

REFORMING THE FAMILY MEDICINE RESIDENCY PROGRAM IN QUEBEC

JOINT UNDERTAKING

INTRODUCTION

Primary care is evolving, society is changing, health concerns are growing more complex, knowledge is exploding, there is a huge influx of technology, new healthcare challenges are emerging among certain populations, and the family doctor's role in interprofessional teams is shifting. It is currently a key—and critical—moment to reform family medicine residency programs. We, the signatories of this joint undertaking, strongly believe that these reforms are necessary. We share a common vision focused on the growing needs of the population, provision of care in priority areas, and strong primary care interprofessional teams.

VISION AND JOINT UNDERTAKING

In the coming decades, family doctors will have to offer comprehensive, holistic medical care while remaining adaptable generalists. They will need to provide care to underserved communities and be skilled in areas of greatest societal need, such as home care, long-term care, mental health and addictions care, Indigenous health, health equity, emergency care and health technologies. Family doctors, as specialists in complexity, have a unique role to play in interprofessional teams.

We are convinced that reforming family medicine residency programs will train family doctors ready to tackle the challenges of tomorrow. We believe that this reform will require not only a change in the current two-year residency program, but also an overall increase in training time. In our opinion, it is simply not possible to bring about the necessary changes and additions to how we train our future family doctors without adding time to their education.

We believe that a residency extension focused on increasing autonomy in the transition to practice (lighter supervision, mentoring, practice management) would produce graduates who are better prepared for practice, more engaged with their communities, and well equipped for work in interprofessional teams. Developing and testing various models for lengthened residency programs (for example, 3-, 6- or 12-month extensions) would lead to an informed decision on the best model for Quebec. We are committed to rigorously evaluating such pilot projects.

Finally, this reform will help elevate the status of family medicine—in our faculties, in the public eye, and in the media. This, in turn, should help attract many high-calibre students and guarantee a frontline of healthcare enriched by the excellence of its dedicated and enthusiastic family doctors.

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