Pathways to plastic surgery

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The last two years have produced a major change in training following graduation which impacts on plastic surgery and all other specialties. The one year rotating internship is history. A medical licence can only be obtained after two years of postgraduate training and the successful completion of two examinations, the LMCC Part 1, a written examination we all wrote at the end of final year medical school, and a new LMCC Part 2, practical OSCE exam given 16 months later during the second year of all residency programs. The loss of the one year rotating internship which enabled one to obtain a licence to practise but did not necessitate commitment to a postgraduate training program means that career choices must be made early in medical school. Students must apply to postgraduate training programs by mid October of their final year. To make these applications in an informed fashion they must have meaningful exposure to potential specialties well in advance of applying, and must become known to individuals practising in these specialties who can provide effective references. These references are also required by October of the final year.

Family practice is classified as a specialty with a two-year training program. All specialties in Canada's English universities are entered via the Canadian Residents Matching Service (CAMS) and application is made on the understanding that the ranking of the programs by the student and the ranking of applicants by each program will result in a binding match. The match itself is weighted in favour of the student in that the student's ranking takes precedence over a program rating. In 1994 there were not enough positions to equal the number of Canadian graduates. This is new to medicine but not necessarily new in other fields; for instance there are articling positions for only approximately 50% of lawyers graduating in a given year in Canada.

Another change is the Royal College definition of plastic surgery training starting in 1994, becoming two years of core or surgery in general, and three years of plastic surgery. Previously, programs had four or five years of training with some flexibility in the content of the fifth year. However, these four or five years of training were preceded by a mandatory one year rotating internship; thus, some trainees had six years total. This change is happening at the same time as government funding of residency positions is being reduced and makes re-evaluation of Canadian manpower requirements in plastic surgery crucial.

As a program director, I have several concerns which I would like to share. Difficulties for students include the necessity to make a career choice well before exposure to all potential specialty choices has occurred. Making the choice well before the finish of the final year can make the last half of the year seem irrelevant. There is also the risk of being exposed later to a more appealing but now unattainable different specialty. For many plastic surgeons, this author included, the career choice was not firm upon graduation and did not become firm until one had spent some time in family practice. Family practice can be maturing and broadening, and for many of today's plastic surgeons was an important stage. For many graduating from medicine, an opportunity to practice for a short term allows time to make a career choice while allowing one to pay off expenses incurred in medical school. Inability to do this can make graduates limit their postgraduate training to a minimum two year period with loss of individuals with potential to flourish in plastic surgery or another specialty.

How do we adjust? Exposure to plastic surgery can occur as part of a medical school undergraduate curriculum. In addition, many students will do electives, called rural practice at the University of British Columbia (UBC), where they may work under the direction of family physicians but are in fact exposed to the specialties. Several UBC students have had a first and very positive exposure to plastic surgery in community hospitals during these electives and have made plastic surgery their career choice based on this first encounter.

Plastic surgery remains appealing to students because of the variety of conditions treated and its applications to the whole body. Plastic surgeons continue to provide a well recognized essential service to the community in several areas including trauma, burns, hand injuries, difficult wound management, and congenital disease which we treat in both community and university hospitals. To maintain the renewal of our specialty with young, bright, creative students, we must be prepared to meet them earlier, and capture their interest. This requires participation in the core medical school curriculum at an earlier level. Plastic surgery's potential must be presented earlier to present and future medical students. Understanding the pressure on today's medical students, we should be prepared to show them our activities, and share our experiences, both good and bad, to help them with their difficult career choices.

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