

locums in rural areas. Rural medicine is now a dying profession. With an additional year of training, rural medicine will be annihilated.

—Angus M. Murray MD  
Truro, NS

**Competing interests**  
None declared

**Reference**

1. Loh LC. Transforming training for today. *Can Fam Physician* 2023;69:72 (Eng), 71 (Fr).  
*Can Fam Physician* 2023;69:308-9. DOI: 10.46747/cfp.6905308\_1

## Offer CME and accelerate licensing

Regarding 3-year residency,<sup>1</sup> the aims are good. The timing is disastrous.

With a shortage of doctors now, the population further growing by 1.5 million from immigration in the next 3 years,<sup>2</sup> and with 17.5% of survey respondents in one study planning on retiring in the next 5 years,<sup>3</sup> your plan should be postponed in favour of offering continuing medical education to licensed physicians to fill the gaps you see and accelerate licensing of physicians trained abroad.

—Paul Zalan MD  
Toronto, Ont

**Competing interests**  
None declared

**References**

1. Loh LC. Transforming training for today. *Can Fam Physician* 2023;69:72 (Eng), 71 (Fr).  
2. Immigration, Refugees and Citizenship Canada. *An immigration plan to grow the economy* [news release]. Ottawa, ON: Government of Canada; 2022. Available from: <https://www.canada.ca/en/immigration-refugees-citizenship/news/2022/11/an-immigration-plan-to-grow-the-economy.html>. Accessed 2023 Apr 19.  
3. Kiran T, Wang R, Handford C, Laraya N, Eissa A, Pariser P, et al. Family physician practice patterns during COVID-19 and future intentions. Cross-sectional survey in Ontario, Canada. *Can Fam Physician* 2022;68:836-46.

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## Response

Our thanks to the members who took the time to share their thoughts<sup>1-3</sup> on the January 2023 column outlining the current work of the College of Family Physicians of Canada (CFPC) to strengthen family medicine residency training in Canada.<sup>4</sup>

Among the responses, we note the well-placed focus on rural medicine. Current discussions around what a strengthened residency program will look like prioritize primary care needs in underserved areas, particularly rural and remote communities. As stated in the original column, however, any redesign will consider how best to incorporate opportunities for further exposure and transition supports in settings that might comprehensively equip learners while providing critical resources for these settings.<sup>4</sup>

We agree with many of the statements about challenges presented by the well-considered and passionate viewpoints expressed by Dr Johnson and the other commentators.<sup>1-3</sup> It is important to note that the current proposal to strengthen residency training is being overseen by the CFPC in its mandate as a standard-setting organization for the purposes of Certification in the College of Family Physicians of Canada. That said, the decision to do so arose from a wide-ranging, multiyear consultation with many key individuals drawn from family medicine who have expertise in postgraduate family medicine training. Materials from this consultation are available on our website.<sup>5</sup>

Also notable is that many of the concerns raised as arguments against the proposal to redesign residency curriculum are, in fact, broader challenges and considerations within today's practice environment that cannot be addressed by training alone. For this reason, the College also continues to advocate strongly with decision makers to ensure that the unique scope, training, and work of family doctors is recognized, compensated fairly, and given immediate support and relief as we move toward more sustainable multidisciplinary teams.

On that point, it is crucial to stress that the CFPC is committed to supporting an interprofessional team approach to primary care rather than a competitive or substitute model. We welcome the integration of pharmacists and nurse practitioners with family physicians to provide clinical expertise, while also addressing perceptions of overlap by emphasizing the distinct scopes of practice and training that optimize the roles of each type of provider.

The proposed changes to strengthen training will support this approach by helping family medicine learners work in primary care teams and by providing opportunities to train to the full scope of the discipline, including acute and procedural care, palliative care, and other areas—all routine parts of what family physicians offer that are distinct and complementary parts of comprehensive care provided by teams in Canadian communities.

This all highlights that solving the issue of recruitment and retention lies beyond the training curriculum alone; there is a desperate need for resources and major system

change to ensure family doctors are given the assistance and respect that they deserve. To that end, practice environment changes go hand in hand with current efforts to strengthen residency training. Getting both right will ensure that family medicine can recruit the best candidates to undergo the strengthened training redesigned to meet today's complex practice environment and that befits the unique, exceptional place that family doctors occupy as the foundation of primary care.

The CFPC fully understands members' concerns with timing and current context and is currently undertaking a feasibility assessment that will inform ongoing work to redesign the residency curriculum, which is anticipated to be completed in 2024. We also continue to take a collaborative and iterative approach to change that is coupled with evaluation, which includes working with universities, system leaders, and other partners (such as the Society of Rural Physicians of Canada).

We also understand that this change cannot happen all at once but rather must happen gradually, with some sites offering a 3-year renewed program to start no earlier than 2027. Changes will be incremental, recognizing the dynamics of the present while preparing for the future. This includes accounting for current barriers and challenges to implementation. Any changes will also take place in parallel to the current work led by the CFPC that fights for changes to and resources for the family practice environment.

—Lawrence C. Loh MD MPH CCFP FCFP FRCPC FACPM

—Nancy Fowler MD CCFP FCFP  
Mississauga, Ont

#### Competing interests

None declared

#### References

1. Johnson T. Consult the members [Letters]. *Can Fam Physician* 2023;69:308.
2. Murray AM. Third year will erase rural medicine [Letters]. *Can Fam Physician* 2023;69:308-9.
3. Zalan P. Offer CME and accelerate licensing [Letters]. *Can Fam Physician* 2023;69:309.
4. Loh LC. Transforming training for today. *Can Fam Physician* 2023;69:72 (Eng), 71 (Fr).
5. *Preparing our future family physicians*. Mississauga, ON: College of Family Physicians of Canada. Available from: <https://www.cfpc.ca/en/education-professional-development/preparing-our-future-family-physicians>. Accessed 2023 Apr 18.

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