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We did not propose to compress the present, outdated 4-year curriculum into 3 years.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.

DOI:10.1503/cmaj.1080010