

# CFMS/FEMC POSITION PAPER

## Diversity in Medicine in Canada: Building a Representative and Responsive Medical Community



### BACKGROUND

The CFMS/FEMC recognizes diversity broadly, encompassing diversity in culture, ethnicity, gender, sexuality, physical ability, geography, religion and socioeconomic status. Within these domains of diversity, differences and dynamics among communities and community members have created imbalances in power and privilege that have systemically disadvantaged certain groups. Within the field of medicine, this has resulted in a healthcare system that is not reflective of or responsive enough to the healthcare needs of marginalized communities, such as Aboriginal communities, African-Canadians, and LGBTQ persons, to name a few.

As medical students in a country that embraces diversity, we believe that our medical system should be representative of and responsive to the diversity within our communities. Unfortunately, the medical school admissions process has traditionally favoured students from high-income, urban dwelling, majority groups, thereby limiting the diversity of medical students across Canada and further marginalizing underrepresented patients and communities.<sup>1</sup> While organizations such as the Association of Faculties of Medicine of Canada (AFMC) are recognizing these disparities and taking steps to increase the diversity and cultural competency of medical students, there is still much work to be done.<sup>2</sup>

To meet the needs of a diverse patient population, medical students and physicians must be able to provide care that is both culturally safe and culturally competent, regardless of a patient's background or personal experiences. Cultural safety refers to the patient's perspective in a healthcare encounter, while cultural competence refers to a health care provider's ability to create and support safe spaces for patients.<sup>3</sup> The overarching goal of cultural safety and competence is the creation of a safe, accessible space for disclosure and discussion.

Studies have shown that patients have better health outcomes when they receive care from a provider that can appreciate or relate to their background and experiences. In addition, patients are more likely to visit a physician and adhere to a recommended care plan when the physician provides culturally safe and competent healthcare.<sup>1</sup> Unfortunately, many minority groups experience barriers to health care access because existing services and/or healthcare providers do not adequately address their needs or experiences.

In supporting the development of cultural competency and cultural safety within medical education, it is important for students to have opportunities to explore and understand the imbalances in power and privilege that influence the experiences of marginalized communities and be exposed to different communities throughout their medical

education. It is also crucial for students to be challenged to explore their own experiences and biases. This involves not only addressing issues of overt discrimination, but also unconscious assumptions or stereotypes that students may be unaware of bringing to the clinical encounter.

An increased emphasis on diversity in medicine would help ensure that medical students and physicians are in tune with the needs of the communities that they strive to serve and represent. This is important since they often act as role models, leaders, and mentors within their communities. Physicians who better understand and represent the needs of their patients will be better able to advocate for public health issues and clinical research that can directly benefit marginalized communities they work with. Achieving this goal requires increasing the number of physicians from marginalized communities, and supporting the development of physicians who are able to work with these communities as allies and supports.

## **RECOMMENDATIONS**

To ensure medical students across Canada are better equipped to meet the needs of diverse patient populations as future physicians, the CFMS/FEMC recommends:

- increasing community-based initiatives at all levels that encourage and support students from marginalized communities to pursue a career in medicine;
- medical schools develop admissions initiatives aimed at increasing the enrollment of medical students from marginalized communities that recognize their unique needs and experiences;
- medical schools, in partnership with provincial and federal governments, work to waive fees and/or create a bursary program for medical school applications (including MCAT) for students in financial need;
- medical schools, in partnership with provincial and federal governments, adjust tuition fees and/or debt relief programs to ensure medical education is accessible to all;
- medical schools publicize current scholarship programs and continue to pursue scholarship funding to eliminate financial barriers in pursuing a career in medicine;
- medical schools increase cultural competency programming in curricula.

To contribute to increasing the diversity in medical school classes and supporting the cultural competency development of medical students, the CFMS/FEMC as an organization should continue to:

- support and help connect student-led initiatives aimed at increasing diversity in medical schools and developing cultural competency, such as student-run electives/ interest groups and awareness activities;
- support and build on national student diversity initiatives;
- build on current lobbying efforts focused on increasing diversity in medical education;
- work with the AFMC on their *Future of Medical Education in Canada* project in the areas of diversity and social accountability in medical education.

Check out the following CFMS/FEMC s projects aimed at increasing diversity in medicine by visiting our website [www.cfms.org](http://www.cfms.org):  
*Accessibility In Medical Education (AIMED) Program; an initiative to encourage rural high school students to pursue a career in medicine*  
*Medical Students with Disabilities; an initiative to support and advocate for medical students with disabilities*  
*Lobby Day 2010; our discussions with MPs focused on increasing the representation of students from low-income and rural background in medical school*  
*Global Health Advocacy Theme for 2008/09 and 2009/10; our Global Health Program s national advocacy work focused on Aboriginal health issues in Canada*

You may also be interested in the CFMS/FEMC position papers that explore the following diversity in medicine topics in greater depth:  
*Representation in Medicine: Examining Socio-Economic and Rural Backgrounds*  
*Aboriginal Health*

## REFERENCES

1. Merani S, Abdulla S, Kwong J, et. al. Increasing tuition fees in a country with two different models of medical education. *Medical Education* 2010; 44: 577-586.
2. The Association of Faculties of Medicine of Canada. The Future of Medical Education in Canada (FEMC): A Collective Vision for MD Education. 2010. [http://www.afmc.ca/fmec/pdf/collective\\_vision.pdf](http://www.afmc.ca/fmec/pdf/collective_vision.pdf) Retrieved July 25, 2010.
3. National Aboriginal Health Organization. Cultural Competency and Safety: A First Nations, Inuit and Metis Context & Guidelines for Health Professionals. 2007. <http://www.naho.ca/publications/UofT2007.pdf> Retrieved July 25, 2010.

**First Drafted**  
2004 Bimpe Ayeni

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2010 - Cait Champion (University of Toronto, 2012), Jane Dunstan (University of Toronto, 2012), Danielle Rodin (University of Toronto, 2012), Ashley Miller (University of Ottawa, 2012)

## SUPPLEMENTARY MATERIAL

### Recruitment and Support Initiatives to Increase Diversity in Canadian Medical Schools - Results of a 2004 CFMS/FEMC Survey

*Bimpe Ayeni, 2004*

The following initiatives are proving to be successful in the recruitment and support of a diverse medical student population:

- The **University of Toronto Black Medical Students Association (BMSA)** is a network of medical students and physicians that fosters mentorship and organizes community outreach initiatives. The group runs a Summer Mentorship Program that exposes high school students to medicine by giving them a chance to take classes, work with professors, and conduct research. BMSA also runs an interview workshop to help students prepare for medical school interviews.
- **Canadian Aboriginal Leaders in Medicine (CALM)** is a national organization whose membership consists of Aboriginal medical students and physicians. The group holds annual conferences to network and to discuss issues pertaining to Aboriginal health, research, and representation in the health sciences.
- The **University of British Columbia Faculty of Medicine** hosts a pre-admissions workshop for Aboriginal premedical students. In addition, since 2002, there has been an **Aboriginal Residency Site** at UBC which trains Family Practice residents who intend to care for Aboriginal populations and/or work in Aboriginal communities.
- The **Quebec Black Medical Association** is based in Montreal and it brings together high school students, undergraduates, medical students and physicians. In addition to promoting mentorship, the group provides scholarships and bursaries to assist students interested in pursuing a career in the health professions.
- The **University of Manitoba** has a 2 to 4-year Special **Premedical Studies Program** to prepare Aboriginal students for entrance into medical and dental schools or other health science programs. The program familiarizes students with university expectations and provides individualized academic advising and counseling. In addition, there is a **Professional Health Program** that provides support to students that have gained admissions to a health science program.
- The **Office of the Aboriginal Health Care Careers Program** at the **University of Alberta** was created to recruit and assist Aboriginal students. The Office provides academic, administrative, emotional, financial, and social supports to Aboriginal applicants and students. In addition, the Office strives for the inclusion of Aboriginal health issues including Traditional Medicine.