

Invisible Curriculum, Unmeasured Outcomes: A Theory-Informed Analysis of Quality Assurance Gaps in Family Medicine Training

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Abstract

Background: Family practice training is central to health system performance, yet its quality assurance mechanisms remain insufficiently aligned. Despite the widespread adoption of competency-based medical education (CBME), persistent gaps exist between defined competencies and their measurable outcomes. This study explores these gaps through a theory-informed analysis of quality assurance structures in family medicine training in Türkiye.

Methods: This study employed a theory-informed conceptual and interpretive design. A structured analytical framework was developed based on health policy analysis, CBME theory, and quality assurance models, including continuous quality improvement (CQI). Documentary sources, including international frameworks (WHO, WONCA), national curricula (TUKMOS), institutional reports, and accreditation documents were purposively selected. Analysis was conducted across four predefined domains: educational outcomes, assessment systems, accreditation structures, and feedback mechanisms, using a stepwise approach of mapping, structuring, cross-level comparison, and conceptual synthesis.

Results: The findings reveal a consistent pattern of structural misalignment across system levels. Competencies are clearly defined but insufficiently operationalised into measurable outcomes.

Assessment systems are diverse but lack standardisation and comparability in Türkiye. Accreditation processes are well established yet predominantly institution-focused rather than outcome-oriented. Feedback mechanisms are widely implemented but poorly integrated into continuous improvement cycles.

These disconnections culminate in a systemic “invisible curriculum–unmeasured outcomes gap,” whereby critical components of competence, such as contextual decision-making, longitudinal care, and professional identity formation remain insufficiently captured within formal evaluation systems.

Conclusion: Quality assurance in family practice training is conceptually robust but functionally fragmented. Addressing this challenge requires a shift from component-based approaches toward a system-integrated, feedback-driven model that aligns competencies, assessment, accreditation, and feedback across all levels, which in many systems are not instituted. Such a reconceptualisation is essential to ensure that competence is not only defined but also measurable, validated, and continuously improved in practice.

Keywords: Family practice training, Quality assurance, Competency-based medical education (CBME), Assessment systems, Accreditation, Feedback mechanisms, Hidden curriculum, Medical education, Primary care, Health systems