

Authors' Response

Bart J. Harvey, MD, PhD, FRCPC, Lawrence C. Loh, MD, MPH, FRCPC

We thank Corber,¹ Dunkley² and Moloughney³ for their thoughtful responses to our commentary,⁴ with each further expanding the understanding and appreciation of public health medicine's past, current and future place in Canada. We particularly appreciate Moloughney's highlighting the current lack of available data concerning the number, distribution and practice of public health medical specialists across Canada. This lack of data has motivated one of us (BJH) to submit for publication a health human resource survey undertaken in 2006 in response to the Naylor Report⁵ by the Canadian National Specialty Society for Community Medicine (now known as Public Health Physicians of Canada).

Equally important, all three respondents also discuss the role and relevance of family medicine training and practice in the context of the training and practice of public health and preventive medicine specialists. While the inter-relationship between primary care and public health has been of long-standing interest, it took on new importance in 1994 when the ability of already-licensed physicians to "re-enter" postgraduate medical (i.e., residency) training was sharply reduced. This occurred one year after the medical specialty of Community Medicine (Public Health & Preventive Medicine's former name) was designated as a primary entry residency program. As a result of this change, beginning in 1994 almost all trainees admitted to Community Medicine have come directly from medical school, resulting in a marked shift in those applying to Community Medicine Residency Programs from already-licensed physicians with clinical experience to those who had just graduated from medical school.

As a result of this dramatic change, Community Medicine Residency Programs were forced to re-evaluate their ability to attract a sufficient number of suitable trainees each year. As Dunkley notes, this motivated the vast majority of Canada's Community Medicine Residency Programs to collaborate with the Family Medicine Residency Program at their university to permit interested Community Medicine residents to pursue the *option* of meeting the requirements of the CCFP (Certification of the College of Family

Physicians of Canada) during their Community Medicine Residency Program. For programs, the importance of providing this option was highlighted by the 1996 suspension of admissions to the University of Ottawa's Community Medicine Residency Program, which did not attract a sufficient number of suitable applicants, partly due to an inability to offer Family Medicine training opportunities.

We agree that addressing wider health determinants requires public health and preventive medicine physicians to develop a population health skill set along with acumen in building coalitions with diverse strategic partners. However, dual certification in both Family Medicine and PHPM, pursued by the vast majority of those who have entered PHPM residency training since 1994, accounts in great part for the primary care–public health tension described by Corber. Further, while Dunkley suggests that dual-certified PHPM specialists eventually phase out their clinical practice to enable a greater focus on public health practice, we are unaware of any data that empirically document such a shift.

In the absence of foreseeable (and feasible) alternatives, it appears that PHPM programs will need to continue to offer this dual-certification option to maintain their competitiveness in attracting a sufficient number of suitable medical graduates to the specialty each year, with the resulting creative tension and emphasis regarding primary care–public health linkages anticipated to continue.

REFERENCES

1. Corber S. Medical officers of health, public health and preventive medicine specialists, and primary care physicians: How do they fit? *Can J Public Health* 2013;104(2):e111-e112.
2. Dunkley G. The specialist public health and preventive medicine physician: System roles and training challenges. *Can J Public Health* 2013;104(2):e113-e114.
3. Moloughney BW. Public health medicine, public health practice, and public health systems. *Can J Public Health* 2013;104(2):e115-e116.
4. Loh LC, Harvey BJ. A look to the past as we look ahead: The specialty of public health medicine in Canada. *Can J Public Health* 2013;104(2):e108-e110.
5. National Advisory Committee on SARS and Public Health. Public Health Human Resources. Chapter 7 in *Learning from SARS: Renewal of Public Health in Canada* (The Naylor Report). Ottawa, ON: Public Health Agency of Canada, 2003.

Author Affiliations

Dalla Lana School of Public Health, University of Toronto, Toronto, ON