

Are family practice graduates competent to work rurally?

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The concept that rural Canadians deserve competent physicians should not be controversial. What rural competence means is, however, subject to interpretation. The College of Physicians and Surgeons of Ontario (CPSO) has, in an unprecedented move, declared that new family practice graduates (with the exception of those with extra emergency department training or in situ rural training) are inadequately competent to work in rural emergency departments without mentoring.¹ That certainly declares as a lie the assertion that current family practice training, regardless of site, yields stem cell physicians capable on graduation of working anywhere in the country.

Experience does count. Many physicians feel unprepared for practice when they have to deal with the reality of being the attending physician. That's not incompetence. Indeed, if a new graduate is *not* slower and does not at least *ask* for a corridor consultation in the first months of independent practice, it raises questions about his or her insight.

A blanket condemnation of (urban) family practice training for rural practice (that includes emergency department work) is harsh. There are many problems with this.

- First of all, where's the evidence? After all, it's not a new development that rural emergency care is provided (for the most part) by doctors without additional training beyond standard family practice residency.

- It may be un-Canadian to ask, but why is the CPSO stipulating that urban family practice programs need to have "substantive" emergency department training? Does the college have either jurisdiction or expertise in postgraduate training?
- Left unspoken are questions about new graduates' competence in inpatient work, geriatrics and intrapartum obstetrics. Are these also not competencies that are needed rurally and, at least from a distance, may appear to be poorly covered in urban family practice residency training?

This is a wake-up call. A successful family practice graduate needs to be able to practise in rural Canada without question. The rural public is ill served by the chill this gives family practice trainees, especially if there is no evidence of a problem.

Family practice training needs to define competencies in *all* the realms of rural (and urban) practice and to be able and willing to defend the adequacy of training to medical licensing boards, the residents themselves and the rural public. If that can't be done, we need a rural college to define a curriculum of our own. Canadians deserve no less.

REFERENCE

1. College of Physicians and Surgeons of Ontario. Expectations of physicians not certified in emergency medicine intending to include emergency medicine as part of their rural practice changing scope of practice process. 2018. Available: www.cpso.on.ca/CPSO/media/documents/Policies/Policy-Items/Expectations-Physicians-Emerg-Med-Rural-Practice.pdf (accessed 2018 May 24).