REPORT TO AFMC BOARD OF DIRECTORS
FROM SPECIAL RESOURCE COMMITTEE ON GENDER AND EQUITY

March 23, 2007

For the past two years, the Gender and Equity Committee has held two meetings per year: the annual business meeting at the AFMC Medical Education Conference and a midwinter business meeting. This schedule of meetings has proven to be very effective since it provides an opportunity for raising issues and subsequently charting the efforts aimed at addressing the issues.

The Gender and Equity Special Resource Committee began holding mid-winter meetings in 2006. The inaugural meeting was held in February 2006 in Vancouver with $3000.00 financial support from AFMC. This year’s meeting was held in February 2007 in Edmonton at the University of Alberta with no financial support from AFMC. The committee determined that it was possible to meet annually during the winter without financial support from AFMC if Canadian Medical Schools were supportive of hosting the meetings, in turn, and sending a delegate to the meeting each year. As result of the support received from the Medical Schools in 2007, 16 delegates attended the meeting in Edmonton resulting in a very enriching encounter. Members of the committee hope the momentum will continue.

A major recommendation coming out of this year’s mid-winter meeting was to change the name of the committee from “Gender and Equity Issues” to “Special Resource Committee on Equity, Diversity, and Gender” and use the acronym “EDG”. The rationale for this change is based on the following:
1. It is imperative that the term “gender” remain in the title since gender is often overlooked as a factor that influences healthcare professionals and healthcare training and delivery and, in fact, all interpersonal relationships.
2. Equity, defined as equal access to opportunity, is the basic principle underlying the mission and vision of the committee.
3. Diversity requires that we account for differences, share experiences, and learn from one another without erecting artificial barriers that discriminate against specific groups. This concept also forms an integral part of the vision of this committee.

The committee was unanimous in its support for the recommended name change and a formal request has been made to Dr. Nick Busing to bring the recommendation to the Board of AFMC. As AFMC is itself in the midst of a branding process review, the request will be considered in that context.

The World Health Organization hosted a meeting of global leaders in medical education, with representatives from 24 countries and all WHO regions from 4 - 6 December, 2006. One of our committee members, Dr. Susan Phillips attended the meeting and reported that a statement on the importance of including gender in medical education was drafted by this group. The AFMC Gender and Equity committee has endorsed the statement and recommends that the Board of AFMC also endorse the following statement:
Recognizing that:

1. Determinants of health such as biology, gender, socioeconomic status, ethnicity and age have significant effects on the health of all people

2. These and other contextual factors such as political, economic, and cultural climate affect how health care is organized, accessed, provided and received

3. Gender intersects all other determinants of health, and impacts significantly on health outcomes

4. Gender norms, values and power relations of both the provider and patient influence the nature and quality of their interaction

5. Education of health professionals including doctors, nurses and public health workers provides the basis of how health care is organized, accessed, provided and received

It is recommended therefore, that health educators and institutions:

1. Ensure that doctors and other health professionals are offered training with a gender-competent and human rights perspective

2. Encourage and train health professionals to advocate for gender equality and health equity and to serve as agents for change

3. Offer this training across all disciplines and along the learning continuum from undergraduate through continuing professional development

4. Work towards establishing accreditation standards on gender competencies within curricula

5. Establish networks for supporting gender competency within and across institutions, disciplines and sectors in order to promote sharing of resources and integration models in gender and health

6. Support, document, and evaluate educational initiatives in gender and health and prioritize capacity building for teaching in this area

7. Support the integration of gender into all research and support new research initiatives in gender and health including analysis of existing databases

*“Gender” refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.*
In other areas, an ongoing concern for the Gender and Equity committee is the need to secure funds to support the Gender and Health web-based medical curriculum developed by COFM-GIC that is quickly becoming a valuable resource for both teachers and learners. To date, unfortunately, this has proven to be an elusive goal.

At the mid-winter meeting the Gender and Equity Committee voted to increase its commitment and support to address diversity in medical education. The committee proposed that it could begin to gather and develop challenging cases for problem-based learning modules that incorporated a variety of concepts not commonly associated with diversity in populations. These include but are not limited to individual abilities, financial status, sexual preferences, family structure, and political orientation, in addition to race, religion and gender. Also needed are tools for self-assessment of competencies in this area for both teachers and learners. More discussion on these activities will occur at the 2007 Medical Education Conference.

As Dr. Blye Frank’s term as co-chair of this committee comes to an end, the committee would like to express its enormous gratitude to Dr. Frank for his numerous contributions and tireless efforts at raising awareness in the areas of equity, gender, and diversity in medical education. We hope that Dr. Frank will continue to lend his expertise to this committee in the future. Dr. Nahid Azad has been recommended to the Board as Dr. Frank’s successor. If approved by the Board, she will co-chair the committee with Dr. Lorraine Breault.

Respectfully submitted,

Drs. Lorraine Breault and Blye Frank
Co-Chairs, Special Resource Committee on Gender and Equity Issues