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## **■** *Publisher's Page*

### **Licensure: Competence to do what?**

**R**ecently I have spent 2 half-days listening to debates on whether 2 years of postgraduate training should be required for licensure for medical practice. The first session, sponsored by the CMA at its recent annual meeting, was intended to be an open discussion of the issues by the interested parties. The second, more formal session, at the annual meeting of the Association of Canadian Medical Colleges, made it clear to me that the various positions had not softened one whit.

The issue can be briefly stated. The licensing authority in Alberta has for several years required medical graduates to have at least 2 years of postgraduate training for licensure. The sister body in Quebec instituted the same regulation in July 1988 and has mandated only two routes to licensure — through certification as a family physician or as a specialist. Saskatchewan is soon to follow, and the other provinces are contemplating similar moves. Obviously, even now physicians can no longer be assured that their postgraduate training in one province will be sufficient to enable them to practise in another.

More crucial, however, is the fear that medical graduates will eventually be required to take specific training in family or specialty practice to gain a licence to practise. If the family medicine and specialty authorities can, as they insist, control entrance into their respective programs, recent medical school graduates might fail to gain entrance to any post-

graduate program even though they had acquired an MD degree. Furthermore, this two-stream system would seem to make it very difficult for trainees in one program, for whatever reason, to move to the other. Hence, some factions are adamant that a third stream of postgraduate training be available so that graduates could still practise general medicine after 2 years' training without meeting the certification requirements for either family or specialty practice.

There are many additional underlying concerns; for example, the interns and residents worry about the additional burden of another year of training in an already lengthy program, and the administrators worry about how their hospitals will be adequately staffed. But it seems to me that the final question is whether medical graduates who have satisfactorily completed neither a family practice nor a specialty program are competent to be issued a general licence to practise. Proponents of the so-called third stream must face the inevitable challenge of specifying the competencies that the third-stream graduates should have, designing ways of certifying that these competencies are met and then proving that third-stream graduates are fit to practise general medicine. Is 2 years of relatively undefined postgraduate training enough?

**Bruce P. Squires, MD, PhD**  
Scientific editor