The common postgraduate year 1: A paediatric perspective

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Over the past year, a working group of the Canadian Medical Forum (CMF) has discussed a change in residency training that, if implemented, would affect all of Canada's future paediatric residents. The 'common PGY-1' (postgraduate year 1), has been approved as a working concept by national professional groups such as the Canadian Medical Association (1,2), the Canadian Association for Interns and Residents (3) and the Canadian Federation of Medical Students (4), as well as by numerous provincial organizations. The Residents Section of the Canadian Paediatric Society (CPS) feels that, as the only national group representing paediatric residents, it should be involved in the planning stages of any reforms in paediatric training.

The 'common PGY-1' has no firm form yet because planning is still in its early phases. The CMF has proposed that a certain percentage of medical students would opt to enter this program if they are unsure of the area of medicine in which they wish to specialize. The possible changes to residency training have been proposed in response to a survey by the Canadian Association of Interns and Residents (3) in which medical students stated that they felt pressured to make career decisions too early in their training. The goal of this common year would be to improve flexibility in medical training. Following the 'optional common PGY-1', residents would enter a residency in their area of interest (either through the Canadian Residency Matching System or through positions specifically reserved for those from the 'common year'). Another proposal is that all medical students enter a common year before residency. The former 'optional common PGY-1' was the version approved by the CMF for further examination in June 2004 (5). The latter 'mandatory common PGY-1' was rejected by the Canadian Medical Association at their 2004 annual meeting. The exact structure, the number of medical students that would be involved, the funding and the provincial approval for such changes have yet to be finalized.

Paediatric residency represents a unique training program during which most trainees are required to spend the majority of their time in the paediatric setting. Only a small number of residency programs currently offer any adult medical experience during the four years of training (five in Quebec). The Royal College of Physicians and Surgeons of Canada has defined paediatric residency training goals, which do not consist of any time in adult specialties. In 2003, the Royal College proposed the alteration of paediatric residency to require five years of training to qualify to write the certification examination in general paediatrics. Although many groups opposed this extension (including the CPS's Board of Directors and Residents Section), many residents believe that in light of an increase in the volume and complexity of knowledge required to become a successful consultant, a minimum of four years of training is required. In a survey conducted by the Residents Section, many voiced opposition to the shortening of paediatric training to three years to accommodate a 'common PGY-1' (unpublished data). The Residents Section would therefore oppose any move to shorten training in paediatric specialty rotations. We believe that the medical treatment of children presents unique challenges, disease processes and training goals and that few of these goals would be met during rotation through adult specialties. This position contrasts with that of the Canadian Federation of Medical Students which endorses the 'common PGY-1' should it not lengthen total training time (4).

In light of the position of the members of the Residents Section and the unique training of paediatricians, the CPS seeks to be involved in the planning of the 'common PGY-1' to maintain the current high standards of paediatric training. The Residents Section does not oppose any move that would improve flexibility in medical training and trainee well-being, and as such, we are open to discussing future changes in the structure of residency. We understand the pressures faced by medical students entering the match following their rotating clerkship year. We are heartened by the fact that no respondents to the survey stated that a 'common PGY-1' would have discouraged them from entering a paediatric training program. Children living in Canada cannot afford a policy of discouraging medical

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students from entering paediatrics. The CMF has ended their examination of the issue with approval for the concept of an 'optional common PGY-1' at their meeting on June 2, 2004. The CMF has called for the formation of an independent implementation group chaired by the Association of Canadian Medical Colleges. We urge this implementation group to include the CPS in the planning of any change in residency training as a major stakeholder in the future of paediatric residency training. We look forward to further discussions with members of the implementation group and to presenting evidence-based plans to our members should changes be proposed at a national level.

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