Bring back the rotating internship!

I read the article "The Class of 1989 and post-MD training" (*CMAJ* 1998;158[6]:731-7), by Eva Ryten and colleagues, with interest but was surprised that one point was not made more explicitly clear. In 1989 most graduates did rotating internships. The minimum training was available only for those who did the so-called straight internship, which explains why most did a year of training beyond what might have seemed necessary, given their final goal. I was in the Class of 1991 and completed a rotating internship. We didn't see this as adding a year to our training; rather, those who did straight internships cut a year from theirs.

I have a second point: I'm very happy I did the rotating internship. I used it to explore my interests and applied for specialty training only after completing half of my internship. I believe that I am a better doctor for it, though perhaps some of the training was irrelevant. (Maybe my obstetrics training should have concentrated on high-altitude deliveries, given that I'll never deliver a baby except during an in-flight emergency!) Something like the rotating internship should be available to current trainees.

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[Two of the authors respond:]

We certainly don't disagree with Dr. MacKnight's contention that a year of general clinical experience provides a helpful basis for any further specialty training. However, that was not the focus of the statistics we presented on length of training for the Class of 1989. The information about number of years of training and how this varies by specialty was included for a very specific purpose. Post-MD training is funded by provincial ministries of health on the basis of a given number of positions. We were very concerned that the National Coordinating Committee on Postgraduate Medical Training was doing its planning on the basis of the number of trainees in a specialty multiplied by the *minimum* number of years to certification. Given that there are many valid and acceptable reasons why a trainee might take longer to complete certification than the minimum prescribed time, we felt it important to compare minimum times to certification with actual times, so that underprovision of funding for physicians to complete their residency training might be avoided.

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Fee code creep

In the article "Fee code creep among general practitioners and family physicians in Ontario: Why does the ratio of intermediate to minor assessments keep climbing?" (*CMAJ* 1998;158[6]:749-54), Dr. Ben Chan and colleagues state that "The underlying cause of creep remains a mystery." Mystification is an unfortunate condition, but this mystery is definitely researchable. My hypothesis is that mystified investigators are not paid by fee for service through a fee schedule that has fallen far behind inflation, do not have to deal with the resulting "overhead-to-earnings ratio creep" and have not experienced arbitrary, politically motivated clawbacks reducing their take-home incomes by up to 20%.

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Dr. Chan and his colleagues state in the introduction to their paper that they "did not assess the quality of care delivered nor the appropriateness of the fee billed." It is surprising, then, that the authors conclude that their results are "consistent with the controversial and unproven theory of supply-induced demand" which "suggests that where physician supply is high, physicians are faced with declining market share and influence patient demand for services upward to maintain their incomes." I would suggest that the phrase "to maintain their incomes" is at odds with the earlier statement, and I object to the casual suggestiveness of the wording.

My reaction to this paper is to wonder whether there is regular and detectable bias in the work of the Institute for Clinical Evaluative Sciences that I should know about, and I think this reaction is a shame. It distracts me from being interested in the results. Still, I am curious about the peer review of this paper and its funding.

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I have been the office manager for my husband, a physician, for over 20 years. During that time, things