



CAME Voice/Voix

Reform in post-graduate entry disciplines: principles for their assessment at the national level

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Resident Doctors of Canada (RDoC) recently published the report “*Principles on Entry Disciplines and Framework for Medical Education Reform*”. The report offers a background on the state of post-graduate entry disciplines, as well as identifying guiding principles for their assessment at a national level. Canadians fund medical education with the expectation that postgraduate trainees will practice medicine and provide services that meet their needs. It is not clear that the current mix and distribution of entry-level disciplines optimally supports Canadian healthcare needs. As such, RDoC asks that *social accountability* guide the allocation of entry disciplines and residency positions.

Traditionally, the creation and maintenance of entry disciplines and subspecialties is the jurisdiction of the Royal College of Physicians and Surgeons (RCPSC) and the College of Family Physicians of Canada (CFPC) without input from government or national medical organizations. RDoC calls for more *co-ordination of decisions* between national health human resource planning organizations, and those determining entry-level discipline composition. To that end it proposes the creation of a national, pan-Canadian taskforce that should include medical learner organizations, the Royal College, the CFPC, and representatives from all levels of government.

RDoC report also points out the disconnect between post-graduate medical education (PGME) curricula and a desire to promote *versatility* and *generalism* in training. With the loss of the rotating internship year, medical students are making career decisions earlier than ever before. The report urges for increased flexibility in transfer policies, the ability to join second residency programs, or to challenge national exams if doing so would address societal healthcare needs. Finally, RDoC suggests that many current rotation structures emphasize concepts and skills that encourage continued subspecialization, rather than equipping graduates with the diversity of skills and experiences that would serve them in locations and settings where they are most needed. Including more generalized training in diverse environments would promote employability in training programs. RDoC calls for the use of national work force data and population needs to guide curriculum reform. In summary, PGME entry disciplines, and their ability to serve the needs of the Canadian health care system, need to be continually re-evaluated to ensure they are aligned with societal and patient needs.

The position paper can be accessed online at: <http://residentdoctors.ca/publications/position-papers/>