Resident Doctors of Canada | Médecins résidents du Canada

Principles on Entry Disciplines and Framework for Medical Education Reform

Resident Doctors of Canada Practice Committee

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Background and Purpose

The number of entry disciplines (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

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 – have become increasingly focused on specialization, whereas generalism and versatility is required to optimally serve the needsof Canadians. 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.

Principles and Recommendations for Reform

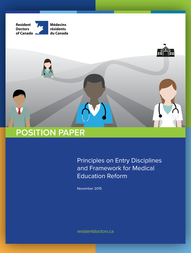
To promote a training system that produces the right mix and distribution of doctors to serve the needs of Canadian patients, Resident Doctors of Canada (RDoC) has developed a set of Principles for medical educators, health authorities and governments regarding entry disciplines and medical education reform. Listed below are the 4 principles and their primary calls for action:

Principle 1
Social Accountability

- Allocate entry disciplines and residency positions on basis of societal need
- Train residents to have a sufficiently diverse skillset that promotes employability and meets needs of patient population

Principle 2
Coordination of Decisions Regarding Entry Disciplines

- Establish a national, pan-Canadian task force to examine the current mix of entry and subspecialty disciplines
- Work in conjunction with the PRPTF so that no single organization mandates their creation, maintenance, or removal



Principle 3
Versatility in Residency Training

- Create more structured and coordinated transfer policies among postgraduate training programs to enable flexibility in residency training and capacity to respond to population need

Principle 4
PGME Curricula Most Relevant to Future Practice

- 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**.

Conclusion

It is incumbent on the postgraduate training system to develop the right mix, type and distribution of physicians to keep the Canadian healthcare system functioning as efficiently as possible. With these suggested principles, RDoC believes that the mix of PGME entry disciplines, and their ability to serve the needs of the Canadian health care system, must be continually re-evaluated to ensure they are aligned with societal and patient needs, adequate generalism skills, and practice and career flexibility.