

### Common PGY-1: pro and con

I was surprised by Pat Rich's recent article about support for changes to postgraduate medical education in Canada,<sup>1</sup> as discussed at the CMA's annual general meeting in August 2003. The common first postgraduate year of training that is being proposed sounds very similar to the now defunct rotating internship, which provided young doctors with a broad-based, common first year of training. The rotating internship was abolished in the early 1990s, mainly at the prompting of the College of Family Physicians of Canada (CFPC). As I recall, the college insisted that once it moved to the 2-year residency system, the internships could not continue; the college wanted residency to begin immediately after the fourth year of medical school. This change removed the opportunity for young doctors to experience some "real medicine" and reassess their first choice of specialty before entering residency.

In 1993/94, I was one of those lucky enough to experience 12 months of rotations throughout the Maritimes, courtesy of Dalhousie University's valuable rotating internship. After my internship I wrote letters supporting internships<sup>2</sup> and the position of my colleagues D.B. Craig and D. McKnight,<sup>3</sup> who reported how difficult it was to fill anesthesia residencies without the rotating internships.

Now that the CFPC is lacking interested applicants, it wants to reintroduce the internship. On the surface I support this change — an internship is a phenomenal learning experience, ensuring that all physicians have some common knowledge and experience, regardless

of the residency and area of practice that they eventually choose. But I'm doubtful about the CFPC's motives. If the college sincerely cared about giving residents the best overall training, would it have played such a crucial role in ending rotating internships?

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#### References

1. Rich P. Restore flexibility in postgraduate education, MDs beg. *CMAJ* 2003;169(6):594.
2. Kennedy B. Proposals for improving career selection [letter]. *CMAJ* 1995;152(8):1045.
3. Craig DB, McKnight D. Career selection regulations hurting anesthesia [editorial]. *CMAJ* 1994;151(11):1560.

I was dismayed to learn that a common PGY-1 year for medical graduates is being proposed for reinstatement.<sup>1</sup> A common year merely defers the decision that students must eventually make, without providing them with any helpful information, and denies students who already know what they want to do a year of specialty-specific training.

A common PGY-1 year would also undermine the efforts of family medicine programs across the country to make the most of the 2-year residency. Many core rotations are already generalist-oriented. For example, orthopedics rotations are often expanded into musculoskeletal rotations incorporating rheumatology and sports medicine. By making the first of 2 short years of family medicine a common year, residents interested in family practice may be forced to face a specialist-oriented year.

I agree that medical students are

forced to choose their specialty too early — in the fall of fourth-year medical school — often before they have done elective rotations in areas of potential interest. The key is to offer opportunities for such career-determining experiences before the Canadian Residency Matching Service (CaRMS) match. Options include pushing back the match (i.e., having residencies begin in the fall rather than on July 1), restructuring medical school years, having electives for "career sampling" in first and second year, starting clerkships earlier or using the end of fourth year for review instead of clinical rotations.

At some point, every student needs to make a decision about his or her career, and not everyone will be happy with their initial choice. This is why we need re-entry options and flexibility in the system. Maximizing the potential of the current system is a much better strategy than revamping the system entirely every 10 years. After all, isn't the idea to provide residents with the best training possible and then get them out into the workforce?

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#### Reference

1. Rich P. Restore flexibility in postgraduate education, MDs beg. *CMAJ* 2003;169(6):594.

### It's no accident

In a recent article in the News section, Barbara Sibbald described a collision between a school bus and a