Debates

Should family medicine residency be 3 years?

YES

François Lehmann MD FCFP

I did my postdoctoral training in 1 year and I know I'm a good physician."

I hear this on a regular basis. I, myself, am a product of the 1-year rotational internship that used to be the standard training for general practice. Who can argue, though, that family medicine has changed a great deal since then?

One of my patients, who is 82 years of age, has severe heart failure with frequent decompensation. She had a stroke, then gastritis with severe iron deficiency anemia. One week after the stroke, mobile but dysphasic, she was back home and under my care. During her brief hospitalization, one of my colleagues, a family physician, was her attending physician. Twenty-five years ago, this patient might have died. If she survived, she would have remained hospitalized for several months under the care of a neurologist and a cardiologist.

Changing times

Patients are living longer and many are developing multiple pathologies that interact with one another. Diagnostic and therapeutic possibilities have become more complex. While physicians in other specialties continue to focus on one area of specialization, family physicians assume primary responsibility for a growing number of pathologies. Their training must keep pace with these changes.

An ex-dean from Lyon, France, recently told me that many top students are choosing family medicine. In France, the training for family physicians is 3 years, which is the minimum in every industrialized nation except Canada.[1]

In 1964, when the first family medicine residency program was being established, there were many pioneers who wanted a 3-year residency. Last year, 24% of graduates of programs in Canada chose to take an additional year of training.

All residents should be offered a 3-year residency program. Upon completion of their training, they need to have mastered all of the skills inherent in the 4 principles of family medicine, as designated by the College of Family Physicians of Canada, which include the CANMED skills.

Cet article se trouve aussi en français à la **page 346.**

Pathologies are more numerous and more complex than they once were; there is a wider range of therapeutic options. Family physicians must now acquire new cross-disciplinary skills, such as management and cooperation, in addition to more traditional skills, such as scholarly learning, health promotion, and communication. Family physicians will soon be working in teams and will need to develop new interpersonal skills to weather this transition. They will need to be experts in teamwork and leadership, even when they are not patients' primary caregivers. They will be called upon to see patients with complex or undifferentiated problems and patients who have failed to respond to treatment. They will need to maintain their skills at the leading edge of modern medicine. And that's not all: in addition to maintaining the skills used in private practice, they will need to maintain expertise in the secondary care that is delivered in hospital and in emergency rooms.[2]

Our society's needs are changing and becoming more complex. Here is a telling example: in the past, we rarely spoke of palliative care. Today, family physicians need to be experts in palliative care. A 3-year residency would promote the acquisition of cross-disciplinary skills and professional maturity. A 3-year residency would not eliminate the need for professional development—physicians must continue to learn, refine their skills, and keep abreast of new developments throughout their careers. Mentorship during the early years of practice is of invaluable assistance, but it does not eliminate the benefit of having mastered the skills during residency. New family physicians should be able to embark on complex practices with the minimum amount of stress and the maximum amount of confidence. In Arizona, the number of applications to a new 4-year residency program has increased.[3]

Some will say that we must produce hard data showing that extending (or shortening) a residency produces better physicians and lowers morbidity. Did we demand hard evidence 3 years ago when the Quebec College of Physicians extended the training for internal medicine and pediatrics by 1 year? In an editorial in the *American Board of Family Practice* journal, Winter[4] reminds us that hard evidence is hard to come by. Two universities

continued on page 344

CFPlus GO

The parties in this debate refute each other's arguments in rebuttals available at **www.cfp.ca**. Go to the full text of this article on-line, click on **CFPlus** in the menu at the top right-hand side of the page. Join the discussion by clicking on **Rapid Responses**.

YES *continued from page 342*

(Marshall and Tennessee[5,6]) ran a 2-year residency program as a pilot project. The residents did better on their examinations; however, these programs only admitted a small number of residents who were older and who had better-than-average academic records.

It is time Canada understood the challenge

It is a mistake to think of the current residency program as a 2-year program. The collective agreements governing residents in Quebec have improved; residents are now allowed more than 50 working days leave per year, exclusive of sick leave.[7] The residency is barely 19 months long. When a resident is on call (every 4 days in Quebec), he or she is off the next day. This means that residents can be absent from their rotation settings for a total of 15 weeks in a year. The result? A residency of 1 year and 7 months, during which residents are only in their rotation setting for 13 months!

Thirteen months is not enough to train a physician in a specialty that, in my opinion, is one of the most complex and demanding there is! Other industrialized nations have understood the challenge. Canada's family physicians also deserve a minimum of 3 years of training.

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Competing interests
None declared

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CLOSING ARGUMENTS

- Three years is the minimum length of training for family physicians in every industrialized nation except Canada.
- Family medicine is one of the most complex and demanding specialties there is. Pathologies are more numerous and more complex than they once were; there is a wider range of therapeutic options; and family physicians must now acquire, in addition to traditional skills, new cross-disciplinary and communication skills.
- With the various forms of leave that residents are entitled to, a 2-year residency can actually be as short as 13 months.

NO *continued from page 343*

to support and reassure family physicians. A system in which each general practitioner manages his or her own professional development is another supportive measure, particularly if ongoing professional development can be accessed without financial penalty and at a reasonable cost, if it involves practice support tools that are readily available, and if it addresses needs experienced by individuals, groups, and the interdisciplinary team as a whole.

Last, let's look for a moment at the experience in France, where extending the training for front-line medicine has led to a specialization in practice in various fields, notably hospital care. This process has exacerbated the shortage of front-line medical resources, adding to the image of front-line care as the "poor cousin" of the health care system.

In Quebec, the percentage of family physicians who are active in second- and third-line care is already quite high: 39%. Our French counterparts were limited to front-line care and were not allowed to acquire the status of "hospitalists." Now that they are allowed to deliver hospital care, the shortage of staff on the front line continues to worsen. This is a pattern we see in Quebec with new family physicians who have completed extended training in a specific, narrower field.

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CLOSING ARGUMENT

- Unless we can identify some need to correct a situation that is alarming or disturbing now or later, the current length of the specific training in family medicine is adequate and sufficient.