Letter to the Editor

Standardizing the Family Health Internship in Iran: A CanMEDSbased, Nationally Adoptable Training Package

Masoud Khandehroo[1, 2*], Elaheh Houshmand[1], Abtin Heidarzadeh[3, 4]

1. Department of Management Sciences and Health Economics, School of Health, Mashhad University of Medical Sciences, Mashhad, Iran.
2. Student Research Committee, Mashhad University of Medical Sciences, Mashhad, Iran.
3. Medical Education Research Center, Guilan University of Medical Sciences, Rasht, Iran.
4. Education Development Center, Guilan University of Medical Sciences, Rasht, Iran.

Use your device to scan and read the article online

Citation Khandehroo M, Houshmand E, Heidarzadeh A. Standardizing the Family Health Internship in Iran: A CanMEDSbased, Nationally Adoptable Training Package. Journal of Research & Health. 2026; 16(4):315-316. http://dx.doi.org/10.32598/JRH.16.4.1781.1

http://dx.doi.org/10.32598/JRH.16.4.1781.1

Dear Editor

Building stronger primary care is more crucial than ever as health systems face aging populations, a surge in noncommunicable diseases, and tighter budgets [1]. Medical schools have a unique opportunity to shape future doctors for ongoing community-focused care, but inconsistent and patchy clinical placements continue to hinder this process. Iran's recent move to add a three-month family health internship to the undergraduate curriculum is a step in the right direction. However, early data and national surveys show that students have different experiences, and medical schools have not integrated internships evenly [2, 3].

We need a standardized, nationally adopted training package for this family health internship—one that closely adheres to the CanMEDS competency framework. CanMEDS defines seven key roles for physicians (medical expert, communicator, collaborator, leader, health advocate, scholar, and professional) and breaks them down into specific, measurable competencies. A training package aligned with these roles provides clear learning goals, organized activities, solid faculty guidelines, and strong assessment strategies [4]. Other countries have shown that competency-based, framework-aligned curricula clarify objectives, boost faculty skills in workplace-based supervision, and enable the assessment of crucial non-biomedical skills for family doctors working in primary care [5].

For Iran, a practical, standardized package should focus on four main components:

1) Role-based, measurable learning outcomes drawn from CanMEDS and tailored with local input. 2) Real longitudinal clinical experiences, such as supervised patient panels, repeated community placements, and student-led quality improvement projects. 3) Faculty development modules that build skills in direct observation, structured feedback, and workplace-based assessment. 4) A streamlined assessment toolkit blending entrustable professional activities (EPAs), direct observation checklists, multisource feedback (including from patients), and structured reflective assessments to track competency growth [4, 5].

*** Corresponding Author:**
Masoud Khandehroo
Address: *Department of Management Sciences and Health Economics, School of Health, Mashhad University of Medical Sciences, Mashhad, Iran.*
Phone: *+98 (513) 892915*
E-mail: *masoud.khandehroo@gmail.com*

This approach addresses five major national problems: inconsistent student experiences, a lack of a shared framework, insufficient numbers of trained family medicine educators, missing evaluation standards, and unequal student access to real primary care. With clear outcomes and assessments in place, universities can adjust the details to fit their own settings while ensuring that graduates everywhere develop the same core competencies. This is critical for workforce planning and for the success of Iran's family physician strategy [1, 2].

Development should follow an evidencebased, participatory pathway: a scoping review of global undergraduate family medicine internship models; qualitative elicitation of needs and barriers from clinicians, educators, and healthsystem managers; mapping findings to CanMEDS roles; iterative drafting; and national expert validation using a modified Delphi or consensus panel. Pilot testing with concurrent faculty development and a mixedmethods evaluation of educational and service outcomes should precede scaleup [6].

Aligning Iran's family health internship with a clear competency framework and delivering it through a standardized, flexible curriculum is a smart investment. It narrows educational gaps, builds clinical educators, and prepares graduates to work effectively as family physicians within primary care teams. We urge educational leaders and policymakers to prioritize the national development, validation, and phased rollout of a CanMEDS-based training package for the family health internship [1, 4, 5].

References

[1] Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. Lancet. 2010; 376(9756):1923-58. [DOI:10.1016/S0140-6736(10)61854-5] [PMID]

[2] Heidarzadeh A, Nojomi M, Alvandi M, Mohammadi A, Mohseni F, Naghshpour P. [Evaluating the current status of education in family physicians in Iranian medical schools (Persian)]. Research in Medical Education. 2022; 14(3):29-37. [DOI:10.52547/rme.14.3.29]

[3] Heidarzadeh A, Sabet B, Aghabagheri M, Dadgaran I, Kalantar E. [A three-month internship in the field of family medicine: An inevitable shortcut to training the human resources needed for the family health program (Persian)]. Research in Medical Education. 2023; 15(3):81-3. [DOI:10.32592/rmegums.15.3.81]

[4] Frank JR, Snell L, Sherbino J. CanMEDS 2015 physician competency framework. Ottawa: Royal College of Physiciansand Surgeons of Canada; 2015. [Link]

[5] Wass V, Ng V. Family medicine in the undergraduate curriculum: Preparing medical students to work in evolving health care systems. 1th ed. Boca Raton: CRC Press; 2023. [DOI:10.1201/9781003325734]

[6] WFME. WFME global standards for quality improvement in basic medical education. London: World Federation for Medical Education; 2020. [Link]