FMEC Project Regional Consultation with Undergraduate Deans

Western Medical Schools (Manitoba, Sask, U Alberta, U Calgary, UBC)

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- The group identified a number of issues that did not come across as an emerging theme in the project. They were:
  - How to continue to teach in an environment where the number of students continues to increase.
  - What are the characteristics of good teachers? We talk a lot about admitting the "right" students, but not much is said about teachers.
  - The CaRMS process. There was a strong feeling that the CaRMS process needs to be reviewed. It was described as being demanding and potentially harmful. Students need to make decisions early. They also have to travel a lot both to do electives they think will give them an advantage as well as travel related to the interview process.
  - As we talk about diversity, how do we tackle questions around students with special needs? People told stories about how the admissions processes at their schools had accommodated hearing impaired applicants and applicants in wheel chairs. A story was told about difficulties delivering Oby/Gyn experiences to a student with a prosthetic arm. What about students with communicable disease?
  - Have alternative funding models helped the medical teaching agenda? If so, how?
- How do we reconcile messages about the need for greater focus on generalism and the holistic approach with the perceived need for subspecialization and in depth understanding of body parts and systems.
- Numerous observations were made about entry to medical education:
  - No matter what change is made, there is always likely to be dissatisfaction around the admissions process. There will always be people who don't get in.
  - Can the admissions process be more directly linked to the core competencies physicians need to achieve?
  - Should admission be tied to compulsory service?
  - As we think about focusing more on the EQ characteristics of medical school applicants, consider how mature we can reasonably expect a 19 year old to be, i.e., the age at which students are applying to medical school.
  - One UG Dean told about a medical student whose student bursaries were larger than the income their parents made from farming. People in small rural communities may be most likely to view medical education as beyond their means. Also, they may not be aware of or know how to access financial supports.
- We need to rethink how to strike a balance around IQ vs EQ expectations.
- Will proposed changes to the medical curriculum extend the length of training? If so, what will be the impact on physician supply?
- In response to questions around how best to move forward with an action plan, the following comments were made:
  - Accreditation standards are the ultimate way to prompt change.
  - There has been so much change in medical schools in recent years that there may be little appetite for further calls for change.
  - Proper finances need to be made available to carry out proposed changes.

    - In recent years, there has been generous investment in medical education, but the money is not always immediately accessible to those who develop programs and deliver the curriculum. Funding is seen as being siphoned off at various (higher up) levels of administration.
- Create a fee code for teaching.
- With so many competing demands, potential teachers may not be able to commit any time to teaching. They just don't have the time to give.
- It was suggested that the project needed more community level and patient input. People like mayors, city councilors, patient advocates and administrators at hospitals and regional health authorities were suggested.