



Principles for Entry Discipline Reform in Medical Education

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THE CURRENT STATE OF ENTRY DISCIPLINES IN CANADIAN MEDICAL CARE & EDUCATION

The number of entry disciplines (ie, the training programs medical students enter at the start of residency) for postgraduate medical students in Canada has increased steadily since the 1950s. Today, the number of disciplines and subspecialties available to postgraduate trainees includes 29 Royal College specialities, 36 subspecialties, and 16 diploma areas, as well as 19 areas of enhanced skills in Family Medicine.

Entry disciplines have a profound societal impact within health care, where resident doctors serve a dual role as both postgraduate trainees and health care providers. The mix of disciplines ultimately guides the supply of physicians in different specialties and locations across the country.

WHY REFORM TO ENTRY DISCIPLINES IS NEEDED

The current system of entry disciplines does not produce a physician workforce that best serves the needs of Canadian patients. In particular, postgraduate medical education (PGME) curricula – and specifically, clinical rotations – has become increasingly focused on specialization, whereas generalism and versatility is required to optimally serve the needs of Canadians.

Residents must complete mandatory rotations to be deemed competent to practice in their chosen field. Certain rotation structures emphasize concepts and skills that encourage continued subspecialization over the course of residency; however, this can hinder the development of generalism in practice. Graduates may therefore not be equipped with the diversity of skills and experiences they need to serve in locations and settings where they are most needed.

RESIDENT DOCTORS OF CANADA PRINCIPLES & RECOMMENDATIONS FOR REFORM

RDoC has developed four guiding principles and a comprehensive set of calls to action for medical educators, health authorities, and governments to consider when discussing entry disciplines and medical education reform.

1. **Social Accountability** should drive decision making about entry disciplines and specialization, and service requirements at academic centres should not be used to

determine either entry discipline positions or mandatory residency rotations.

Primary Call for Action: Allocate entry disciplines and residency positions on the basis of societal need, and train residents to have a sufficiently diverse skillset that promotes employability and meets the needs of the patient population.

2. **Coordination of Decisions Regarding Entry Disciplines** is necessary between the Royal College, CFPC, and all other stakeholders, with the goal of ensuring that PGME curricula and residency rotations are determined with an education focus that serves the needs of residents' future practice populations.

Primary Call for Action: Establish a national, pan-Canadian task force to examine the current mix of entry and subspecialty disciplines and work in conjunction with the national Physician Resource Planning Task Force (PRPTF) so that no single organization mandates their creation, maintenance, or removal.

3. **Versatility** is critical in residency training, enabling medical students and residents to acquire exposure to and experience in all fundamental clinical rotations. Postgraduate training programs should ensure all residents can access training opportunities in diverse learning environments relevant to future intended areas of practice, including community and rural settings.

Primary Call for Action: Create more structured and coordinated transfer policies among postgraduate training programs to enable flexibility in residency training and capacity to respond to population need.

4. **Relevance to Future Practice** should guide PGME curricula, and residents interested in broad-community-based practice should not be required to complete large numbers of rotations in subspecialized, tertiary academic settings.

Primary Call for Action: Reform postgraduate training programs so that rotations are determined based on the needs of residents' future practice populations.

For more detailed background on these issues and the complete set of calls to action, our position paper "[Principles on Entry Disciplines and Framework for Medical Education Reform](#)" can be downloaded at residentdoctors.ca.