## Another Canadian in Japan during the bombing

Dr Robbins' patient was not the only Canadian in Japan when the atomic bomb was dropped on Hiroshima.[1] My husband's grandfather, Harry Kobayashi, a Canadian businessman of Japanese origin, was living in Tokyo at the time the bombs were dropped. It is a long story; however, the important point is that as an importer of Japanese smallwares he was caught by the outbreak of war while in Japan on a buying trip. He remained in Japan at the end of the war, having been declared an enemy alien by Canada and having had his property and business confiscated in his absence. He was one of the longest-surviving Japanese-Canadian World War I veterans. He is commemorated on the Japanese-Canadian war memorial in Stanley Park in Vancouver, BC.

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**Competing interests**
None declared

**Reference**
1. Neilson S. The faces of family medicine: Peter Robbins MD CCFP FCFP. *Can Fam Physician* 2013;59:IHC,102-3.

## Length of family medicine residency

As a medical student I found the letter by Dr Buchman endorsing the lengthening of family medicine residency to 3 years deeply troubling.[1]

I greatly respect those who have gone through the rigours of medical training ahead of my peers and me. They have the advantage of hindsight to guide their recommendations for future advancements in medical education. However, I can't help but think that it is much easier for physicians who are far from their training days to endorse more time before today's batch of family physicians can actually practise and make a living.

The average age of my entering class is 26 years.[2] Naturally, many of us are older than this. Thirteen of us have masters' degrees, one has a doctorate, and many of us are entering medicine as a second career.[2]

While my interest in family medicine is definitely multifactorial, the length of training is an important influence on my postgraduate specialty selection as an older medical student. In fact, it has been demonstrated that older age at admission to medical school has a positive correlation with selecting family medicine training.[3] Family medicine trainees are now older at the time of exiting training (mean age 29.8 years in 1996 vs 31.6 years in 2010 to 2011).[4] This continued upward trend makes the careers of recent and future graduates shorter than those of generations ago.

I believe that if family medicine residency is lengthened to 3 years, by the time my class reaches our Canadian Resident Matching Service selection process, many of us who were attracted to the shorter training period of family medicine training might take Royal College of Physicians and Surgeons of Canada specialty training instead. As an individual interested in family medicine and emergency medicine Certification, a proposed total of 4 years of training is little incentive not to endure an extra fifth year of training in another specialty.

Arguably, a mandatory extra year of training is unnecessary for today's self-reflective learners who are able to identify areas of weakness and pursue voluntary additional training. This is shown by the considerable increase in students taking optional third-year family medicine training, from 85 in 1996 to 1997, to 242 in 2010 to 2011.[4] This suggests that those who feel the need for extra training can self-select such a route while others can enter independent practices.

While only a beginner, I suspect that much of medicine is learned through trial by fire. Experience is gained through independent clinical experience, making mistakes, self-reflection, and lifelong learning rather than longer training periods with preceptor safety nets. While the opinions of practising physicians—both recent and distant graduates—are important for the future of family medicine training, please do not forget the voice of medical students who will be greatly affected by lofty decisions such as revising training duration.

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