



THE ASSOCIATION OF FACULTIES
OF MEDICINE OF CANADA

L'ASSOCIATION DES FACULTÉS
DE MÉDECINE DU CANADA

TRANSITION TO RESIDENCY

CALL TO ACTION

October 2018

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ABOUT AFMC

The Association of Faculties of Medicine of Canada (AFMC) represents the country's 17 faculties of medicine and is the national voice for academic medicine. Our organization was founded in 1943 and functions to support individually and collectively Canada's medical schools through promotion of medical education, research, and clinical care.

EXECUTIVE SUMMARY

It is the duty of our Canadian medical schools to cultivate socially accountable programs and a national system of healthcare delivery that is responsive to the needs of the Canadian population over time. Collectively, we must address challenges that impact both individual learners traversing the education continuum and the general public, at the receiving end of patient care by these future physicians.

To this end, the AFMC Board of Directors struck an Ad Hoc Committee on Transitions to Residency to deliver recommendations for action to address challenges faced by the medical education community with specific regards to the matching process, electives diversification and entry routes to residency. The Ad Hoc Committee was tasked to identify processes where a formalized national approach could be effectively delivered and to make recommendations for timely action that address the issues at hand. Critical perspectives were brought together to form the Ad Hoc Committee, including representatives of the AFMC Board and Deans of Medicine and members of the AFMC Committees (see appendix II for complete list of Committee members).

Three key challenges were assessed by the Ad Hoc Committee, their deliberations informed by the broad consultations across our medical education community which have been building progressively toward identifying improvements and recommendations for procedural or systemic change. After due consideration, the Ad Hoc Committee has taken three positions and makes the following recommendations to the AFMC Board in order to improve the effectiveness of transitions to residency in medical education:

AFMC Ad Hoc Committee on Transitions to Residency Positions

1) Electives Diversification is Necessary for Broader Career Path Exposure

- i. The AdHoc Committee recommends that the AFMC Board support a national capping of student elective opportunities in any single entry-level discipline, with details to be determined by the Undergraduate Medical Education (UGME) Committee in discussion with individual Faculties of Medicine. Further, the AFMC Board should receive the final recommendation on electives diversification from the UGME Committee in time for its April 2019 Board meeting.

2) Deliver an Effective Match Process to Reduce Unmatched Canadian Medical Graduates (uCMGs)

- i. The Ad Hoc Committee recommends increasing advocacy efforts to advance the implementation of the uCMG report recommendations, both by the Deans within their jurisdictions, and by AFMC both at the federal and provincial level, as appropriate, in collaboration with the Deans.

- ii. The AFMC should provide support in the creation and dissemination of communications for government officials and is further well positioned to deliver national benchmarking information and provincial or regional level information that will provide evidence of the crisis at hand.
- iii. The AFMC should continue to support public discourse on this issue with a clear and consistent message for a national vision of how we can address societal needs in our future physician resource planning. This work needs to be undertaken in collaboration with funders, policy and decision makers and be grounded in our collective and competent vision for physician training.

3) Align Entry Routes with Societal Needs

- i. The Ad Hoc Committee recommends that the AFMC engage directly with all stakeholders to determine potential adjustments to entry-routes to meet societal needs.

It is the view of the Ad Hoc Committee that our next critical step will be to engage with funders across Canada to work together on the implementation of these recommendations.

The AFMC must continue to advocate strongly and disseminate widely our collective vision for meaningful changes that will improve the effectiveness of transitions for medical students moving into residency.

PREAMBLE

The Canadian medical education system prepares physicians for practice. As the stewards of medical education we must ensure effective transitions from Undergraduate Medical Education (UGME) into Postgraduate Medical Education (PGME), within PGME and from PGME into practice.¹

The [Future of Medical Education in Canada Postgraduate \(FMEC PG\) report](#) calls for collective action to address issues in the transition from medical student to resident. Specifically, the report flags key challenges facing the medical education community, and the impact inaction has on both individual learners traversing the education continuum and the general public, at the receiving end of patient care by these future physicians.

Though significant strides have been made since the 2012 Report to improve transitions to residency, areas of concern remain for the AFMC. The significant increase in the number of unmatched Canadian medical graduates (uCMGs) in the last few years led the AFMC to commission and publish a Report on “Reducing the Number of Unmatched Canadian Medical Graduates” in January 2018.

The AFMC Board agreed that an Ad Hoc Committee on Transition to Residency should be formed to study these issues and deliver a Position Paper on the AFMC’s position with specific regards to the matching process, electives diversification and entry routes to residency outlining processes where a more formalized national approach could be reached and recommendations for addressing the issues at hand in time for their fall 2018 meeting. The extent of consultations within our medical education community – in particular with postgraduate and undergraduate, student affairs as well as learners is not only greatly appreciated in order to inform the Board on these issues in a fulsome manner but also reflected in the make-up of the Ad Hoc Committee to garner these critical perspectives.

CULTIVATING SOCIAL ACCOUNTABILITY

In considering the issues related to transitions to residency, the Working Group has specifically taken an approach of social accountability of our medical schools, prioritizing recommendations that center on the organization’s commitment to the healthcare needs of Canadians.

“[Medical Schools have] the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public.”²

Over the past two decades, AFMC as the collective voice for academic medicine in Canada has weaved this critical commitment throughout all its activities. It is of the utmost importance that this vision for a socially accountable system of healthcare delivery be at the forefront of how we approach our duties to conduct undergraduate, postgraduate, and continuing medical education and the training of future physicians.

¹ Recommendation 5 of The Future of Medical Education in Canada (FMEC) Postgraduate Report; https://www.afmc.ca/future-of-medical-education-in-canada/postgraduate-project/phase2/pdf/FMEC_PG_Final-Report_EN.pdf

² World Health Organization, 1995

It is the particular role of medical schools to produce a well-trained and appropriate generalist: specialist mix of practitioners that will meet the needs of the Canadian healthcare system. Medical schools play a leadership role in achieving this vision, in particular, through the following notable actions:

- The development of a clear and shared vision of the health care system and of the health care providers of the 21st century;
- The optimal preparation of future practitioners to respond to population needs;
- The establishment and promotion of innovative practice patterns to better meet individual and community needs;
- The reinforcement of partnerships with other stakeholders, including academic health centres, governments, communities and other relevant professional and non-professional organizations; and,
- Advocacy for the services and resources needed for optimal patient care.³

These overarching directives are the basis and essential motivator for the collaborative action of Canadian medical schools to cultivate socially accountable programs and a national system of healthcare delivery that is responsive to the needs of the Canadian population over time. Through this lens of social accountability, this report examines current challenges in our system where our involvement is imperative.

ISSUES

1) Electives Diversification is Necessary for Broader Career Path Exposure

BACKGROUND

Although the original purpose of electives has been to enable students to seek clinical experiences in a wide variety of disciplines to broaden their knowledge, they are currently perceived by students as a tool to help with their match applications. Students quite disparately have sought to obtain a wide variety of experiences through their electives or to devote their electives time entirely to one specialty or training location. Currently, the number of weeks available for electives varies greatly across the country, ranging from 12 to well over 20 weeks.

In April 2018, the AFMC Undergraduate Medical Education (UGME) Committee⁴ gained consensus on the following principle:

Undergraduate programs recognize their dual responsibility to ensure students undertake a full educational experience that prepares them for any potential career choice, while also optimizing their ability to engage the increasingly competitive postgraduate match process. Undertaking elective experiences exclusively in a single discipline is pedagogically unsound and fails to provide students with a full exposure to potential career options. Consequently, we commit that, beginning with the Class of 2021, student elective opportunities cannot exceed a maximum of 8 weeks in any single entry-level discipline.

³ Social Accountability – A Vision for Canadian Medical Schools. Health Canada, Canada, 2001.

⁴ UGME Committee membership includes the undergraduate (UG) deans across the 17 Faculties of Medicine in Canada

This principle was also shared with the AFMC Postgraduate Medical Education (PGME) Committee, where the postgraduate deans were given the opportunity to consider the above principle, and were supportive.

Currently, the details of a national cap on total elective experience in any single entry-level discipline are being discussed further by the UGME Committee in consultation with individual Faculty of Medicine Curriculum Committees.

POSITION

The AdHoc Committee recommends that the AFMC Board support a national capping of student elective opportunities in any single entry-level discipline, with details to be determined by the UGME Committee in discussion with individual Faculties of Medicine. Further, the AFMC Board should receive the final recommendation on electives diversification from the UGME Committee in time for its April 2019 Board meeting.

2) Deliver an Effective Match Process to Reduce Unmatched Canadian Medical Graduates (uCMGs)

BACKGROUND

In January 2018, the AFMC released a report advocating for collective action to address the crisis of unmatched graduates of Canadian Medical Schools.⁵ The report laid out ten recommendations to alleviate some of the key contributing or compounding factors influencing match outcomes.

At the end of the 2018 resident match, an alarming 115 current year medical graduates went unmatched. This number includes 46 students who withdrew after being unmatched at the end of the first iteration and 69 who were unmatched after the second iteration. This number has been growing steadily since 2009, where at that time only 11 students went unmatched. A total of 54 prior year graduates were also unmatched after two iterations.

Data modelling in January 2018 based on current match factors (i.e. no changes in number of graduates, Postgraduate Year (PGY)1 positions, matching patterns, current match rules, etc.) indicates that **by 2021 the number of current year unmatched CMGs is projected to exceed 140 while prior year unmatched CMGs will exceed 190. Preliminary review of projections at the end of the 2017-18 academic year indicate that these numbers will be minimally affected by the few policy changes described below.**

AFMC uCMG Report Recommendations and Implementation Update

Ensure Sufficient Entry into the System

⁵ AFMC uCMG Report: Reducing the Number of Unmatched Canadian Medical Graduates: A Way Forward; <https://afmc.ca/publications/reducing-number-unmatched-canadian-medical-graduates>

1. *That provincial funders collectively work to increase the number of residency positions for Canadian medical graduates to return to a minimum national ratio of 1.1 entry PG positions for every current year Canadian medical graduate, aligned with population health needs.*

Implementation Update: Supernumerary positions were made available after the final match results were released in 2018, in support of uCMGs, and include the following:

Ontario has offered 53 one-time, supernumerary positions in generalist specialties to Ontario medical students with a return of service requirement. The 33 students who applied for these positions were successfully matched.

Nova Scotia has confirmed 10 new positions for family medicine for 2019 with 15 positions in a variety of specialties (not necessarily entry specialties), to any Canadian medical student, to be determined.

The Canadian Armed Forces offered funding for over 30 positions in family medicine to any Canadian medical student with over a dozen positions being made available by family medicine programs based on their capacity. Five applicants completed their medical and security clearance in time for a July start with three to four more likely starting later in the summer. These positions require a return of service.

Changes to Match Processes

2. *Maintain the separation of Canadian medical graduate and international medical graduate streams in the 2nd iteration of the resident match.*

Implementation Update:

To our knowledge, no provinces have taken a position on this recommendation to date.

Support for Unmatched Canadian Medical Graduates

3. *That faculties take responsibility for creating appropriate structures, policies and procedures to enable them to support their unmatched Canadian medical graduates, including but not limited to, access to electives and to extensive Student Affairs Office guidance.*
4. *That faculties report back to the AFMC Board of Directors on the successful implementation of their support processes by October 2018.*

Implementation Update:

The UG/SA Deans have completed the report which was received by the AFMC Board.

Implementation of Best Practices in Applications and Selection

5. *The AFMC endorses the Best Practices in Applications and Selection (BPAS) Report and recommendations.*
6. *That Faculties report back to the AFMC on their successful implementation of the BPAS recommendations by October 2018.*

Implementation Update:

The PG Deans have completed the report which was received by the AFMC Board.

- 7. The AFMC supports efforts to improve alignment between, and transitions from, undergraduate to postgraduate programs.*

Implementation Update: Work on Electives Diversification (see above) and Entry-Routes to Residency (see below) are important potential contributions to this recommendation.

Improve Flexibility for Residents to Transfer from One Program to Another

- 8. That provincial funders work on creating a dedicated pool of positions each year to ensure flexibility for transfers from anywhere in Canada.*
- 9. The AFMC supports working on a proposal for a pan-Canadian transfer system for residents.*

Implementation Update: AFMC has ramped up advocacy efforts in support for transfer of residents. In particular, AFMC is exploring opportunities to implement a proposed system that will accommodate medical school graduate transfers across Canada. This new, pan-Canadian transfer system would establish a dedicated pool of positions each year that ensure flexibility for transfers between programs and enable implementing a policy change such that previously matched residents no longer use the Resident (R)1 match to transfer into another program.

Pan-Canadian Planning

- 10. The AFMC supports the facilitation of pan-Canadian planning and is committed to the principle of preserving the integrity and fairness of a national match.*

Implementation Update:

As co-chair of the Physician Resources Planning Advisory Committee (PRPAC)⁶, AFMC continues to work collaboratively to provide the opportunity for stronger pan-Canadian collaboration in support of common physician human resource priorities; to inform and assist jurisdictions in physician resource planning and decision-making; and, to support proactive efforts to align supply, mix and distribution to meet the changing health care needs of the population they serve. The PRPAC will be approving the pan-Canadian needs based planning tool and determining governance and hosting of the tool within the next year. The PRPAC has also been engaged in the work on the match and uCMGs and has been updated on the activity of the Entry-Routes Working Group.

POSITION

The Ad Hoc Committee recommends increasing advocacy efforts to advance the

⁶ The Physician Resources Planning Advisory Committee (PRPAC) is a pan-Canadian and broadly representative committee reporting to the Federal/Provincial/Territorial (F/P/T) Committee on Health Workforce (in turn reporting to the F/P/T Conference of Deputy Ministers), working in collaboration with other relevant stakeholders.

implementation of the uCMG report recommendations, both by the Deans within their jurisdictions, and by AFMC at the federal level as well as at the provincial level, as appropriate, in collaboration with the Deans.

AFMC should provide support in the creation and dissemination of communications for government officials and is further well positioned to deliver national benchmarking information and provincial or regional level information that will provide evidence of the crisis at hand.

AFMC should continue to support public discourse on this issue with a clear and consistent message for a national vision of how we can address societal needs in our future physician resource planning. This work needs to be undertaken in collaboration with funders, policy and decision makers and be grounded in our collective and competent vision for physician training.

3) Align Entry Routes with Societal Needs

BACKGROUND

Since the FMEC PG 2012 Report was released with recommendations calling for effective integration and transitions along the educational continuum, several attempts at achieving consensus on a way forward have been made. The AFMC has recently joined forces with Resident Doctors of Canada (RDoC) to co-chair a working group to review and develop a proposed framework for potential changes to the current entry routes to medical training.

Entry routes, for these purposes, are defined as any field of medical training that can be entered directly from medical school. This is different than disciplines, which are defined by the Royal College of Physicians and Surgeons of Canada (RC), College of Family Physicians of Canada (CFPC), and Collège des médecins du Québec (CMQ).

There are currently 30 Entry Routes in Canada.⁷

Principles and Common Goals⁸ established by the Entry Routes Working Group

The purpose of medical school is to produce competent graduates who are ready to enter any entry-level residency program. Medical student career decisions should be well informed by career counselling and exposure to generalist specialties including family medicine. Medical students should only have to choose from disciplines they are reasonably expected to be exposed to during medical school.

The number of entry routes to residency, funded by provincial governments, should be based on our collective responsibility to be accountable to the populations we serve. Residency selection processes should be fair, transparent and standardized. Residents should have options for adjustment to their career trajectory to better respond to changes in workforce

⁷ See full list of Entry Routes in Canada in Appendix III

⁸ Entry Routes Backgrounder – Transition to Residency: A Way Forward

opportunities. In general, residency training should not be extended beyond the current duration such that proposed changes not require increased funding.

Fundamental Issue: Societal Need

The mix of entry routes ultimately guides the supply of physicians in different specialties and locations across the country.⁹ In order to meet societal needs, monitoring and modification of entry routes over time is imperative. Support in principle for generalism as a requirement to optimally serve the needs of Canadians exists, but in practice PG training is increasingly focused on specialization.

Although the AFMC is currently engaged in co-leading the Entry-Routes Working Group, these conversations have been difficult to move forward.

POSITION

The Ad Hoc Committee recommends that the AFMC engage directly with all stakeholders to determine potential adjustments to entry-routes to meet societal needs.

⁹ Principles on Entry Disciplines and Framework for Medical Education Reform – RDoC November 2015;
https://residentdoctors.ca/wp-content/uploads/2017/09/CCME_Poster_Entry_Disciplines_final.pdf

RECOMMENDATIONS

After due consideration of the extensive consultations and analysis undertaken across the medical education community – in particular, taking into account the critical perspectives of UG, PG and Student Affairs offices as well as learners – the Ad Hoc Committee on Transitions to Residency recommend that the following positions and recommendations be approved by the AFMC Board and implemented expeditiously in order to improve the effectiveness of transitions to residency in medical education:

1. Electives Diversification is Necessary for Broader Career Path Exposure

- i. The AdHoc Committee recommends that the AFMC Board support a national capping of student elective opportunities in any single entry-level discipline, with details to be determined by the UGME Committee in discussion with individual Faculties of Medicine. Further, the AFMC Board should receive the final recommendation on electives diversification from the UGME Committee in time for its April 2019 Board meeting.

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CONCLUSION

It is the duty of our Canadian medical schools to cultivate socially accountable programs and a national system of healthcare delivery that is responsive to the needs of the Canadian population over time. Collectively, we must address challenges that impact both individual learners traversing the education continuum and the general public, at the receiving end of patient care by these future physicians. To this end, our next critical step will be to engage with funders across Canada to work together on the implementation of the recommendations contained within this report.

AFMC must continue to advocate strongly and disseminate widely our collective vision for meaningful changes that will improve the effectiveness of transitions for medical students moving into residency.

APPENDIX I – DEFINITIONS

AFMC: Association of Faculties of Medicine of Canada The AFMC represents Canada's 17 faculties of medicine and is the voice of academic medicine in Canada.

CFPC: College of Family Physicians of Canada

CMQ : Collège des médecins du Québec

IMG: International medical Graduate

CMG: Canadian Medical Graduate

Entry Routes: any field of medical training that can be entered directly from medical school. This is different than disciplines which are defined by the Royal College, CFPC and CMQ.

Entry Disciplines: The Royal College, CFPC and CMQ define the requirements for specialty education in areas of medical, surgical, and laboratory medicine. Disciplines fall under specialties.

NRMP US National Resident Match Program

uCMG: unmatched Canadian Medical Graduate

UGME: Undergraduate Medical Education

PGME: Postgraduate Medical Education

PRPAC: Physician Resource Planning Advisory Committee

RC: Royal College

RDoC: Resident Doctors of Canada

SA: Social Accountability

SA: Student Affairs

APPENDIX II – AD HOC COMMITTEE ON TRANSITION TO RESIDENCY MEMBERSHIP

Dr. Jesse Kancir, Chair of the AFMC AdHoc Committee on Transition to Residency, AFMC Board of Directors Public member

Dr. David Eidelman, AFMC Board of Directors member and Dean McGill University

Dr. PG Forest, AFMC Board of Directors member

Dr. Paul O’Byrne, AFMC Board of Directors member and Dean McMaster University

Dr. Margaret Steele, AFMC Board of Directors member and Dean Memorial University of Newfoundland

Dr. Ross Walker, AFMC Committee on PGME member and Associate Dean, Postgraduate Medical Education, Queen’s University

Dr. Beth Ann Cummings, AFMC Committee on UGME co-chair and Associate Dean, Undergraduate Medical Education, McGill University

Dr. Melanie Reed, AFMC Committee on Student Affairs member, Assistant Dean, MD Undergraduate Student Affairs, UBC

Ms Melissa Shahin, AFMC Director of Operations and Strategic Affairs

Dr. Geneviève Moineau, AFMC President and CEO

APPENDIX III – CURRENT 30 ENTRY ROUTES

1. Anatomical Pathology
2. Anesthesiology
3. Cardiac Surgery
4. Dermatology
5. Diagnostic Radiology
6. Emergency Medicine
7. Family Medicine
8. General Surgery
9. General Pathology
10. Hematological Pathology
11. Internal Medicine
12. Medical Genetics and Genomics
13. Medical Microbiology
14. Neurology
15. Neurology - Pediatric
16. Neuropathology
17. Neurosurgery
18. Nuclear Medicine
19. Obstetrics and Gynecology
20. Ophthalmology
21. Orthopedic Surgery
22. Otolaryngology - Head and Neck Surgery
23. Pediatrics
24. Physical Medicine & Rehabilitation
25. Plastic Surgery
26. Psychiatry
27. Public Health and Preventive Medicine
28. Radiation Oncology
29. Urology
30. Vascular Surgery