

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

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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.

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