

# Town Hall Meeting

## May 6, 2014

David Eidelman  
Vice-Principal (Health Affairs)  
Dean of the Faculty of Medicine



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# Agenda

- Dean Eidelman – 5 min.
  - Welcome & Context for Discussion
- Robert Primavesi – 10 min.
  - New MDCM: Highlights & Implications for Student Selection
- Saleem Razack – 10 min.
  - The Admissions Process
- Aharon Silberman, Sophie Vincent, Nebras Warsi – 10 min.
  - Students' Experience
- Open Floor (Dean moderates) – 60 min.



# Framework

- The Faculty's mission
- Our commitment to excellence
- LCME-CACMS accreditation
- Our competitiveness
- What we believe...





New MDCM Curriculum  
PATIENT AT HEART, SCIENCE IN HAND

# The New MDCM Curriculum: Highlights & Implications for Student Selection

Robert Primavesi, MDCM, FCFP(EM)  
Associate Dean, Undergraduate Medical Education  
May 6, 2014



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# Disclosures

- Associate Dean, Undergraduate Medical Education



# MDCM Curricular Renewal



**Future of Medical Education in Canada**  
A project funded by Health Canada



**Medical Doctor Project »**



**THINK**  
*Dangerously*



# Toward a New Curriculum



Toward a New Curriculum  
Outline of a Strategic Plan for a  
Revised McGill Medical  
Undergraduate Curriculum

Submitted for Approval:  
March 2010

Approved by  
Prof. H. Munroe-Blum &  
Prof. A.C. Masi:  
October 2010

- **VISION:** To be recognized as Canada's foremost medical undergraduate program, preparing future generations of graduates to take their place as leading medical practitioners, educators and researchers
- **VALUES:**
  - Physicianship
  - Addressing the needs of society
  - Adaptability and scholarship



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# “Toward a New Curriculum”

## Recommendations

1. Address societal needs
2. Ensure educational excellence
3. Require teaching by physicians with McGill appointments
4. Promote life-long learning
5. Provide early clinical exposure
6. Counter the “hidden curriculum”
7. Develop centrally managed curriculum
8. Learn interprofessional teamwork





# Attributes of the McGill Medical Graduate

Demonstrates:

1. Stage-appropriate clinical expertise
2. Physicianship (healing and professionalism)
3. Effective communication skills
4. Interprofessional skills & ability to be part of a team
5. Critical thinking and decision-making
6. Adaptation to changes in practice, technology and societal needs
7. Understanding of the health care system and the role of public health
8. Through independent work, the understanding of scholarship



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# The Future of Medical Education in Canada (FMEC-MD)

**10** recommendations for UGME education:

1. Address Individual and Community Needs
2. Enhance Admissions Processes
3. Build on the Scientific Basis of Medicine
4. Promote Prevention and Public Health
5. Address the Hidden Curriculum
6. Diversify Learning Contexts
7. Value Generalism
8. Advance Inter- and Intra-Professional Practice
9. Adopt a Competency-Based and Flexible Approach
10. Foster Medical Leadership



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# FMEC-PG

## #5 Ensure Effective Integration and Transitions along the Educational Continuum

- The Canadian PGME system prepares physicians for practice
  - Increase of responsibility across the medical education continuum
  - **Effective transitions – UGME → PGME → Practice**
- Transitions are key opportunities for learning
  - Need to be managed and used more effectively
  - Better structured
  - Better integrated



# Hot Topics

- Transitions
- Competency-based curriculum
- HHR – Human Health Resource Planning
- CaRMS 2014
- FMEC MD Admissions



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# Alignment

- Mission – Education, Research, Service
- Accreditation standards
  - MS-8: A medical education program must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission
  - IS-16: An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds
- Pre-requisites
- Competency-based assessment (MMIs)
- Measure outcomes



# MDCM

## Admissions Process



Saleem Razack, MD, FRCP(C)  
Assistant Dean, Admissions, Equity & Diversity

Tuesday, May 6, 2014



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# Disclosures

- Assistant Dean, Admissions, Equity & Diversity



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# Overview

- No. 1 goal is excellence
  - *Graduate the best doctors*
- Integral part of our accreditation requirements
- Question of McGill competitiveness
- Aim is to ensure all students from different backgrounds are welcome to apply
- All assessed on level playing field, no internal quotas, best practice tools



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# Accreditation Standard

**IS-16.** An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.



# Accreditation Standard

- **MS-5.** A medical education program must have a sufficiently large pool of applicants who possess national level qualifications to fill its entering class.
- **MS-7.** At a medical education program, the selection of individual medical students for admission must not be influenced by any political or financial factors.



# Accreditation Standard

- **MS-8.** A medical education program must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission.



# Some Facts

- 90% of positions reserved for Quebec residents
- No quotas: language, ethnicity, socioeconomic, etc.
- Approach is to widen the pool to attract the best
- Academic performance accounts for 70%, while CV and personal narrative submissions for 30%
- Admissions committee (docs, allied health professionals, students, residents)
- More competitive than ever (2,817 in 2014)
- Higher GPA



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# Guiding Principles

- **Seeking Excellence:** Excellence in applicants to our medical school is understood as a complex concept, demonstrated as a balanced interplay between scientific and academic ability, intellectual curiosity, humanism, rigor, and community engagement.
- **Inclusivity:** Our processes and programs are welcoming to persons from varied backgrounds and life trajectories, understanding that diversity – defined broadly – positively enriches learning and work environments and contributes to better service to patients and communities.
- **Alignment:** Our selection criteria correspond to the educational and program objectives of the medical curriculum, and meaningfully reflect the Faculty of Medicine’s academic mission and obligations of social accountability.
- **Fairness:** All applicants to our programs are treated in a just and respectful manner.
- **Transparency:** Our guiding principles, selection criteria, and processes, are clearly articulated and readily available to applicants, medical students, faculty members, and members of the communities we serve.



# Seeking Excellence

***Goal → to graduate the best doctors***

- Standards:
  - Academic strength
  - Personal characteristics to become highly competent and caring physicians
- Selection tools:
  - Assessment of academic record
  - CV & Personal Narrative
  - Multiple Mini-Interviews



# Selection Process

**Phase 1:** Pre-selection for invitation to interview  
(~2800 → 500)

- 70% Academic dossier
  - Progression of difficulty of courses; professional programs; post-baccalaureate programs
  - *2 admissions professionals*
- 30% Non-academic dossier (CVPN)
  - *2 raters*



# Selection Process

**Phase 2:** Selection for admission offers  
(500 → 184)

- MDCM applicants:
  - 80% Multiple Mini-Interview – *10 raters*
  - 20% Basic Science performance (science GPA + MCAT where applicable)
- Med-P, IMG and NTP applicants:
  - 100% Multiple Mini-Interview – *10 raters*





# 2014 Applications

<b>APPLICANT CATEGORIES</b>	<b>Fall 2014</b>
Quebec Residents with university degrees (including NTP)	878
Quebec Residents (International Medical Graduates)	54
Canadian (not resident in Quebec)	946
International (US & non-US)	129
<b>Total applicants to MDCM program</b>	<b>2007</b>
<b>Total applicants to MED-P program (residents of Quebec)</b>	<b>810</b>
Qc First Nations & Inuit Faculties of Medicine Program	6
<b>GRAND TOTAL APPLICANTS</b>	<b>2817</b>



# Volume All Applicants

		2003	2008	2013
		n	n	n
All programs	Applications	971	1400	2831
	Interviews	279	411	499
	Offers	223	228	233



# Correlation Data

- MMIs show strong and statistically significant correlation with student performance in core clerkships:

$$r = 0.523$$

$$p = 0.038$$

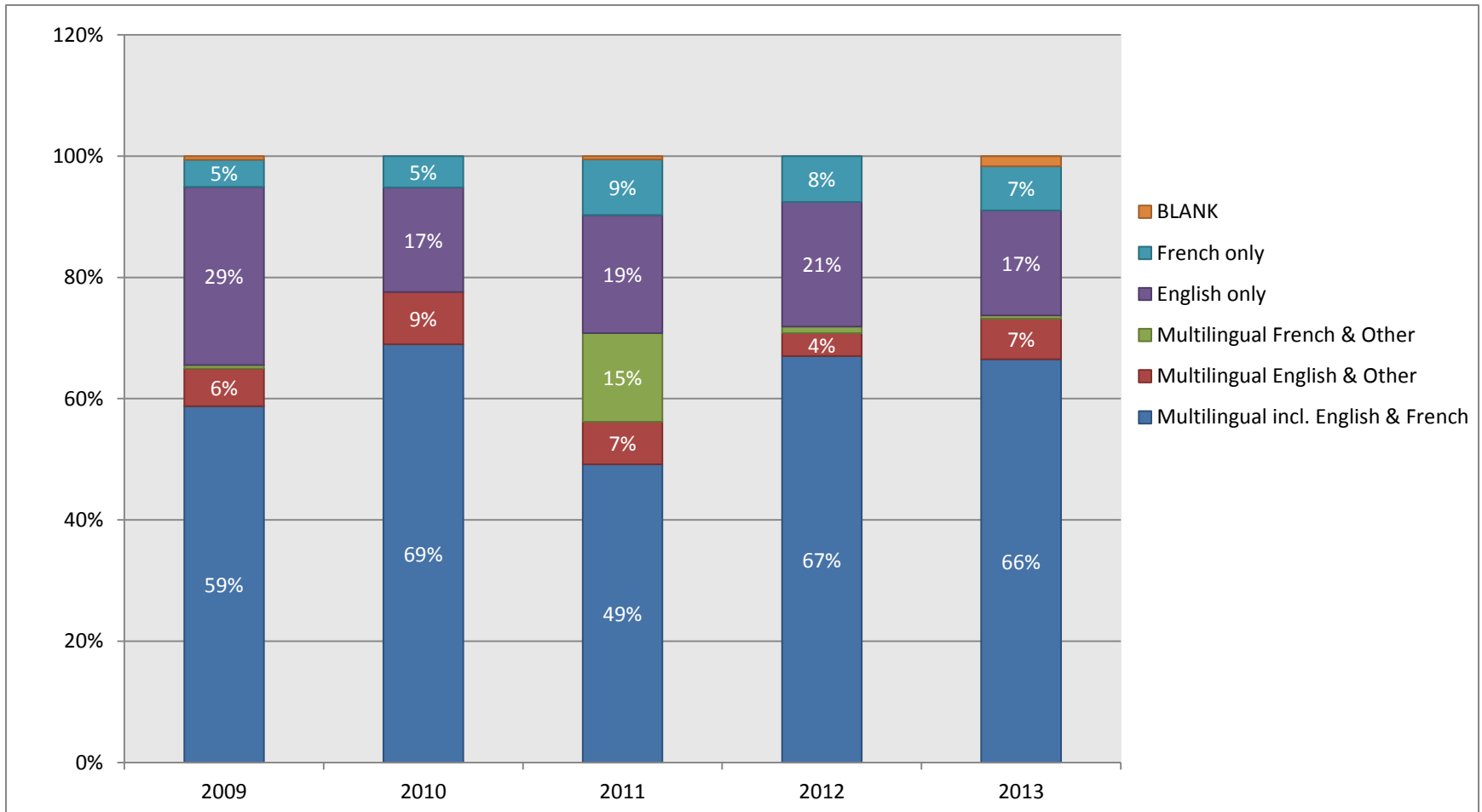


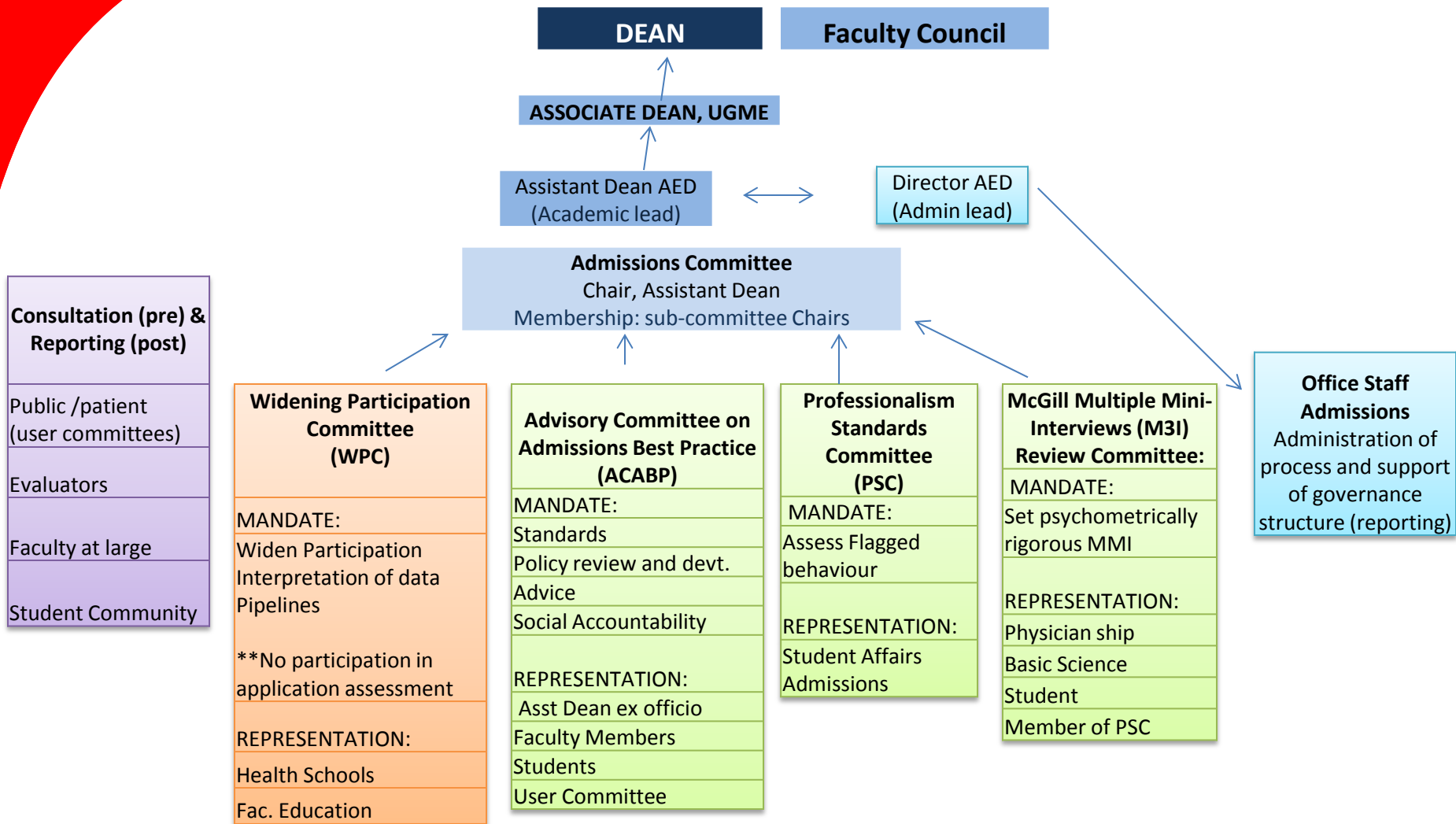
# Inclusivity

- Governance – distributed decision-making
- Evaluator board membership
- Outreach activities
- Addressing unnecessary barriers
- Fully bilingual process



# Profile





<b>Consultation (pre) &amp; Reporting (post)</b>
Public /patient (user committees)
Evaluators
Faculty at large
Student Community

*Yearly consultative hearing process*

<b>Stakeholders</b>
Public
Evaluators
Faculty
Student Community

<b>Evaluator Pool</b>
Appointed
Trained
First Level of Involvement
Never members of WPC

# Alignment

- Alignment with mission and curriculum
- Selection criteria aligned with curriculum
- MMI aligned with physicianship objectives



# Fairness

- Established protocols and processes
  - Extenuating circumstances  
(<http://www.mcgill.ca/medadmissions/applying/elements/extenuating-circumstances>)
  - Reconsideration: procedural review  
(<http://www.mcgill.ca/medadmissions/applying/after-youve-applied/reconsideration>)
- **No discretion** in final outcomes





# Transparency

- All applications treated equally on basis of pre-determined and published criteria (<http://www.mcgill.ca/medadmissions/applying/selection-process>)
- **No quotas** based on demographics
  - Quebec First Nations and Inuit program places are supernumerary
  - Distribution of seats set by Government decree



# External Review

## External Review Follow-Up Task Force Membership:

- Dr. Richard Cruess
- Dr. Sylvia Cruess
- Dr. Jae-Marie Ferdinand, Chair WPC
- Paige Isaac, Coordinator, First Peoples' House
- Demetra Kafantaris, Senior Advisor to Dean
- Dr. David Luckow, Chair, Admissions Advisory
- Charmaine Lyn, Director, AED
- Dr. Robert Primavesi, Assoc. Dean, Med Ed.
- Seeta Ramdass, St-Mary's User Committee
- Dr. Saleem Razack, Asst. Dean, AED
- Nebras Warsi, Med-1 Class President



# Best Practices

- Goal: To graduate the best doctors**
- Priority: Continue getting better**
- *Continuous quality improvement*
- Vision: Select the best in a fair, transparent, inclusive approach**
- Invitation: Your participation is welcome!**



# Discussion & Questions

