

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

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Can Fam Physician 2023;69:308-9. DOI: 10.46747/cfp.6905308_1

Offer CME and accelerate licensing

Regarding 3-year residency,¹ 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,² and with 17.5% of survey respondents in one study planning on retiring in the next 5 years,³ 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

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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 thoughts¹⁻³ 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.⁴

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.⁴