Mapping the Doctor’s Journey

A clear, step■by■step timeline from early preparation to independent practice — with U.S. and Canadian pathways.

Part I — U.S. Pathway

Below is a practical sequence most U.S. students follow. Durations vary by specialty and individual path.

1. High School Preparation (Typical: 14–18 years)

- Prioritize biology, chemistry, physics, calculus/statistics; take AP/IB if available.
- Volunteer in healthcare settings, join science clubs, consider EMT/First■Aid certifications.
- Start a simple activities log (hours, roles, reflections) — it helps later applications.

2. Undergraduate Degree (Bachelor’s) (Typical: 4 years)

- Major can be any field; ensure medical prerequisites: Biology (with lab), General & Organic Chemistry (with lab), Biochemistry, Physics (with lab), Math (calc/stat), English, Psychology/Sociology.
- Aim for a competitive GPA; build clinical exposure (shadowing, scribing), research, leadership and community service.
- Create an MCAT plan by sophomore/junior year.

3. MCAT (Typical: 3–6 months preparation; exam in junior/senior year)

- Covers chemical/physical foundations, biological/biochemical foundations, psychological/social foundations, and critical analysis & reasoning (CARS).
- Typical prep: 250–400 study hours with full■length practice tests; schedule well before application season.

4. Application Cycle (Typical: May–March (rolling))

- Primary applications (AMCAS/AACOMAS) open May/June; secondaries mid■summer.
- Interviews (often MMI or traditional) late summer–winter; acceptances typically Oct–Mar.
- Compile activities, personal statement, letters of recommendation, and school list early.

5. Medical School (M1–M4) (Typical: 4 years)

- M1–M2: Foundational sciences + early clinical skills.

- M3: Core clinical rotations (Internal Medicine, Surgery, Pediatrics, OB/Gyn, Psychiatry, Family Medicine, Neurology, etc.).
- M4: Advanced electives/sub■internships, residency applications, and rank list.

6. Licensing Exams (USMLE/COMLEX) (Typical: During M2–M4 & Residency)

- USMLE Step 1 (basic sciences; now pass/fail), Step 2 CK (numeric score), Step 3 (during residency).
- Osteopathic students take COMLEX■USA Levels 1/2/3 (parallel sequence).

7. Residency Match (ERAS/NRMP) (Typical: Application in M4; training 3–7 years)

- Apply via ERAS; programs rank applicants; the NRMP Match pairs both lists.
- Typical categorical durations: Family Med (3), Internal Med (3), Pediatrics (3), Psychiatry (4), Anesthesiology (4), OB/Gyn (4), Emergency Med (3–4), General Surgery (5–7), Orthopedics (5), Neurosurgery (7).

8. Residency Training (Typical: PGY■1 to PGY■7)

- Progressive clinical responsibility with supervision; didactics, QI, call/night float.
- Milestones evaluations; Step 3/COMLEX■3 completion; salary/benefits as a trainee.

9. Fellowship (Optional Sub■Specialization) (Typical: 1–3+ years)

- Examples: Cardiology (3 after IM), Gastroenterology (3 after IM), Hematology/Oncology (3 after IM), Neonatology (3 after Pediatrics), Hand Surgery (1 after Ortho/Plastics).

10. Board Certification & Licensure (Typical: Post■training)

- Sit for ABMS/AOA board exams; maintain certification (MOC) through CME and periodic assessments.
- Secure state medical license, DEA registration, and hospital privileges/credentialing.

11. Attending Physician & Career Growth (Typical: Early 30s+)

- Independent practice in hospitals, group practices, academic centers, or private practice.
- Paths: clinician■educator, researcher, administrator/leadership, public health, entrepreneurship.

12. Continuing Medical Education (CME) (Typical: Throughout career)

- Maintain licensure/board certification with annual CME hours; keep skills current as standards evolve.

Part II — Canadian Pathway (Overview)

A parallel route for students in Canada; details vary by province and school.

C1. Undergraduate Studies (Typical: 3–4 years)

- Many Canadian medical schools require 3–4 years of undergraduate coursework (some admit after 2–3 with strong prerequisites).
- Common prerequisites: Biology, Chemistry/Organic Chemistry, Biochemistry, Physics, English, and sometimes Statistics.

C2. Admissions Tests & Applications (Typical: Varies)

- MCAT required by many schools (some exemptions); some require CASPer (situational judgment test).
- Apply via centralized services (e.g., OMSAS in Ontario); interviews often use the MMI format.

C3. Medical School (Typical: 4 years)

- Pre■clerkship (foundations) followed by clerkship (clinical rotations) similar to the U.S. structure.

C4. CaRMS Match & Residency (Typical: 2–7 years+)

- Apply through CaRMS; residency durations comparable to U.S. specialties (e.g., Family Medicine 2 years; Internal Medicine 4; General Surgery 5).
- Licensing exams: MCCQE Part I (during/after med school) and certification via CFPC (Family Med) or Royal College (specialties).

C5. Practice & Maintenance (Typical: Post■training)

- Provincial licensure via colleges (e.g., CPSO in Ontario, CMQ in Québec).
- Ongoing CPD (Continuing Professional Development) per Royal College/CFPC requirements.

Note: International Medical Graduates (IMGs) may require additional exams (e.g., USMLE/ECFMG, MCCQE/NAC OSCE) and assessment routes before residency eligibility.

Quick Reference — Typical Durations

Stage	U.S.	Canada
Undergraduate	4 years	3–4 years
Medical School	4 years	4 years
Residency (Family/IM/Peds)	3 years	2–4 years
Residency (Surgery/Ortho/Neuro)	5–7 years	5–7 years
Fellowship (optional)	1–3+ years	1–3+ years

Tip: Encourage students to keep a one■page activity log (clinical, research, leadership, community). It streamlines applications and interview prep.