and the second is to ensure that those skills are being formally evaluated.

I am a first-year resident in family medicine who plans to practise in an underserviced area and who has a strong interest in procedural skills. I agree that procedural skills should be an integral and structured part of family medicine training programs and that they cannot vary by preceptor or hospital, as happens now.

I have also noticed that some procedures (eg, circumcision, vasectomy) that were once a part of family medicine are fading away. I have had a hard time finding family physicians who still perform these procedures. It is even more difficult to find physicians willing to teach them. Specialists who perform these procedures daily are not eager to teach them to out-of-specialty residents. This is a substantial problem for those who want to provide comprehensive care in a rural setting.

With respect to the proposed formal examination of procedural skills, however, I believe that in-training observations and evaluations, as are done in surgical specialties, are a more realistic and efficient way of evaluating individual procedural skills. Objective-Structured Clinical Evaluations of procedural skills can only be done on models and do not facilitate realistic procedural skills evaluation.

It is essential that the College of Family Physicians of Canada introduce standard requirements for core procedures for residency training and reintroduce optional procedures (eg, sigmoidoscopy, endoscopy) to family medicine by formally recognizing them as part of family medicine's scope of practice. Furthermore, redefined training requirements could be evaluated during training through a continuous log of procedures performed and concurrent evaluations by supervisors.

—Val E. Ginzburg, MSC, MD
Toronto, Ont
by e-mail

Reference

1. Rivet C, Wetmore S. Evaluation of procedural skills in family medicine training. *Can Fam Physician* 2006;52:561-2 [Eng], 568-70 [Fr].

What's in it for me?

I was a full-time family physician in Canada for more than 10 years, and for most of that time was a Certificant of the College of Family Physicians of Canada. I am still a Certificant, but for the last 5 years I have been a full-time palliative care physician. As such, I find myself wondering how relevant the College is to me. I do not expect articles on palliative care every month in the journal, and, in fact, I am not sure what the role of the College is for me. Are there many members in a similar situation, and if so, is the College addressing this issue?

—Mervyn Dean, MBCHB, CCFP
Corner Brook, Nfld
by e-mail

Response

The issue brought forward by Dr Dean is of utmost importance for the College of Family Physicians of Canada. The College is well aware of the contributions made by many of our members in specific areas of community need, such as palliative care, emergency care, and care of the elderly. A substantial focus of our June Board meeting was to explore how we can better support family physicians involved in focused areas of care. We looked at how to best do this in such areas as education, credentialing, continuing professional development, and advocacy.

Feedback from the meeting will be communicated to our members through messages from Drs Cal Gutkin and Louise Nasmith in *Canadian Family Physician*, in *e-News,* and on our website. Stay tuned!

—Francine Lemire, MD, CCFP, FCFP
Associate Executive Director, Professional Affairs
College of Family Physicians of Canada
Mississauga, Ont
by e-mail

Correction

In the June issue of *Canadian Family Physician,* the article by Dr Schwalfenberg on omega-3 fatty acids (*Can Fam Physician* 2006;52:734-40) contained errors in Table 3 and Figure 1. In Table 3, the first section should have showed grams of EPA, DHA, or ALA per 15 mL and the ratio of omega-3 to omega-6 fatty acids for krill oil should have been 13:1. The correct **Figure 1** appears below. *Canadian Family Physician* apologizes for these errors and any confusion or embarrassment they might have caused.

Figure 1. Data from the final report of the Lyon Diet Health Study[7]