



The Association of Faculties of Medicine of Canada Student Elective Diversification Policy: Perspectives in ophthalmology
La politique de l'Association des facultés de médecine du Canada en matière de diversification des stages optionnels pour les étudiants : perspectives en ophtalmologie

Anne Xuan-Lan Nguyen, Marie-Lyne Bélair, Ian Clark, Karim F Damji, Émilie Goodyear, Patrick Hamel and Isabelle Hardy

Volume 13, Number 2, 2022

URI: <https://id.erudit.org/iderudit/1090348ar>

DOI: <https://doi.org/10.36834/cmej.74051>

[See table of contents](#)

Publisher(s)

Canadian Medical Education Journal

ISSN

1923-1202 (digital)

[Explore this journal](#)

Cite this document

Nguyen, A.-L., Bélair, M.-L., Clark, I., Damji, K., Goodyear, É., Hamel, P. & Hardy, I. (2022). The Association of Faculties of Medicine of Canada Student Elective Diversification Policy: Perspectives in ophthalmology. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 13(2), 101–102. <https://doi.org/10.36834/cmej.74051>

© Anne Xuan-Lan Nguyen, Marie-Lyne Bélair, Ian Clark, Karim F Damji, Émilie Goodyear, Patrick Hamel, Isabelle Hardy, 2022



This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

<https://apropos.erudit.org/en/users/policy-on-use/>

Érudit

This article is disseminated and preserved by Érudit.

Érudit is a non-profit inter-university consortium of the Université de Montréal, Université Laval, and the Université du Québec à Montréal. Its mission is to promote and disseminate research.

<https://www.erudit.org/en/>

The Association of Faculties of Medicine of Canada Student Elective Diversification Policy: perspectives in ophthalmology La politique de l'Association des facultés de médecine du Canada en matière de diversification des stages optionnels pour les étudiants : perspectives en ophtalmologie

Anne Xuan-Lan Nguyen,^{1,2} Marie-Lyne Bélair,¹ Ian Clark,³ Karim F Damji⁴, Émilie Goodyear,¹ Patrick Hamel,^{1,5} Isabelle Hardy¹

¹Department of Ophthalmology, Université de Montréal, Quebec, Canada; ²Faculty of Medicine, McGill University, Quebec, Canada
³Department of Ophthalmology, University of Manitoba, Manitoba, Canada; ⁴Department of Ophthalmology and Visual Sciences, University of Alberta, Alberta, Canada; ⁵Department of Ophthalmology, McGill University, Quebec, Canada

Correspondence to: Isabelle Hardy, MD, FRCS(C), FACS, Department of Ophthalmology, Université de Montréal, 2900 boulevard Édouard-Montpetit, Bureau S-700, Montreal, QC H3T 1J4; phone: (514) 343-7094; cell: (514) 265-7265; email: carmsophthalmologysurvey@gmail.com

Published ahead of issue: January 7, 2022, published: May 3, 2022. CMEJ 2022, 13(2). Available at <https://doi.org/10.36834/cmej.74051>

© 2022 Nguyen, Bélair, Clark, Damji, Goodyear, Hamel, Hardy; licensee Synergies Partners. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (<https://creativecommons.org/licenses/by-nc-nd/4.0>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

The Association of Faculties of Medicine of Canada (AFMC) implemented the Student Elective Diversification Policy (SEDP) with the Class of 2021 to provide a more balanced and equitable medical education for Canadian students.¹ The SEDP puts a national eight-week cap on any single entry-level discipline. The policy was introduced to allow students to explore a wide range of disciplines, to broaden their knowledge, and to help prepare them for residency. The SEDP also aimed to reduce students' risk of failing to secure a Canadian Resident Matching Service (CaRMS) residency position by encouraging them to consider alternate career options and providing them with the possibility of a parallel match goal without consequences.

Over the last decade, applicants to surgical specialties, like ophthalmology, have experienced disproportionately higher rates of match failure than others.^{2,3} In the year prior to the SEDP, only 2.2% of Canadian ophthalmology residency selection committee members believed that the ideal cumulative number of weeks in ophthalmology was greater than eight. Yet applicants who matched to ophthalmology in 2020 took an average of 7.2 ophthalmology electives,⁴ which represents at least 14.4 weeks of ophthalmology electives.³ Even with this underestimated calculation (as elective durations vary

between two to four weeks), the introduction of the cap will reduce the number of weeks spent in ophthalmology electives for the average applicant by 6.4 weeks. This, in turn, is likely to mean that applicants will lose the opportunity to visit an average of three additional ophthalmology programs.

The SEDP raises multiple questions for applicants and selection committees: will programs favour students who have completed an ophthalmology elective at their institution? Will medical schools incorporate mandatory (e.g. one-week) rotations in ophthalmology to allow more students to discover an interest in the specialty? Will informal observerships and visits at sites where a candidate could not arrange an elective be taken into consideration? Elective durations will inevitably have important implications for how medical students plan their electives, the ability of the programs to evaluate their performance, the students' ability to properly assess the suitability of a program, and ultimately where they will match.

Whilst the immediate effects of the SEDP on the experiences and matching of students from the 2020-2021 and 2021-2022 CaRMS cycles are difficult to evaluate due to the COVID-19 pandemic (a period during which no visiting electives were permitted), the policy will certainly

impact students' elective planning.⁵ With SEDP, parallel planning is indeed more achievable as undecided applicants can legitimately complete electives in more than one field without giving their application any suggestion of a lack of commitment to a given specialty. However, the goal of the SEDP to allow students greater opportunities to explore unrelated fields might be countered by strategies that students may adopt to attempts to best align their application with their discipline of choice. As reported in other competitive surgical fields, these strategies might become the new norm, replacing the old trend of completing all electives in a single specialty field.⁵ For example, students applying to ophthalmology might choose to dedicate eight weeks to ophthalmology and the remaining elective weeks to fields directly related to ophthalmology (e.g., research in ophthalmology, ocular pathology) or disciplines indirectly related to ophthalmology in an effort to demonstrate that ophthalmology is their passion, without truly giving them the option to parallel plan. Knowing that some students will parallel plan whilst others will opt for elective strategies in an effort to demonstrate their commitment to the field, the pool of applicants will likely be larger and more diverse.⁵

For many years, ophthalmology residency program directors have tried unsuccessfully to encourage medical students to limit the number of ophthalmology electives that they pursue for the very reasons that the SEDP has been introduced. We applaud the AFMC for implementing this policy, as it is a concrete step towards a more equitable and well-rounded medical education. Students across Canada will be guaranteed a more varied clinical exposure, with an opportunity to explore multiple specialties without any fear of appearing to lack commitment to their specialty of choice. Alternate medical fields may become genuine career options for students due to this diversification of elective experience. The policy might encourage the programs that only offer four-week electives to offer

shorter ophthalmology electives and it may encourage selection committees to rank candidates who have not had an opportunity to complete electives at their institution. Whilst it remains to be seen if the policy accomplishes its goal of reducing the risk of failing to match, the SEDP helps to level the playing field for all Canadian medical students by imposing a national elective cap.

Conflicts of Interest: The authors have no proprietary or commercial interest in any materials discussed in this article.

Funding: There was no funding associated with this commentary. The authors do not report any financial support or conflicts of interest.

Authors notes: Dr. Ian Clark is the Chair of the Royal College Committee of Ophthalmology Program Directors (RC PD). Dr. Karim Damji was the 2020-2021 Chair of the Association of Canadian University Professors of Ophthalmology (ACUPO). Dr. Isabelle Hardy is the Treasurer of ACUPO.

References

1. The Association of Faculties of Medicine of Canada. *Elective diversification*. <https://www.afmc.ca/en/priorities/elective-diversification> [Accessed on Nov 14, 2021].
2. Zeng AGX, Brenna CTA, Ndoja S. Fundamental trends within falling match rates: insights from the past decade of Canadian residency matching data. *Can Med Educ J*. 2020 Jul 15;11(3):e31-e42. <https://doi.org/10.36834/cmej.69289>
3. Canadian Residency Matching Service. *R1 data reports*. www.carms.ca/data-reports/r1-data-reports/electives [Accessed on Sept 3, 2021].
4. Nguyen AX, Clark I, Damji KF, et al. New virtual CaRMS: perspectives from residency programs. *Can J Ophthalmol*. 2021 Aug;56(4):273-276. <https://doi.org/10.1016/j.jcio.2020.12.007>.
5. Nguyen DD, Lee JY, Couture F, et al. The Association of Faculties of Medicine of Canada's electives diversification policy: Potential drawbacks and benefits for medical students applying to urology. *Can Urol Assoc J*. 2019 Dec;13(12):427-429. <https://doi.org/10.5489/cuaj.6000>.