

**Resident
Doctors
of Canada**



**Médecins
résidents
du Canada**

Entry Disciplines and Medical Education Reform

Physician Resource 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

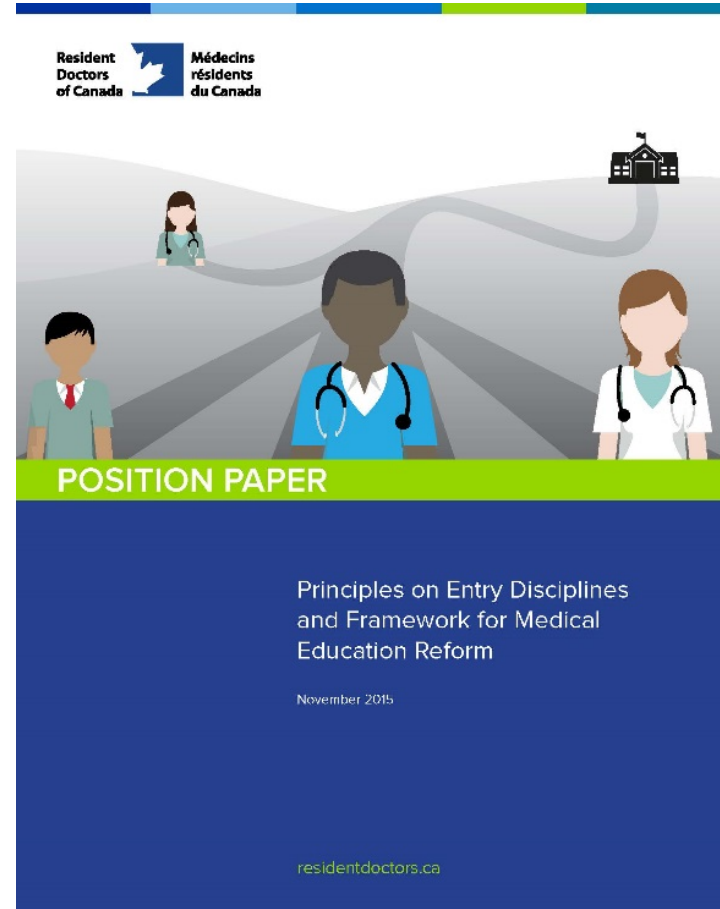
Of particular concern to residents

- ▶ 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

3

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?

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