



CAIR Position Statement on the Proposed Royal College Categories of Discipline Recognition

The Canadian Association of Internes and Residents (CAIR) is pleased to provide its position statement on the newly proposed Royal College categories of discipline recognition. CAIR participated in the Royal College's electronic survey on March 12, 2010 and contributed at several web-conferences on the new categories that were coordinated by the Office of Education over the past months. As a national representative organization of resident physicians across Canada, it is important that resident physicians continue to be engaged on issues that impact their medical education experience and we commend the Royal College for continuing to engage residents and seek resident feedback on these initiatives.

DIPLOMA CATEGORY

CAIR supports the creation of a Diploma category. In CAIR's view, this category will benefit trainees, practising physicians and patients by formally recognizing areas of added competencies that will be required to meet the specialized health care needs of our patient population. The Diploma category will also ensure standardization and formalization of fellowship training requirements for physicians whose skill set do not fall into the current subspecialty category and as such, may also encourage future physicians into emerging areas of practice that would not typically be recognized by the current categories. This is critically important as the needs of our patients change over time. While CAIR supports the proposal in its current form, it should be noted that many implementation details are still unknown. Some challenges/uncertainties we perceive are:

- Fragmentation of scope and practice and impact on generalist specialties. CAIR believes that it is important that our specialty recognition categories keep up with the explosive growth in the knowledge base for medical practice. However, we consider that it is equally important to maintain an appropriate balance between society's need for generalist physicians and the standardization and recognition of niche areas of medical knowledge and practice that are more narrowly defined.
- The financial and human resource requirements needed to implement this category. This may include the additional costs associated with assessment, training, exams, accreditation, maintenance of certification, compensation for residents and other administrative costs at the Royal College and at the University level.
- The possibility that this may lengthen training. Therefore if implemented, CAIR recommends that it should be done in a fashion that does not result in unnecessary mandated time to training.
- Currently, fellowships are broadly defined or even tailor-made to accommodate a variety of areas/foci. It would therefore be important to ascertain the criteria that will be used by the Royal College to identify and select the Diploma programs that would be made available.
- Additional fees from the Royal College that would apply to those undertaking a Diploma.
- Access to these positions for International Medical Graduates.

CAIR believes that the Diploma category standardizes and formalizes enhanced areas of skills and competencies of our physicians that will no doubt enhance patient care. We look forward to working with the Royal College on the implementation of this proposal.

FOUNDATIONS CATEGORY

CAIR is not in favour of the Foundations category. CAIR understands the importance of maintaining and advancing a strong foundation of generic abilities for all physicians as this prepares a physician for further advanced training and provides an opportunity for physicians to be exposed to a wide range of disciplines prior to choosing a career path. This may also have the unintended benefits of reducing program switching after the CaRMS match and standardizing training and knowledge required for all IM subspecialties. However, CAIR strongly believes that the potential challenges for the creation of this category would far outweigh the benefits. Some challenges we perceive are:

- Attestation vs. certification. CAIR firmly believes that the completion of a foundations program should lead to certification so that physicians can practise in some capacity at the end of their program. From a health human resource perspective, residents who achieve no certification until the end of sub-specialty training will not be able to provide needed generalist care to patients through moonlighting during this period of time.
- The impact on residents who may already know what their specialty/subspecialty focus is and would rather proceed directly into this rather than pursue a 2-4 year foundations program first. Medical students should have the option of selecting a career that meets both societal needs and their own professional requirements.
- Possible lengthening of training. If it takes longer to train in a generalist discipline that may be less highly remunerated than other subspecialties, the incentive to select a generalist specialty may decline.
- The additional fees for fellows that may result upon implementation of this new category.

SIGMAS CATEGORY

CAIR supports the establishment of the Special Interest Groups for Medical Activity (SIGMAS) category. In CAIR's view, this category will promote collaboration, collegiality and communication amongst emerging disciplines by providing a centralized base for the monitoring of emerging areas of interest within medicine. Related to this however, is a possible duplication of efforts that may result. Physicians who have an interest in niche areas may already have their own organizations where they share information and discuss their activities and the SIGMA category may duplicate these external efforts. This possibility should be reviewed in greater detail so as to ensure that resources are optimally utilized. Another potential benefit of the SIGMA category is that it may lead to formal recognition of emerging domains of medicine and provide more opportunities for physicians interested in these areas. As new areas of science and societal needs arise, CAIR believes that it is important to facilitate the advancement of medicine by supporting collaboration and dialogue among those with common interests.

SUMMARY

CAIR supports the growth, advancement and highest standards for specialty and generalist education that is appropriately aligned to health human resource needs of our society. As the needs of patients change over time so too must our medical practice and medical education system. CAIR believes that there are both merits and challenges to the proposed new categories. While we support the development of both the Diploma and SIGMA proposals in their current form, we believe that further implementation details are required. CAIR appreciates the efforts by the Royal College to continually re-evaluate and re-examine postgraduate medical education and training in Canada and we look forward to future collaboration on the new categories of medical specialty recognition.