This issue's letters

- Shortening the medical curriculum

Shortening the medical curriculum

The headline of the first *CMAJ* editorial of 2008 was promising: Is it time for another medical curriculum revolution?[1] The editors ask an interesting and timely question: Ought the time it takes to earn a medical degree be shortened from 4 to 3 years?[1] They make several cogent arguments for such a move, citing economic and workforce benefits as well as asserting the move's neutrality in terms of pedagogic quality.

The editors then ask why no one seems to be paying attention to the possibility of a 3-year curriculum. In fact, the Association of Faculties of Medicine of Canada, the national voice for academic medicine, has received a great deal of national press of late for asking this very question within the context of its project, funded by Health Canada, to critically examine Canada's medical education system.

The Canadian health care system has serious and complex human resource problems. Changes such as the implementation of a 3-year curriculum need to be assessed in terms of their effect on the entire system within which they occur. Charles F. Kettering, the inventor of the electric starter, said, "We have a lot of people revolutionizing the world because they've never had to present a working model."

We may well need another revolution in medical training, but if we are going to have one, it needs to go beyond changing the duration of medical education. Our association's project on the future of medical education will also examine issues such as the alignment of the medical school curriculum with the changing needs of our society, the representativeness of medical school graduates in light of changing Canadian demographics, the location of educational experiences and the funding of medical education and training. The fruits of our labour in this project may well provide the manifesto for a revolution, but this is by no means a foregone conclusion.

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Competing interests: None declared.

REFERENCE

1. Flegel KM, Hébert PC, MacDonald N. Is it time for another medical curriculum revolution? *CMAJ* 2008;178:11.

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A recent *CMAJ* editorial discussed revising the medical curriculum in Canada.[1] The 3-year medical degree programs offered by the University of Calgary and McMaster University provide almost the same amount of in-class time as 4-year medical schools in Canada and the United States; they achieve this by using shorter summer breaks and decreasing students' overall vacation time. However, as a young Canadian-trained scientist I have concerns about the quality and number of opportunities for exposure to medical research available to students enrolled in the 3-year programs. If more Canadian medical schools decide to adopt a 3-year program, the resulting loss of long summer breaks and other interludes within the academic curriculum will mean that fewer physicians will have the chance to explore a possible career as a clinician–scientist during their medical education.

The value of a proper appreciation of scientific research has been recognized by top-ranked US medical schools such as the one at Duke University, which has made it mandatory for its medical students to undergo 1 year of research training. The importance of research and discovery should not be forgotten in the attempt to resolve the physician shortage in Canada.

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Competing interests: None declared.

REFERENCE

1. Flegel KM, Hébert PC, MacDonald N. Is it time for another medical curriculum revolution? *CMAJ* 2008;178:11.

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The recent *CMAJ* editorial on the medical curriculum[1] takes a very narrow economic or mathematic view of professional training, presumably influenced by the current and projected shortages of physicians. *CMAJ*'s editors suggest that medical students "should ask whether a fourth year will make them better and wiser physicians rather than simply older and poorer ones." I think this question misses the mark. I would ask students instead how they will choose the specialty that will sustain them for their career and whether a reduced time in medical school would make that choice more difficult.

It is fine to suggest that clinical skills and practice style be honed during postgraduate training, but how does someone determine whether they are best suited to family practice, ophthalmology or internal medicine? How do they determine whether their chosen specialty will provide the challenge and stimulation they need in the coming decades? Most reach their decision gradually as they mature and develop an understanding of practice; this process should happen in medical school, before the student commits to specialty training.

If medical education is shortened and students' ability to make appropriate career decisions is affected, the result will not be a year of working life gained but rather a larger number of disaffected physicians unhappy with their careers and closer to burnout and premature retirement. Even among

physicians fortunate enough to be content in their specialty, graduation a year earlier may merely result in retirement a year earlier. Physician contentment is most likely to fulfill the economic and societal goal of longevity in practice.

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Competing interests: None declared.

REFERENCE

1. Flegel KM, Hébert PC, MacDonald N. Is it time for another medical curriculum revolution? *CMAJ* 2008;178:11.

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[One of the authors replies:]

I thank Irving Gold for recognizing the promise in our editorial discussing whether a new medical curriculum revolution is needed.[1] I in turn acknowledge the promise that he has made to us on behalf of the Association of Faculties of Medicine of Canada. We will be looking for its fulfillment.

I would like to clarify one of the proposals in our editorial that we believe makes the revolution imaginable. It seems to have been missed by many reports, particularly in the lay press.

We did not propose to compress the present, outdated 4-year curriculum into 3 years. This has been tried, most notably in some US schools in the 1960s and 1970s, and found to be unworkable.

We did propose to have the medical profession, especially its academics, acknowledge that the essential curriculum — the "what every doctor needs to know" — has got considerably smaller, rather than larger, because the profession is now made up of a set of specialties (of which family practice is one). The work that needs to be done is to identify the elements of the newer and smaller medical commons. The new curriculum would see all medical students complete this first, shortened stage of undergraduate medical education. Each student would then enter one of the broad specialty areas for a time before potentially opting for a subspecialty and perhaps, eventually, a superspecialty.

Alun Edwards raises a separate issue, the one of specialty-choice mistakes. A new curriculum would not invent that problem. However, it could well allow students to discover such mistakes much earlier than they do now and to begin anew.

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Competing interests: None declared.

REFERENCE

1. Flegel KM, Hébert PC, MacDonald N. Is it time for another medical curriculum revolution? *CMAJ* 2008;178:11.

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