Entry Disciplines and Medical Education Reform
Physician Resource Planning Planning Advisory Committee

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Role and importance of Entry Disciplines

Entry level disciplines are the training programs medical students enter at the start of residency.

Why are they so important?

- Access to medical care
- Guides physician mix, type, distribution
Role and importance of Entry Disciplines

Maudsley Report 1996

“The primary objective of specialist postgraduate medical education is to prepare an appropriate number and mix of consultant physicians and surgeons, with the requisite knowledge, skills and attitudes to meet the needs of Canadian society.”
What led to the current situation?

- Growth in entry disciplines
  - 1929: General Medicine and General Surgery
  - 1954: Family Medicine
- Today: more than 80 certified Royal College specialties (29), subspecialties (36), and areas of focused competence, and 19 areas of enhanced skills in Family Medicine.
Why is this a problem?

Continued growth in #s of entry disciplines raises a number of **significant concerns:**

- Limited coordination, accountability
- Unable to meet societal needs
- Specialization > generalism
- Limited diversity in practice settings
- Service > future population needs
- Limited flexibility
Of particular concern to residents

- Disconnect between training and practice
- Specialized training but practice needs diverse skills

**Bottom line:** The current system of entry disciplines does not produce a physician workforce that best serves the needs of Canadian patients.
Working towards a solution

- RDoC position and advocacy
- Principles on Entry Discipline and Framework for Medical Education Reform
- Continual re-evaluation
Principles and Calls to Action

1. Social Accountability
   - Societal need
   - Diverse skillsets
   - Evaluative process
Principles and Calls to Action

2 Coordination of Decisions

- National, pan-Canadian task force
- Collaboration
- Independent from specialty designation
- National surveys
Principles and Calls to Action

Versatility

- Transfer policies
- Community settings
- Generalist exposure
- Re-entry
- Generalist curricula
Principles and Calls to Action

4 Relevance to Future Practice

- Rotations reflect population needs
- Diverse learning environments
- Career planning and mentorship
- Continual curricula evaluation
Moving forward

- Align training with patient needs
- Presentations/meetings with stakeholders
- January 2017: National Task Force on Entry Level Disciplines
Questions for PRPAC

- Thoughts on RDoC principles?
- Which disciplines meet projected societal needs?
- Which disciplines have difficulty securing practice opportunities?
- Does early specialization influence patient outcomes?
- Does early specialization influence access to care in rural/remote regions?
Questions?