A Competency-Based Curriculum for Training Rural Family Physicians in Operative Delivery

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INTRODUCTION

In rural western and northern Canada, including northern Ontario, a large portion of the operative delivery services are provided by rural family physicians with enhanced surgical skills.[1,2] There is strong evidence that outcomes are good and that enhanced surgical skills procedures support patient safety.[3,4] There is also strong evidence that the presence locally of operative delivery services sustains the local maternity care programs, fostering community engagement with birth. Without these programs, some of Canada's most vulnerable populations, including the Aboriginal population, would be moved far from their home communities to obtain maternity care.[5]

How have these FPESS been trained? In some instances, they obtained advanced obstetrical skills in other countries before relocating to rural Canada. Others acquired these skills in existing family medicine residency programs or as part of continuing medical education programs. Finally, there have been informal pathways of training in rural communities by local mentors.

Within the present context of Canada's health authorities insisting on very formal processes (BC Ministry of Health and Backgrounder for Operative Delivery Workshop) that rely on verifiable evidence of practitioner competence, the privileges of the FPESS workforce are vulnerable.[6,7] Formalized certification in specialty programs, including Family Medicine Enhanced Skills, offers documentation of a graduate's level of competence in a standardized skill set following successful completion of a recognized curriculum. Until the FPESS skill set in operative delivery meets this bar, individual health authorities will continue to struggle with whom to privilege and for what procedures. The proposed FPESS curriculum for operative delivery aims to promote portability of skill sets between sites and address skepticism among specialists about the consistency of this FPESS training across Canada.

BACKGROUND

In 2015, professional associations (College of Family Physicians of Canada, SOGC, Canadian Association of General Surgeons, and Society of Rural Physicians of Canada) published the *Joint Position Paper on Rural Surgery and Operative Delivery* that addressed the linkages between

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local operative delivery programs and the sustainability of rural maternity care.[5] This was followed in January 2016 by the Banff Summit on Rural Surgery and Operative Delivery, which was organized to begin to translate the recommendations of the joint position paper into action.[8] At the Banff summit, interested stakeholders formed the Consensus Committee on Training for Rural Family Physicians in Operative Delivery. Included were several of the rural FPESS, representatives from all of Canada's R3 ESS programs, the SOGC, and the CFPC who constructed a competency-based curriculum for operative delivery including defined core competencies, a proposed training schedule, learner assessments, and program evaluation. The committee's aim was to identify a pathway leading to standardization among the R3 and continuing medical education operative delivery training programs.

After the Banff summit, the Consensus Committee circulated several iterations electronically of a competency-based curriculum and evaluation for training rural family physicians in operative delivery. The group met again on June 18, 2016, in a face-to-face meeting in Vancouver, hosted by the SOGC. This curriculum document represents the conclusion of these efforts.

CURRICULUM FOR ENHANCED SKILLS IN OPERATIVE DELIVERY

Purpose

The purpose of the curriculum is to describe one pathway to high-quality, comprehensive obstetrical care, including operative delivery, within the context of retaining and repatriating birth to rural communities, by family physicians working within skilled professional teams in network models of care in rural Canada. Safe obstetrical care is provided by a team. In any setting, the needed skills may be held by one individual or individual practitioners may have more of the obstetrical intrapartum skills, whereas others may have acquired the operative skill set.

Core Competencies

These core competencies do not belong exclusively to this curriculum. Rather, we recognize that trainees will have acquired many of these skills either in training or in practice. The curriculum describes "terminal" competencies that will be demonstrated by the time of program completion, regardless of where and when acquired. Competency may be established through observable performance in the clinical environment and demonstration of extensive knowledge of how to manage a theoretical/simulated case.

The successful trainee will be able to independently:

1. Manage normal labour and delivery, including the indications for repair of episiotomy and repair of perineal lacerations.
2. Manage abnormal labour including, but not limited to, failure to progress, antepartum hemorrhage, chorioamnionitis, fetal distress, premature rupture of membranes, and threatened preterm labour.
3. Manage obstetrical emergencies including, but not limited to, malpresentation, shoulder dystocia, pre-eclampsia, placenta previa, uterine rupture, umbilical cord prolapse, and placental abruption.
4. Counsel women and their families regarding the options, risks, and benefits associated with CS and vaginal birth after CS.
5. Manage postpartum complications including, but not limited to, medical and surgical response to postpartum hemorrhage, uterine inversion, retained placenta (including manual removal), and sepsis.
6. Repair first- and second-degree perineal lacerations. Recognize and develop strategies for treating third- and fourth-degree perineal lacerations, high vaginal lacerations, and cervical lacerations.
7. Perform CS for appropriate indications and manage perioperative care.
8. Recognize and develop strategies for addressing risks and complications of CS (including, but not limited to, infection, hemorrhage, injury to bladder or bowel, deep vein thrombosis).
9. Demonstrate a comprehensive understanding of appropriate patient selection within the context of dynamic local health and human resources.
10. Stabilize and facilitate safe patient transfer for appropriate indications.
11. Perform a dilatation and curettage for appropriate indications.
12. Perform a vacuum-assisted vaginal delivery for appropriate indications.

Additional Knowledge and Competencies

The following knowledge base and associated skill set are examples, not intended to be exclusive, where the

ABBREVIATIONS

CFPC	College of Family Physicians of Canada
CQI	continuous quality improvement
ESS	enhanced surgical skills
FPESS	family physicians with enhanced surgical skills

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