

## カナダにおける卒後臨床研修プログラムの第三者評価について

- 卒後研修プログラムの第三者評価の重要性 -

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**要約** カナダにおける医学部とその関連病院のすべての卒後臨床研修プログラムは第三者機関により（カナダ家庭医協会とカナダ内科外科協会）、厳正に審査し認定される。カナダ家庭医協会は、カナダの医師の約50%を占める家庭医のボランティア組織であるが、家庭医の卒後研修プログラムに関して、家庭医協会の目的、原則に合致しているか、また、現実的に機能しているかを書類審査かつ実地調査にて評価をおこなう。家庭医協会は、模範的なプログラムを示し、研修医の学術活動、指導医の生涯教育をも含む明確な評価基準を掲げ、各病院のプログラムの改善と発展を図っている。日本の新しい卒後研修プログラムも2004年よりはじまり、今後のプログラムの評価などにおいて、カナダの制度は参考になると考えられ、報告する。

（キーワード：卒後研修プログラム、資格、カナダ家庭医学）

IMPACT OF THE EVALUATION OF RESIDENCY PROGRAMS BY THE THIRD PARTY  
IN CANADIAN FAMILY MEDICINE

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**Abstract** The College of Family Physicians of Canada (CFPC) accredits residency training programs in family medicine at all 16 medical schools in Canada. Program directors and residents of family medicine are always guided by the goals and principles of family medicine in the residency training program accredited by the CFPC. In 2004, a new Japanese residency training system started. Here, we make a short comparison of the Japanese and Canadian systems for evaluating such training programs.

（Key Words : residency program, accreditation, Canadian family medicine）

## Introduction

In 2004, Japanese the resident education system changed dramatically. The general residency training program was set by a new law (the ministerial

ordinance of the Ministry of Health, Labour and Welfare). The general program in this law is intended to allow medical residents to develop more effectively into doctors and to realize their related social roles. In addition, they are expected to learn

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fundamental generic clinical capabilities, regardless of any future fields of expertise that they might choose. Teaching hospitals in Japan are trying to improve and develop their residency programs according to this general program. Although the new law suggests that each residency program should be evaluated by a third party, this element has yet to be implemented. We had an opportunity to study an equivalent program - the residency training program in Canadian family medicine - and make some comparisons with the Japanese model. The goal of this paper is to discuss the accreditation of residency training programs in Canadian family medicine from the Japanese point of view.

### Summary

The College of Family Physicians of Canada (CFPF)<sup>1)</sup>

Canada is one of the countries that have successfully developed a high quality medical care system. The foundation of this medical system is the five principles of the Canada Health Act, established in 1984. This legislation affirms the federal government's commitment to a universal, accessible, comprehensive, portable and publicly administered health insurance system.

In providing high quality health care to Canadians, family physicians have borne an important role for more than 50 years. In Canada, about 50% of all doctors are family physicians or general practitioners and many are members of the College of Family Physicians of Canada (CFPC), founded by a Federal Government charter in 1954. The CFPC is a national voluntary organization of family physicians that makes the continuing medical education of its members a requirement to maintain certification as a family physician rather than a general practitioner.

Accreditation of residency programs by the CFPC<sup>1) 2)</sup>

The CFPC qualifies residency training programs in family medicine at all 16 medical schools in Canada. Graduates of family medicine residency programs accredited by CFPC are eligible to sit the certification examination in family medicine. All

residents who want to be family physicians will train at a hospital under a medical university school that has training programs accredited by the CFPC.

The purpose of the accreditation of residency programs by the CFPC is to attest to the educational quality of accredited programs and to ensure sufficient uniformity and portability to allow residents to receive a similar quality of education regardless of location. Furthermore, any qualified resident can take the examination to be a certificant of the CFPC.

The process of the accreditation of residency training programs<sup>1) 2)</sup>

The accreditation of residency training programs is the responsibility of the CFPC accreditation committee. The committee qualification process is based on two elements: an assessment of the major application self study documents that describe the residency program and its resources, and an onsite survey normally two or three days long. That survey team consists of two committee members and a dean of postgraduate medical education from a Canadian medical school. In addition, the team is often accompanied by representatives from an outside organization.

Following the survey team visit, a survey report is drafted and returned to the university within six weeks. This report contains the survey team observations and recommendations. It is provided so that the university may correct any errors or omissions and respond directly to the survey team's recommendations. The authorization decision will be based on the recommendations and observations in the survey report and the response of the university to the accuracy of the report.

The following are definitions of the general categories of accreditation<sup>1) 2)</sup>.

New approval: An application for qualification of a program is usually granted new approval. Within two years, an internal review of the program is expected to take place.

Full approval: Full approval is granted to residency programs that meet the standards of

qualification of the CFPC. The term is six years.

Provisional approval : Provisional approval is granted to programs that have strong components but also have problems that require a defined follow-up. This approval is granted for no more than three years. The follow-up will be by the mandated internal review and special survey.

Also included will be a written report from the residents in the program.

Withdrawal of accreditation : Certification will be withdrawn.

Standards for accreditation of residency training programs<sup>1) 2)</sup>

The requirements for training program accreditation fall into several categories : principles and objectives, learning environment, evaluation, faculty development, and scholarly activity. The Standards criteria are set for family medicine residency programs, the family medicine/emergency program, and other enhanced skills programs (family practice/anesthesia... etc.).

If a trainee successfully graduates from an enhanced skills program, there is no specific examination and the accreditation of the program provides the qualifications for that enhanced skill area.

The standards are based on the effective teaching of the four principles of family medicine : the family physician is a skilled clinician, family medicine is community-based, the family physician is a resource to a defined practice population, and the doctor-patient relationship is central to the role of the family physician. In any postgraduate family medicine residency programs, residents must always be guided by the goals and principles of family medicine.

### Discussion

Any effective comparison between Japanese and Canadian residency training programs is difficult due to the difference in locations, situations, and goals of individual hospitals. To evaluate and certify the residency training programs in different hospitals, it is important that all residents and

educators have the same principles in the residency training programs. In Canadian family medicine, the learning objectives and goals of each program are based on the principles of family medicine, and are reflected in the planning and organization of the program and in the evaluation of residents.

Residents, educators, program coordinators, committee members and all family doctors are always conscious of the principles of family medicine in ensuring the role of a Canadian family physician. This fact clarifies and simplifies the evaluation of residency training programs. It should also be mentioned that all training programs in family medicine in Canada receive an evaluation by an outside organization, the CFPC which is the self regulating national body of the Canadian family physicians themselves. All residents can then access the results of this evaluation.

This assessment has the potential for restriction due to regulations which are too rigid. Therefore, the CFPC promotes free communication between the CFPC, medical school, and the residents. Each program is made more flexible and responsive to change. The directors can take advantage of this asset to try new trials<sup>3)</sup>.

In Japan, all resident training programs are only examined via documentation by the Ministry of Health, Labour and Welfare. Each program is also supposed to receive an evaluation by an outside organization. We should reconsider the fundamentals of the new law and the objectives of resident education.

Another positive aspect of the Canadian education system is that each department must plan and implement faculty development activities for its teachers in Canadian family medicine. Faculty development activities are planned according to the department's mission, goals, and objectives. The University of Toronto and its associated hospitals have had a strong departmental professional developmental program for ten years and also recent access to the Faculty of Medicine's (<http://dfcm19.med.utoronto.ca/GradStudies/default.htm>) Center for Faculty Development to educate all doctors and co-medical workers ([www.cfd.med](http://www.cfd.med)).

utoronto.ca/index.htm). Faculty development in Japan is also headed in this direction and each hospital unit is encouraged to further promote development activities in each program.

Scholarly activities in the Canadian residency program are very important. The demands of clinical service must not interfere significantly with a resident's ability to participate in the academic program. Residents are given opportunities to develop effective teaching skills and undertake small research projects through organized activities focused on relevant techniques. These residents are presumed to be the next generation educators and academics in the training program of Canadian family medicine<sup>11</sup>.

Based on the positive aspects of the standardized resident training program of Canadian family medicine, it is natural to speculate that our learning objectives and goals are very important for designing and evaluating residency programs and

residents in Japan. We should have more discussion about a clear and systematic process for a program-wide evaluation in order to ensure that the educational objectives have been achieved.

#### Reference

- 1) The College of Family Physician of Canada. Family Medicine in Canada. Mississauga Ont : College of Family Physicians of Canada, 2004
- 2) The College of Family Physicians of Canada. Standards for accreditation of residency training programs. Mississauga Ont : College of Family Physicians of Canada. **23** : 31-34, 2000
- 3) Tannenbaum DW. New "horizontal" curriculum in family medicine residency. Can Fam Physician **44** : 1669-1675, 1998
- 4) Kumar B, Batty H, Freeman R, Rachlis A et al : Residents as teachers : time for formal training. Can Fam Physician **48** : 1044-1045, 2002