsel parents about newborn care.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☐ Collaborator ☐ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME2.1-2.4, ME6.1, CM1.1, CM2.1, CM2.3, CM3.1, CM4.2, CM5.1, LD2.2, HA1.1, PR1.1 COC1, COC2
 Priority Topic	23, 40, 47, 51, 53, 62, 64, 69, 75, 83, 86, 90, 95, 101
Assessment methods	Field notes, ITAR, NRP course
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history, including collection of prenatal and labour information, and can perform an accurate physical exam pertinent to the patient visit. The resident gently and confidently handles the infant. The resident at this level consistently engages parents, inquiring about their concerns and building a therapeutic relationship with them. This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning. He/she effectively documents using the standard forms. The resident is able to identify infants at higher risk, anticipating and reacting appropriately to neonatal complications. When required, he/she provides neonatal resuscitation in accordance with guidelines. The resident is able to manage common problems in the newborn period. The entrustable resident is comfortable with ambiguity, manifested as an ability to respond to questions or challenges from a parent in a professional manner, even when uncertain about the answer. The entrustable resident actively plans for continuity of care for the patient, and makes evidence-based follow-up plans that integrate the parents' perspectives or preferences.	

EPA C1: Assess, manage, and follow up adults presenting with undifferentiated symptoms and common (key) conditions

Description of the activity	Across multiple settings, the resident will demonstrate an ability to assess and manage patients presenting with undifferentiated symptoms and common conditions, working efficiently through an appropriately broad initial differential diagnosis, and ruling out potential dangerous diagnoses. He/she will develop appropriate follow-up management plans.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☐ Collaborator ☒ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME1.5, ME3.1-3.6, CM2.1-2.5, CM3.1, CM4.2, CM5.1, LD2.2, PR1.1 ADU2, ADU5
 Priority Topic	1, 3, 4, 7, 8, 11, 12, 13, 15, 17, 18, 22, 23, 26, 27, 30, 31, 32, 33, 34, 36, 39, 40, 41, 42, 43, 45, 46, 47, 48, 49, 53, 54, 55, 56, 57, 58, 59, 61, 62, 63, 64, 65, 68, 70, 71, 72, 74, 77, 80, 81, 82, 83, 84, 86, 87, 89, 90, 91, 93, 94, 95, 97, 98, 99, 100, 101, 102, 103
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history and can perform an accurate physical exam pertinent to the patient visit. The resident at this level consistently engages the patient, inquiring about the patient's concerns and building a therapeutic relationship. This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning; effectively documents care provided in the medical record; and uses EMR functionalities that support preventative care management. The entrustable resident is comfortable with ambiguity, manifested as an ability to respond to questions or challenges from the patient in a professional manner, even when uncertain about the answer. The entrustable resident actively plans for continuity of care for the patient, and makes evidence-based follow-up plans that integrate appropriate use of community resources or other health providers.	

EPA C2: Manage and follow up adults with common chronic conditions and multiple comorbidities

Description of the activity	Across multiple settings, the residents will adeptly provide guideline-guided care for chronic conditions, adapting targets and plans of care based on a patient's individual factors. The resident will manage multiple medical problems, prioritizing as indicated.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☒ Collaborator ☒ Leader ☒ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME1.5, ME4.1-4.6, CM1.1, CM2.1-2.5, CM3.1, CM4.2, CM5.1, CM5.3, CL1.1-1.5, LD2.2, HA1.1, PR1.1, PR3.4 ADU4, ADU5
 Priority Topic	1, 4, 7, 8, 12, 14, 15, 16, 24, 26, 29, 45, 46, 47, 48, 49, 56, 63, 67, 70, 71, 74, 80, 84, 86, 90, 94, 95, 97
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history and can perform an accurate physical exam pertinent to the patient visit; actively searches for and addresses risk behaviours; and recognizes and responds to cues about underlying health determinants (e.g., poverty, literacy), recognizing impact on management of condition(s). The resident at this level consistently engages the patient, inquiring about concerns and building a therapeutic relationship. The resident prioritizes concerns based on their importance and available time. This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning. This resident effectively documents care provided in the medical record, and uses EMR functionalities that support chronic disease management. This resident develops cost-effective management plans based on the latest relevant chronic disease guidelines, adapting to the patient's individual circumstances. Management plans include self-management approaches. The entrustable resident actively plans for continuity of care for the patient, and makes evidence-based follow-up plans that integrate appropriate use of community resources or other health care providers.	

EPA C3: Assess, manage, and follow up infants, children, and adolescents presenting with undifferentiated symptoms and common (key) conditions

Description of the activity	Across multiple settings, the resident will demonstrate an ability to assess and manage infants, children, and adolescents presenting with undifferentiated symptoms or common conditions, working efficiently through an appropriately broad initial differential diagnosis, and ruling out potential dangerous diagnoses. He/she will develop appropriate follow-up management plans.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☐ Collaborator ☒ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME1.5, ME3.1-3.6, CM2.1-2.5, CM3.1, CM4.2, CM5.1, LD2.2, PR1.1 COC5
 Priority Topic	1, 3, 4, 5, 7, 13, 17, 20, 21, 23, 26, 27, 30, 34, 37, 38, 40, 41, 43, 45, 49, 51, 52, 53, 55, 57, 59, 60, 61, 62, 68, 70, 77, 82, 83, 86, 87, 88, 90, 92, 97, 99, 100, 101, 102, 103
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history and can perform an accurate physical exam pertinent to the patient visit. When necessary, the resident identifies and uses alternative sources of information beyond the patient him/herself. The resident at this level consistently engages the patient, inquiring about concerns and building a therapeutic relationship. This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning. This resident identifies urgent conditions and responds appropriately. He/she effectively documents care provided in the medical record, and uses EMR functionalities that support patient care (e.g., diagnosis list, medication lists). The entrustable resident is comfortable with ambiguity, manifested as an ability to respond to questions or challenges from the patient in a professional manner, even when uncertain about the answer. This resident develops and implements cost-effective plans collaboratively with the patient. He/she actively plans for continuity of care for the patient, and makes evidence-based follow-up plans that integrate appropriate use of community resources or other health care providers.	

EPA C4: Assess, manage, and follow up the elderly or patients with complex medical needs

Description of the activity	Across multiple settings (including the patient's home, and longterm care facilities), considering capacity for consent, need for a substitute decision maker, and advanced directives, the resident will provide guideline-directed care for elderly or patients with complex medical needs. The resident will adapt targets and plans of care based on the patient's individual factors, and manage multiple medical problems, prioritizing as indicated.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☒ Collaborator ☒ Leader ☒ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME1.5, ME2.1, ME2.4, ME4.1-4.6, CM1.1, CM2.1-2.5, CM3.1, CM4.2, CM5.1, CM5.3, CL1.1-1.5, LD2.2, HA1.1, PR1.1, PR3.4 COE1, COE2, COE3, COE4
 Priority Topic	16, 24, 29, 36, 39, 51, 60, 66, 67, 72, 73, 75
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history and can perform an accurate physical exam adapted to the geriatric patient. This resident integrates functional assessment. The resident consistently engages both the patient and substitute decision maker(s) (when indicated), inquiring about their concerns and building a therapeutic relationship. This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning. The resident effectively documents care provided in the medical record, and shares information with other health care providers involved in the patient's care. This resident develops cost-effective management plans, adapting to the patient's individual circumstances, including life expectancy, functional abilities, and patient preferences. He/she recognizes and addresses polypharmacy, and effectively monitors for drug-drug or drug-disease interactions. The resident facilitates advance care planning and decision-making regarding goals of care. The entrustable resident actively plans for continuity of care for the patient, and makes follow-up plans that integrate appropriate use of community resources, other health care providers, including specialized geriatric assessment teams.	

EPA C5: Assess, manage, and follow up patients with common mental health issues

Description of the activity	Across multiple settings, the resident will effectively assess and manage the full range of mental health issues, including emergency presentations and involuntary treatment when appropriate. He/she will use specific counselling techniques as indicated, and use the capacity of the multi-disciplinary team.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☒ Collaborator ☐ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME1.5, ME3.1-3.6, ME8.3, CM1.1-1.5, CM2.1-2.5, CM3.1, CM4.5, CM5.1-5.3, CL1.1-1.5, PR1.1, PR1.6, PR3.4 BEH2, BEH3, BEH4, BEH5, BEH6, BEH7
 Priority Topic	6, 10, 19, 20, 25, 28, 29, 31, 35, 38, 39, 43, 44, 55, 62, 66, 76, 81, 85, 87, 92, 93, 95, 96, 104
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history and can perform an accurate physical and mental status exam pertinent to the patient visit; actively searches for and addresses risk behaviours; uses standardized assessment tools for mental health disorders; and correctly assesses suicidal/homicidal risk. The resident at this level consistently engages the patient, inquiring about concerns and building a therapeutic relationship. This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning. This resident effectively documents care provided in the medical record. The entrustable resident uses a variety of techniques to counsel patients, integrating self-management and making effective use of other resources on the mental health team. He/she integrates pharmacotherapy as required. This resident correctly identifies indications and applies involuntary treatment when required. The entrustable resident actively plans for continuity of care for the patient, following up with patients who fail to attend visits. He/she is knowledgeable and counsels patient on crisis resources.	

EPA C6: Provide palliative and end-of-life care

Description of the activity	Across multiple settings, the resident will be able to care for patients with advanced, complex, or terminal conditions, while considering capacity for consent, and advanced directives. He/she will understand goals of care and judiciously balance burden versus benefit when considering management. The resident will manage the range of symptoms as effectively as possible, working within the multi-disciplinary team.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☒ Collaborator ☐ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME1.5, ME3.1-3.6, ME8.2-8.3, CM1.1-1.5, CM2.1-2.5, CM5.1-5.3, CL1.1-1.5, PR1.1, PR1.3, PR3.1, PR3.4 PAL1, PAL2, PAL3, PAL4, PAL5, PAL6, PAL7, PAL8, PAL9, PAL10, PAL11
 Priority Topic	5, 9, 12, 23, 25, 28, 29, 30, 38, 39, 40, 41, 44, 45, 53, 55, 61, 66, 72, 73, 77, 84, 89, 95, 96
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level identifies patients who might benefit from a palliative approach and skillfully assesses patient's goals of care. The entrustable resident is able to develop highly specific and detailed advance care plans. He/she understands that family members may have differing opinions regarding plans of care, and is able to resolve conflicts that may occur. The resident at this level consistently engages patients and families, and builds effective therapeutic relationships. The resident at this level consistently gathers an appropriately focused history and can perform an accurate physical exam. He/she collects information from family members and caregivers, and integrates the use of tools to assess function and symptoms. The resident at this level uses multiple modalities to manage pain and other end-of-life symptoms. He/she identifies and addresses palliative care emergencies. The entrustable resident is comfortable with ambiguity, manifested as an ability to respond to questions or challenges from the patient or family in a professional manner, even when uncertain about the answer. The resident provides bereavement support and can direct family members to appropriate local community resources. The entrustable resident recognizes the personal impact of death and engages in self-reflection and self-care.	

EPA C7: Perform common family medicine procedures

Description of the activity	Across multiple settings, the residents will demonstrate competency in performing core set of procedures.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☐ Collaborator ☒ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME5.1-5.6, CM1.1-1.5, LD2.1, PR1.1
 Priority Topic	CFPC core procedures
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level understands both the skill required and the context of a procedure, such as patient-specific factors, indications, contraindications, risks, benefits, and alternatives. The entrustable resident avoids medical jargon in communicating the indications, risks, benefits, and complications of a procedure to the patient. This enables the patient to verbalize a clear understanding of why the procedure is being done, and to participate in shared decision-making about the procedure. Additionally, the entrustable resident knows and recognizes complications of the procedure and how to mitigate them. The resident at this level has confidence commensurate with his/her knowledge and skills, thus putting patients at ease during the procedure. This resident's mechanical skills in the procedure are consistent and reliable in most situations, and he/she knows when to get help for procedures or situations beyond his/ her abilities. He/she consistently uses universal precautions and aseptic technique. This resident's skill level allows him/her to simultaneously pay attention to the procedure and the patient's emotional response (e.g., pain, fear, frustration, anger). Finally, this resident's documentation of procedures is complete and timely.	

EPA C8: Provide expert advice and obtain consultation for patients

Description of the activity	Across multiple settings, the resident will identify patients whose condition would be improved by care provided by a consultant. The resident also provide advices at the request of colleagues.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☒ Collaborator ☐ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME6.1, CM2.1-2.5, CM3.1, CM4.6, CL1-5, LD2.1-2.2, SC2.5, PR1.2, PR1.5, PR3.4
 Priority Topic	1, 3, 4, 10, 11, 12, 13, 16, 18, 25, 35, 36, 41, 42, 45, 46, 47, 54, 55, 61, 62, 72, 73, 84, 85, 86, 94, 95, 99, 102
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level recognizes if a patient's needs exceed the limits of his/her clinical competence. When indicated, the resident makes timely, complete, and clear referrals to colleagues. This resident ensures that the patient understands the reasons for the referral and the referral process. This resident applies evidence and management processes to ensure cost-appropriate referrals. At the request of colleagues, the entrustable resident provides expert advice. This resident performs a comprehensive assessment and responds to the question posed. The resident ensures clarity or, when needed, negotiates, who is responsible for carrying out care plan and follow-up. Recognizes situation when verbal communication is required or when clinical case conferencing may be desirable. This resident documents consult requests and replies in an accurate, complete, and timely fashion.	

EPA C9: Recognize and provide appropriate management of common emergencies

Description of the activity	In an emergency room or urgent care setting, the residents will demonstrate the ability to arrive at a timely and correct diagnosis considering an appropriately broad differential (including dangerous causes), prioritize and assess/reassess appropriately, and initiate management and treatment in a timely way. The resident will effectively engage the health care team to optimize patient care.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☒ Collaborator ☒ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.4, ME1.5, ME3.1-3.6, ME6.1, CM2.1-2.5, CM3.1, CM5.1, CL1.2, CL1.3, LD2.2, PR1.1, PR5.1 ADU3, ADU5, COC5, COC6, COC7, BEH4
 Priority Topic	1, 2, 3, 4, 7, 8, 13, 15, 17, 21, 22, 23, 26, 27, 29, 30, 31, 34, 37, 39, 40, 41, 42, 45, 46, 49, 53, 56, 57, 58, 61, 63, 64, 68, 72, 77, 78, 81, 82, 83, 84, 85, 86, 88, 89, 90, 92, 93, 94, 95, 96, 98, 100, 101, 102, 103, 104
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history and can perform an accurate physical exam pertinent to the patient visit. When necessary, the resident identifies and uses alternative sources of information beyond the patient him/ herself (e.g., from emergency responders or others). This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning. This resident quickly identifies the degree of urgency of the condition and responds appropriately. He/she re-evaluates the patient as the conditions change, and adjusts care plans as required. He/she effectively documents care provided in the medical record. This resident mobilizes resources (investigations, consultations) efficiently and in a timely fashion. This resident demonstrates broad knowledge of emergency drug dosages and mechanisms. This resident communicates with the patient (if responsive) and family members to provide information on the seriousness of the condition, confirms patient treatment wishes (such as ACP status), and seeks input. The entrustable resident re-evaluates the patient at appropriate intervals and makes plans for safe transfer to providers/services for definite care.	

EPA C10: Determine when a patient requires admission and in-patient hospital care

Description of the activity	The resident will demonstrate the ability to determine if a patient's condition requires admission to hospital for further assessment and management.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☐ Collaborator ☒ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME3.1-3.6, ME6.1, CM2.1-2.5, CM3.1, CM5.1, CL1.1, CL1.3, CL3.1, CL3.2, LD2.2, PR1.1, ADU3, ADU4, ADU5, COC5
 Priority Topic	1, 3, 4, 5, 7, 8, 12, 13, 14, 15, 16, 18, 21, 22, 23, 24, 26, 27, 30, 35, 39, 40, 41, 42, 45, 46, 47, 49, 53, 55, 56, 61, 66, 67, 72, 77, 78, 84, 85, 86, 89, 94, 95, 96, 101, 102, 104
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history and can perform an accurate physical exam pertinent to the patient visit. When necessary, the resident identifies and uses alternative sources of information beyond the patient him/ herself. The resident at this level consistently engages the patient, inquiring about concerns and building a therapeutic relationship. The entrustable resident ensures the patient understands the need for admission to hospital, and establishes goals collaboratively with the patient and, when appropriate, with his or her family. This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning. This resident determines the need and the goals for admission to hospital.	

EPA C11: Assess and appropriately manage patients in hospital

Description of the activity	In the in-patient setting, the resident will demonstrate the ability to assess and manage patients presenting with a variety of medical conditions. The resident will collaborate effectively within inter-professional teams.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☒ Collaborator ☒ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.4, ME3.1-3.6, ME6.1, CM1.1, CM1.3, CM2.1-2.5, CM3.1, CM5.1, CL1.1, CL1.3, LD2.2, PR1.1, PR5.1 ADU4, ADU5, ADU6, COC5
 Priority Topic	1, 3, 4, 5, 7, 8, 9, 12, 13, 14, 15, 16, 18, 22, 23, 24, 26, 27, 36, 40, 42, 45, 46, 47, 49, 53, 55, 56, 61, 66, 67, 72, 74, 77, 78, 80, 82, 84, 86, 89, 92, 94, 95, 97, 100, 101, 104
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history and can perform an accurate physical exam. When necessary, the resident identifies and uses alternative sources of information beyond the patient him/herself. The resident at this level consistently engages the patient, inquiring about concerns and building a therapeutic relationship. On admission to hospital, the entrustable resident confirms Advance Care Planning (ACP) goals. This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning. This resident identifies urgent conditions and responds appropriately. He/she effectively documents care provided in the medical record. This resident develops and implements cost-effective plans with the input of the patient. The resident works effectively within an inter-professional team to deliver patient care. The entrustable resident re-evaluates the patient at appropriate intervals and provides the patient with feedback in regard to his/her progress.	

EPA C12: Recognize and provide initial management of the medically unstable patient in the hospital setting

Description of the activity	In hospital setting, the residents will demonstrate the ability to assess the unstable patient, considering an appropriately broad differential, including dangerous causes, prioritize and assess/reassess appropriately, and initiate management and treatment in a timely way. They resident will effectively engage the health care team to optimize patient care.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☒ Collaborator ☐ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.4, ME3.1-3.6, ME6.1, CM2.1-2.5, CM3.1, CM5.1, CL1.1, CL1.3, CL3.1-3.2, LD1.2, PR1.1, PR5.1 ADU3, COC7
 Priority Topic	1, 2, 3, 4, 5, 7, 8, 9, 13, 15, 22, 23, 26, 27, 30, 37, 40, 41, 42, 45, 46, 49, 53, 56, 61, 64, 68, 77, 78, 84, 86, 89, 94, 95, 96, 98, 101, 102
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history and can perform an accurate physical exam pertinent to the patient visit. When necessary, the resident identifies and uses alternative sources of information beyond the patient him/ herself (e.g., from emergency responders or others). This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning. This resident quickly identifies the degree of urgency of the condition and responds appropriately. He/she re-evaluates the patient as the condition changes and adjusts the care plan as required. He/she effectively documents care provided in the medical record. This resident mobilizes resources (investigations, consultations) efficiently and in a timely fashion. This resident demonstrates broad knowledge of emergency drug dosages and mechanisms. This resident communicates with the patient (if responsive) and family members to provide information on the seriousness of condition, confirms patient treatment wishes (such as ACP status), and seek input. The entrustable resident re-evaluates the patient at appropriate intervals and makes plans for safe transfer to providers/services for definite care.	

EPA C13: Provide intra-partum care and perform low-risk deliveries

Description of the activity	In the hospital setting, the resident will demonstrate the ability to safely manage normal labour and delivery, being attentive to maternal and fetal well-being. The resident will recognize abnormal labour and delivery patterns, and consult appropriately.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☒ Collaborator ☐ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.4, ME3.1-3.6, ME6.1, ME8.1-8.3, CM2.1-2.5, CM3.1, CM5.1, CL1.1, CL1.2, LD1.2, PR1.1, PR5.1 MAT8, MAT9
 Priority Topic	3, 4, 23, 33, 40, 53, 79, 86, 95, 102
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history, including prenatal history, and can perform an accurate physical exam to confirm labour and assess progress. He/she incorporates known information about the patient and her family, including the patient's wishes for labour and delivery. This resident uses current and emerging information to continuously monitor progress in labour, and is able to identify problems during labour. The resident reliably assesses patient comfort and fetal well-being throughout labour. The entrustable resident uses labour and delivery to build a therapeutic relationship. This resident communicates throughout labour and delivery, including forewarning the patient about maternal and fetal findings. This resident works collaboratively with the labour and delivery team, and communicates effectively to manage labour room dynamics. This resident uses effective patient-centred labour and delivery coaching skills. Manual skills are consistent and reliable in most situations, and this resident knows when to get help for procedures or situations beyond his/her abilities. He/she consistently uses universal precautions. This resident's skill level allows him/her to simultaneously pay attention to the patient's emotional response during delivery.	

EPA C14: Recognize and manage common intra-partum emergencies

Description of the activity	In the hospital setting, the resident will recognize abnormal labour and intra-partum emergencies. The resident will initiate management and call for assistance.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☒ Collaborator ☐ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.4, ME1.5, ME3.1-3.6, ME6.1, CM2.1-2.5, CM3.1, CM5.1, CL1.1, CL1.2, CL3.1-3.2, LD1.2, PR1.1, PR5.1 MAT10, MAT11, MAT12
 Priority Topic	5, 9, 20, 23, 40, 53, 79, 86, 102
Assessment methods	Field notes, ITAR
Entrustability Description	
The entrustable resident is able to anticipate and identify obstetrical emergencies. When responding to an urgent or emergent patient condition, he/she has insight into his/her personal limitations and will seek help from colleagues or members of the health care team. The entrustable resident has the ability to gather, filter, and prioritize information such as vital signs (including fetal heart rate [FHR]), focused physical exam, and patient's labour history to form a focused differential diagnosis and initiate interventions in the urgent or emergent setting. He /she can anticipate next steps in care, efficiently communicate the patient scenario to the health care team, and interact with other team members based on an understanding of their roles and skills. This resident identifies indications for assisted vaginal delivery and Caesarean section. He/she is able to provide assistance at Caesarean section. After the encounter, the entrustable resident seeks guidance and feedback from the health care team to improve future patient care.	

EPA C15: Provide postpartum care and breastfeeding support

Description of the activity	In hospital and outpatient settings, the resident will effectively provide patient-centred postpartum care. The resident will adapt the encounter to explore and respond to medical and/or psychosocial issues more thoroughly as indicated, and will explore family functioning.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☒ Collaborator ☐ Leader ☐ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME3.1-3.6, ME6.1, CM2.1-2.5, CM3.1, CM5.1, CL1.1, CL1.2, LD2.2, PR1.1, MAT13
 Priority Topic	3, 11, 25, 38, 39, 40, 43, 49, 51, 53, 60, 69, 79, 87, 88, 91, 95, 97, 101, 102, 103, 105
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level consistently gathers an appropriately focused history, including collection of relevant prenatal and intra-partum information, and can perform an accurate physical exam pertinent to the patient visit. He/she incorporates known information, including information gathered from previous visits or from others. This resident asks about the baby's well-being and how the family is managing. This resident uses current and emerging information to continuously update the differential diagnosis, and is able to avoid most errors of clinical reasoning, such as premature closure. The resident is able to manage common post-partum problems, and initiate management of common post-partum emergencies, recognizing the need for assistance from others. The resident at this level consistently uses patient-centred techniques to develop management plans that integrate community resources. The entrustable resident actively plans for continuity of care for the patient, including facilitating inclusion of the newborn into the practice. The resident seeks to use encounters to build therapeutic relationships with patients and their families.	

EPA C16: Provide leadership within inter-professional and healthcare teams

Description of the activity	Across multiple settings, the resident will be able to demonstrate leadership in health care environment
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☐ Communicator ☒ Collaborator ☒ Leader ☒ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME9.1-9.3, CL1.1-1.5, CL2.1-2.4, LD1.2, LD1.5, LD3.1-3.3, HA2.1-2.4, PR1.1, PR1.2, PR3.2, PR3.4, PR4.1
 Priority Topic	9, 19, 28, 29, 36, 67, 73
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level is comfortable taking a leadership role, but recognizes time when others may be best suited to take the lead. This resident uses meetings to establish or advance patient- centred care plans. He/she identifies necessary participants and defines the focus of the meeting. When meeting with the patients, families and communities, this resident uses the opportunity to further strengthen the patient-physician relationship. During meetings, this resident shares explanations that are clear and accurate, and checks for patient/family understanding. He/she uses meetings to support decision-making that leads to a shared plan of care. When meeting with inter-professional teams, this resident ensures that each participant's role is clear and that interactions are respectful. He/she effectively facilitates the discussion and ensures that a clear action plan is established. The resident at this level documents the content and results of meetings accurately within the patient chart. He/she consistently follow up on actions/decisions.	

EPA C17: Provide care to vulnerable and underserved populations

Description of the activity	Across multiple settings, the resident will demonstrate competent provision of patient-centred care for vulnerable and underserved populations. The resident will demonstrate a culturally sensitive holistic approach, and an understanding of the unique determinants of health, beliefs, and traditions. As needed, the resident will effectively use translators.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☐ Collaborator ☐ Leader ☒ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME1.2, ME8.1-8.3, ME9.1-9.3, CM1.1, CM1.6, CM4.1, CM4.3, HA2.1, HA2.4, PR2.1, PR5.2 UND1, UND2, UND3
 Priority Topic	24, 25, 28, 29, 31, 43, 47, 50, 45, 60, 66, 76, 81, 88, 93, 95, 96, 104
Assessment methods	Field notes, ITAR
Entrustability Description	
This resident demonstrates an understanding of the cultural diversities that result in a variety of perspectives, attitudes, beliefs, and behaviours. The resident is able to describe differences in the morbidity, mortality, and disease patterns of immigrant or homeless populations compared to the general population. The entrustable resident demonstrates effective and culturally safe patient-centred care for patients and their families. The resident consistently engages the patient, inquiring about his/her concerns and building a therapeutic relationship. This resident inquires about whether the patient uses traditional medicine and integrates that knowledge into patient care plans. The entrustable resident recognizes the various jurisdictional areas and how they impact health service delivery (e.g., refugees). He/she uses this understanding to effectively coordinate the delivery of patient care. This resident integrates understanding of health determinants and advocates for individual patients and, if applicable, their families.	

EPA C18: Provide care to First Nations, Inuit, and Métis peoples

Description of the activity	Across multiple settings, the resident will demonstrate competent provision of patient-centred care for First Nations, Inuit, and Métis peoples. The resident will demonstrate a culturally sensitive holistic approach, and an understanding of the unique determinants of health, beliefs, and traditions. As needed, the resident will effectively use translators.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☒ Communicator ☐ Collaborator ☐ Leader ☒ Health Advocate ☐ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME1.1, ME1.2, ME8.1-8.3, ME9.1-9.3, CM1.1, CM1.6, CM4.1, CM4.3, HA2.1, HA2.4, PR2.1, PR5.2 FNIM1, FNIM2, FNIM3, FNIM4, FNIM5, FNIM6, FNIM8, FAM8
 Priority Topic	25, 26, 36, 38, 43, 44, 47, 51, 52, 59, 60, 69, 72, 73, 75, 79, 91, 93, 95, 96, 105
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level approaches interactions with patients with a good understanding of the connection between the historical and current situation of First Nations, Inuit, and Métis peoples. This resident demonstrates an understanding of the cultural diversities of Indigenous peoples that result in a variety of perspectives, attitudes, beliefs, and behaviours. The resident is able to describe differences in the morbidity and mortality patterns of Indigenous peoples compared to the general population. The entrustable resident demonstrates effective and culturally safe patient-centred communication with First Nations, Inuit, and Métis patients and their families. The resident at this level consistently engages the patient, inquiring about his/her concerns and building a therapeutic relationship. This resident inquires about whether the patient uses traditional medicine and integrates that knowledge into patient care plans. The entrustable resident recognizes the various jurisdictional areas and the local health service model. He/she uses this understanding to effectively coordinate the delivery of patient care. This resident integrates understanding of health determinants and advocates for individual patients.	

EPA C19: Optimize the quality and safety of health care through use of best practices and application of Quality Improvement

Description of the activity	The resident will demonstrate skill in practice management through implementation of best practices, principles of continuity of care, quality improvement strategies, and optimizing of information management.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☐ Communicator ☐ Collaborator ☒ Leader ☒ Health Advocate ☒ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME7.2-7.4, LD1.1, LD1.2, LD1.4, LD1.5, LD2.1, LD3.1-3.3, HA2.2, SC2.1-2.5, SC3.3-3.6, PR1.1, PR2.1, PR2.2
 Priority Topic	59
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level demonstrates a commitment to high quality care and actively participates in the continuous improvement of health care quality and patient safety. He/she recognizes that his/her commitment to excellence and to continuous quality improvement is a professional responsibility. The resident is able to identify areas for improvement within the practice and define the problem as an IAIM statement. This resident understands the principles of quality improvement and is able to apply these principles, leading at PDSA cycle in the practice setting. The resident can identify and address patient safety concerns within the practice. This resident can describe the Patient Medical Home model and can identify initiatives (local or national) that attempt to achieve these goals. The entrustable resident can select and critically evaluate health care research, and integrate evidence into decision-making in his/her practice. He/she can review and appropriately apply guidelines from organizations.	

EPA C20: Provide clinical teaching

Description of the activity	The resident will demonstrate skill in delivering teaching activities and provide effective clinical supervision of learners.
Most relevant CanMEDS-FM 2017 roles	☒ Expert ☐ Communicator ☐ Collaborator ☐ Leader ☐ Health Advocate ☒ Scholar ☒ Professional
Competencies within each domain critical to entrustment decisions	ME 1.3, SC4.1-4.7, PR1.1, PR1.2, PR1.4
 Priority Topic	59
Assessment methods	Field notes, ITAR
Entrustability Description	
The resident at this level, ensures a safe learning environment for all members of the team and applies strategies to mitigate the tensions between formal, informal, and hidden curricula. When planning teaching sessions, assesses learning needs and ensures there are specific learning objectives for the teaching activity. Selects teaching approaches to ensure engagement of learners. When supervising, ensure a balance of clinical supervision and graduated responsibility, while ensuring the safety of patients and learners. Provides timely, learner-centered and constructive feedback to enhance learning and performance. The resident facilitates learners to engage in reflective processes to identify and address learning needs. Ensures they are a positive role model demonstrating regular self-assessment and feedback-seeking behaviour.	

Projected development of EPAs

Pre-Entrustable ⇒⇒⇒⇒⇒ Entrustable						
2. practice with full supervision 3. practice with supervision on demand 4. “unsupervised” practice						
			6 mth	12 mth	18 mth	24 mth
Community-based Primary Care & Across Settings						
F1		Provides recommended preventative care to adults				
	C1	Assesses, manages, and follows up adults presenting with undifferentiated symptoms or common (key) conditions				
	C2	Manages and follows up adults with common chronic conditions and multiple comorbidities				
F2		Provides recommended preventative care to infants, children, adolescents				
	C3	Assesses, manages, and follows up infants, children, and adolescents presenting with undifferentiated symptoms of common (key) conditions				
	C4	Assesses, manages and follows up the elderly or patients with complex needs				
	C5	Identifies, diagnoses, evaluates, and manages patients with common mental issues				
	C6	Provides palliative and end-of-life care				
	C7	Performs common family medicine procedures				
	C8	Provides expert advice and obtain consultation for patients				
F3		Facilitates care transitions				
Emergency & Urgent Care						
	C9	Recognizes and provides appropriate management of common emergencies				
Hospital Care						
	C10	Determines when an adult patient requires admission and in-patient hospital care				
	C11	Assesses and appropriately manages patients in hospital				
	C12	Recognizes and provides initial management of the medically unstable patient in the hospital setting				
Maternal and Newborn Care						
F4		Provides pre-conception and prenatal care				
	C13	Provides intra-partum care and performs low-risk deliveries				
	C14	Recognizes and manages common intra-partum emergencies				
	C15	Provides postpartum care and breast feeding support				
F5		Provides family-centred care to newborns in their first weeks of life				
Leadership, Advocacy & Scholarship						
	C16	Provide leadership within interprofessional and healthcare teams				
	C17	Provides care to vulnerable and underserved populations				
	C18	Provides care to First Nation, Inuit, and Métis peoples				
	C19	Optimizes the quality and safety of health care through use of best practices and application of Quality Improvement				
	C20	Provides clinical teaching				

Appendix A

CFPC Priority Topics

- | | | |
|----------------------------|-------------------------------|--|
| 1) Abdominal Pain | 37) Epistaxis | 73) Palliative Care |
| 2) ACLS | 38) Family Issues | 74) Parkinsonism |
| 3) Allergy | 39) Fatigue | 75) Periodic Health Assessment/Screening |
| 4) Anemia | 40) Fever | 76) Personality Disorder |
| 5) Antibiotics | 41) Fractures | 77) Pneumonia |
| 6) Anxiety | 42) Gastro-intestinal Bleed | 78) Poisoning |
| 7) Asthma | 43) Gender Specific Issues | 79) Pregnancy |
| 8) Atrial Fibrillation | 44) Grief | 80) Prostate |
| 9) Bad News | 45) Headache | 81) Rape/Sexual Assault |
| 10) Behavioral Problems | 46) Heart Failure | 82) Rash |
| 11) Breast Lump | 47) Hepatitis | 83) Red Eye |
| 12) Cancer | 48) Hyperlipidemia | 84) Renal Failure |
| 13) Chest Pain | 49) Hypertension | 85) Schizophrenia |
| 14) Chronic Disease | 50) Immigrants | 86) Seizures |
| 15) COPD | 51) Immunization | 87) Sex |
| 16) Chronic Pain | 52) In Children | 88) STI |
| 17) Contraception | 53) Infections | 89) Shortness of Breath |
| 18) Cough | 54) Infertility | 90) Skin Disorder |
| 19) Counselling | 55) Insomnia | 91) Smoking Cessation |
| 20) Crisis | 56) Ischemic Heart Disease | 92) Somatization |
| 21) Croup | 57) Joint Disorder | 93) Stress |
| 22) Deep Venous Thrombosis | 58) Lacerations | 94) Stroke |
| 23) Dehydration | 59) Learning (Patients/Self) | 95) Substance use and Addiction |
| 24) Dementia | 60) Lifestyle | 96) Suicide |
| 25) Depression | 61) Loss of Consciousness | 97) Thyroid |
| 26) Diabetes | 62) Loss of Weight | 98) Trauma |
| 27) Diarrhea | 63) Low-back Pain | 99) Travel Medicine |
| 28) Difficult Patient | 64) Meningitis | 100) URTI |
| 29) Disability | 65) Menopause | 101) Urinary Tract Infection |
| 30) Dizziness | 66) Mental Competency | 102) Vaginal Bleeding |
| 31) Domestic Violence | 67) Multiple Medical Problems | 103) Vaginitis |
| 32) Dyspepsia | 68) Neck Pain | 104) Violent/Aggressive Patient |
| 33) Dysuria | 69) Newborn | 105) Well-baby |
| 34) Earache | 70) Obesity | |
| 35) Eating Disorders | 71) Osteoporosis | |
| 36) Elderly | 72) Pain | |

Appendix B

CFPC Core Procedures

Integumentary Procedures

Abscess incision and drainage
Insertion of sutures
Laceration repair (suture, gluing)
Skin biopsy (shave, punch, and excisional)
Excision of dermal lesions
Cryotherapy of skin lesions
Removal of foreign body
Wound debridement
Electrocautery of skin lesions
Skin scraping for fungus determination
Use of Wood's lamp
Release subungual hematoma
Drainage acute paronychia
Partial toenail removal
Wedge excision for ingrown toenail
Pare skin callus

Local Anesthetic Procedures

Infiltration of local anesthetic
Digital block in finger or toe

Ear Procedures

Removal of cerumen
Removal of foreign body

Eye Procedures

Instillation of fluorescein
Slit lamp examination
Removal of corneal or conjunctival foreign body
Application of eye patch

Gastrointestinal Procedures

Nasogastric tube insertion
Fecal occult blood testing Anoscopy/proctoscopy
Incise and drain thrombosed external hemorrhoid

Genitourinary & Women's Health Procedures

Pap smear
Insertion of intrauterine device
Endometrial aspiration biopsy
Placement of transurethral catheter
Cryotherapy or chemical therapy genital warts
Aspirate breast cyst
Diaphragm fitting and insertion

Nose Procedures

Removal of foreign body
Cautery for anterior epistaxis
Anterior nasal packing

Musculoskeletal Procedures

Splinting of injured extremities
Aspiration and/or injection joint
Aspiration and/or injection of bursa
Application of sling—upper extremity Reduction of dislocated finger
Reduce dislocated radial head (pulled elbow)
Reduce dislocated shoulder
Application of forearm cast
Application of ulnar gutter splint
Application of scaphoid cast
Application of below-knee cast
Injection of lateral epicondyle (tennis elbow)

Injections and Cannulations

Injections (IM, sub-cut, intradermal)
Venipuncture
Peripheral intravenous line; adult and child
Peripheral venous access—infant
Adult lumbar puncture

Resuscitation Procedures

Oral airway insertion
Bag-and-mask ventilation
Endotracheal intubation
Cardiac defibrillation

Appendix C

CFPC Family Physician Professional Profile

PRIMARY RESPONSIBILITIES

Working together, family physicians provide a system of front-line health care that is accessible, high quality, comprehensive, and continuous. Individually they take responsibility for the overarching and proactive medical care of patients, ensuring follow-up and facilitating transitions of care and/or referrals when required. More than a series of tasks, it is through relational continuity and a commitment to a broad scope of practice that the complexity of care is meaningfully addressed. The care family physicians provide improves the overall health of the population. The principal aims of the CFPC are to set educational standards for family physicians and to develop, support, and sustain family physicians in the provision of:

1. Comprehensive medical care for all people, ages, life stages, and presentations. This care includes all clinical domains, both acute and chronic, and all stages, from preventive to palliative care. Family physicians work across care settings and regulatory environments, including:

- Primary care
- Emergency care
- Home and long-term care
- Hospital care
- Maternal and newborn care

2. Leadership at all levels for accessible, high-quality, comprehensive, and continuous first-contact health care that responds to local conditions, and for research that advances an understanding of this care.

3. Advocacy for access to culturally safe, affordable, high-quality, and comprehensive health care, along with the social conditions that promote health. This requires outreach and engagement, such as working with community partners and including patients experiencing hardship and/or barriers to care.

4. Scholarship (teaching/quality improvement (QI)/research) as reflected in practice-based QI activities, an evidence-informed approach to care, and in the roles of teacher and mentor. Family physicians advance the knowledge of the discipline through a continuum of research activities.

WORK SETTINGS AND ARRANGEMENTS

Family practices are a cornerstone of the Canadian health care system, functioning as hubs of access and coordination. Family physicians commonly work in teams, and the CFPC achieving accessibility, comprehensiveness, and continuity in a way that is both personally and professionally sustainable. Family physicians collaborate and share an interdependence with other health care professionals, contributing medical expertise in clinical care and leadership to ensure practice quality and continuous improvement. Family physicians with enhanced skills work in collaborative arrangements, where possible, to extend the comprehensiveness of care provided locally while supporting continuity and sustainability and leading improvements in education and the adoption of models of care that support this integration.

SPECIAL FEATURES AND CONTRIBUTIONS

All family physicians, regardless of the nature of their practices, embody a characteristic approach that strengthens the compassion, responsiveness, integrity, and quality of the health care system. This approach drives the provision of care that is:

Relationship- and patient-centred: Relationships are central to the care provided. Family physicians are committed to the person; they get to know them and what matters in the context of their life and family, and this informs the goals of care and the approach taken. They form therapeutic bonds based on compassion and personal knowledge accrued over time, which allows them to offer trusted counsel and advocate on behalf of their patients. It is within these relationships and their unfolding narratives that illness and suffering are recognized, understood, and mitigated.

Community-adaptive: Family physicians are a resource to their practices and communities as highly skilled generalists, working effectively in diverse environments, addressing complex conditions, and managing uncertainty. They manage a broad range of medical presentations and conditions, flexibly adapting their skills in response to local resources and care needs. Family physicians use holistic, integrative reasoning to reach a patient-centred diagnosis and treatment plan, with particular expertise in managing patients with multiple morbidities and chronic illness. They see patients with undifferentiated concerns early during the natural course of illness and think creatively to resolve complex and/or atypical situations. In challenging situations, family physicians work to the limit of their abilities when required, staying involved and sticking with it to ensure patients receive the necessary care and support. This versatility and dedication enable family physicians to play an important role in responding to ever-changing, novel, and emerging health challenges affecting their patients and communities, and this adaptiveness is a key motivator for family physicians to develop enhanced skills.

Collaborative and continuous: Family physicians are the drivers of cohesion and continuity in the health care system. They work collaboratively with patients and practice colleagues to coordinate care with other health care providers. Continuity occurs both within episodes of care and over time, and it encompasses dimensions of interpersonal relationships, the maintenance of medical records, and the organized flow of patient information, including unique considerations that support personalized and compassionate care.