Diversity? What is the problem?
By Sarita Verma, AFMC VP, Education

"[W]hen I’m sometimes asked when will there be enough [women on the supreme court]? And I say ‘When there are nine.’ People are shocked. But there’d been nine men, and nobody’s ever raised a question about that."

Ruth Bader Ginsburg — In an interview with 10th Circuit Bench & Bar Conference at the University of Colorado in Boulder, via CBS News

Historically, diversity has played an important role in Canada. Canada boasts the highest percentage of foreign-born citizens than any other G8 country. In 2017, Canada welcomed a record number of immigrants for its seventh consecutive year, with over 2000,000 newcomers entering the country. In opening its doors to immigration, Canada has created a society of mixed languages, cultures and religions. The majority of Canada’s foreign-born population reside in Ontario, British Columbia, Quebec and Alberta, and most in the nation’s largest urban centres, and represent over 200 ethnic origins. The diversity of Canada’s population is expected to increase significantly in the future.
next two decades, especially in the large metropolitan cities. Statistics Canada projects by 2031, between 25 to 28 percent of the population will be foreign-born and 29 to 32 percent of the population will belong to a visible minority group. Visible minorities are expected to account for 63 percent of the population of Toronto, 59 percent of Vancouver and 31 percent of Montreal. Diversity in Canada extends beyond race and ethnicity but spans language, gender, religious affiliations, sexual orientation, abilities and economic status. Justin Trudeau highlighted this ethos during the 71st session of the United Nations General Assembly when he remarked, “In Canada, we see diversity as a source of strength, not weakness. Our country is strong not in spite of our differences, but because of them.”

So what about the labour market? And what about health care? Canadian health professions have been charged with ensuring the health providers represent Canada’s diverse population. I am pretty sure we are not there yet – certainly not in academic medicine. In 2017 42 per cent of physicians in Canada and 40 per cent in Ontario were female. Two thirds (65%) of family physicians under age 35 are female. The number of women enrolled in Faculties of Medicine has risen from 14 percent in 1968 to 56 percent in 2017. We have no data on visible minority or Indigenous physicians as these are not systematically collected (not yet) nor reported, unlike our colleagues in the USA who have robust and substantive statistics. And, as for socio-economic status, we have some limited sources of information that point to trends that Canadian Faculties of Medicine struggle with recruiting persons of lower socio-economic status. These numbers are hardly represented in our leadership positions, decanal, CEO or Presidential and less so in Department Heads, Division Chiefs or Chiefs of Staff. Women, Minorities and the less-advantaged do not seem to make it to the C-Suite despite laudable promises to address this gap by health care and health education institutions.

Well, what should be done? This issue of Educationmatters highlights three of our AFMC Networks that are working on some solutions: The Network on Social Accountability, The EDG Network (Equity, Diversity and Gender) and the Network on Professionalism. Also highlighted is 1 of the 2 female Deans of Medicine in Canada. Could there ever be 17 female Deans of Medicine?
Meet Dr. Margaret Steele, Dean of Medicine at Memorial University


What motivates you on creatively, spiritually or emotionally? Spending time with close friends and family and sharing a lot of laughs. Travelling to new and interesting places and learning about new cultures. Going to the gym and working out on a regular basis.

What book are you reading now? The Woman in Cabin 10 by Ruth Ware which is an entertaining psychological thriller.

Who was your mentor in medical school? In Residency? When I was a second year medical student, and rather shy, I approached Dr. Sandra Fisman, a child and adolescent psychiatrist at Western, who had provided us with a fascinating talk on children with autism.

I then worked with her as a fourth year elective student and then I followed a patient under her supervision while I was a rotating intern in Hamilton. During residency I had several mentors. I continued to be mentored by Dr. Fisman as well as Dr. Naomi Rae Grant, a child and adolescent psychiatrist, who had studied resiliency in children and adolescents. Both women have been national leaders in child and adolescent psychiatry and provided me with many pearls of wisdom.

What profession other than your own would you like to attempt? Being a travel agent, I love exploring different places in the world OR an interior designer as I have a passion for wood furniture and interior decorating.

What one line of advice do you have for students just starting medical school? Embrace every opportunity as you will learn something from every experience which will make you a better physician. Be kind, compassionate and professional.

What one line of advice do you have for new faculty members? Do things you are passionate about, have fun, and make an impact in the lives of others.

If you could go anywhere, where in the world would you like to retire? My mother was born and raised in York, England and all my maternal relatives live in the United Kingdom so I have had embraced British culture. I would love to live in a cottage in Yorkshire, England surrounded by sheep and countryside.

UGME-EPAs: How’re we doing?

By Evelyn Sutton, Co-Chair, AFMC UGME Committee

In 2016 the AFMC adopted Entrustable Professional Activities (EPAs) for every Canadian medical school graduate. EPAs are the set of core abilities that every MD graduate will be able to perform as they transition into residency. These EPAs define expectations for new graduates entering residency programs regardless of (1) the school of MD training, (2) residency training program site and (3) chosen specialty. A survey of which EPA-related behaviours are being taught and assessed in our MD programs was conducted in Fall 2016 and repeated in
Change in the air
By Chris Watling, Vice-Chair, AFMC PGME Committee

Change looms large in postgraduate medical education in Canada these days. While competency-based medical education has consumed the lion’s share of our change management energies, there’s a second change engulfing our schools: a fundamental shift in accreditation standards and processes. As the core business of all our PGE Offices involves supporting programs to meet or exceed national accreditation standards, this change impacts substantially on how we direct our efforts and resources.

The AFMC Student Affairs Committee Talks About Medical Student Suicide
By Janette McMillan Co-Chair, AFMC Student Affairs Committee

Over the past few years, awareness of medical student suicide has entered general discourse. Perhaps because there is now slightly less shame about having a loved one die by suicide and families are more willing to tell their stories, we have been seeing news reports and op-ed features about the frightening rate of physician suicides and the apparently increasing numbers of medical student deaths by suicide.

What have the Student Affairs teams at each medical school and the national AFMC Student Affairs Committee been doing about this “epidemic”?

The New CPD Paradigm
By Brenna Lynn, Committee Member, AFMC Continuing Professional Development Committee

The future of CPD is exciting! The field is in the midst
The Equity, Diversity, and Gender (EDG) Network: Seeking Greater Inclusion within Medical Education in Canada

By Saleem Razack, Chair, AFMC Network on Equity, Diversity, and Gender

Inclusion is a cross-cutting concern in Medical Education in Canada, and the AFMC EDG Network seeks to catalyze the national and institution-specific conversations necessary to move forward with the issue. The EDG committee is comprised of representatives from Canada’s 17 medical schools, each charged in some way at their home institutions with the dossiers of equity, diversity and gender. Reflecting a curious diversity within the concern for diversity, members’ roles within their home institutions’ organograms reflect local histories, challenges, and attempts to solve previous diversity “problems”. Some members’ are primarily mandated to promote diverse faculty, and their positions reflect program development related to promoting women’s progress in leadership and promotion (as an example).

Connecting the Dots for Social Accountability Across Canadian Medical Schools

By Shawna O’Hearn, Chair, AFMC Network on Social Accountability

The AFMC Social Accountability Network continues to facilitate national collaboration among all seventeen of the Faculties of Medicine in Canada. Canadian medical schools have an integral role in improving the health of their communities and addressing the needs of the populations they serve. Across Canada, social accountability is expected to be interwoven into medical education and research. A chapter in AFMC’s 75 Year Legacy, “Changing the Foundation of Medical Education through Social Accountability,” highlights a vision for the future of social accountability in Canada. The work of the Network is organized into three priority areas for 2018-19: collaborative research, coordination of the Boelen Award, and aligning work across networks for a collective impact.

AFMC Professionalism Network

By Gurdeep Parhar and Heather Lochnan, Co-Chairs, AFMC Professionalism Network

AFMC’s Professionalism Network has a mandate to support educators and
researchers across the Canadian Faculties of Medicine to promote professionalism.

Canadian scholars including Dr. Richard Cruess and Dr. Sylvia Cruess, who remain active members of the AFMC Professionalism Network, have been recognized as international leaders in the understanding and development of professionalism as a concrete area requiring the focus of educational and research initiatives.

While many members of the AFMC Professionalism Network have formal professionalism portfolios in their respective Canadian Faculties of Medicine, other members of the AFMC Professionalism Network are leaders in other areas of academic medicine which have a close association with professionalism.

Government of Canada supports AFMC in Responding to the Canadian Opioid Crisis

The surge of overdoses and opioid-related deaths in Canada is a national public health crisis. The Association of Faculties of Medicine of Canada (AFMC) is responding to this crisis by leading the creation of a Canada-wide, competency–based curricula for future physicians in pain management, problematic substance use and substance use disorders.

Over the next 27 months, this project, funded by the Government of Canada, will establish competencies for student physicians in Canada on pain management, including appropriate opioid prescribing, and address gaps in current education programs across the 17 Canadian medical schools. The project will develop a new curriculum of on-line courses and a bank of MCQs and OSCEs to be made freely available to all 17 Canadian medical schools, the Medical Council of Canada and any other interested group.

An official announcement will take place in the New Year. Please direct queries to Ms. Fran Kirby, Project Manager AFMC Opioid Response Project, fkirby@afmc.ca.

CCME2019: The Plenaries are coming!

We are pleased to have Tina Varughese, Dr. James Orbinski and Terry O'Reilly as plenary speakers at #CCME19.

Tina Varughese is an Indo-Canadian daughter of first generation East Indian parents, which allows her to find ‘the best of both worlds’ and shed light, knowledge and most importantly universal humour into the intercultural workplace. Her experience as a mother, daughter, wife, sister and friend impacts her keynote delivery on work-life balance and generational differences. Her key message is to
“Strive for progress rather than perfection.”

Dr. Orbinski is a globally recognized humanitarian practitioner and advocate, as well as one of the world’s leading scholars and scientists in global health. He is a veteran of many of the world’s most disturbing and complex humanitarian emergencies. He is a founding member of Medecins Sans Frontieres (Doctors Without Borders) Canada and accepted the Nobel Peace Prize on behalf of the organization in 1999.

Terry speaks to companies and organizations on the power of marketing. A very passionate (and humorous) presenter, he has a unique and insightful viewpoint on what it takes to truly connect with customers in this day and age. He talks about the power of big ideas, and how those ideas can change perceptions and behaviour. His themes are applicable to any sector, as he focuses on the thinking behind effective campaigns, out-of-the-box strategic insights, how to create a powerful identity, why brands matter (big or small), and how to cut through the data smog with ideas that are impossible to ignore.

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