

SOMAC Meeting
February 12, 2024 8:00-9:00am
Kelly Boardroom/Zoom

Jane Philpott, Steve Smith, Diane Lougheed, Louise Winn, Chandra Tayade, Troy Jones, Gena Piliotis, Leslie Flynn, Christine Orr, Sam Buttemer, Nancy Dalgarno, Hugh MacDonald, Josh Gnanasegaram, Pierre-Oliver Gaudreau, Tariq Hassan, Sandip Sengupta, Ruzica Jokic, David Walker, Edmund Jones, Lynne Postovit, Michelle Gibson, Tony Sanfilippo, Karen Schultz, Jean Matthews, Colleen Davison, Lysa Boisse Lomax, Aws Almufleh, Richard van Wylick, Khaled Zaza, Kristy Lodewyks, Denyse Richardson, Aynharan, Karen Yeates, Oyedeji Ayonrinde, Brad Stoner, Maera Haider, Darrin Payne, Dusan Kolar, Jessica Carn, David Lillicrap, Matt Simpson

In person Briana, Jen, Kristy, Diane, Pinky, Richard, Chandra

1. Approval of agenda and minutes September 25, 2023

J. Philpott

The agenda was approved as well as the minutes of September 25, 2023
Moved by J. Philpott seconded by K. Schult all in favour

2.0 Information Items

2.1 Clerkship Renewal

S. Watson/G. MacLean

G. Piliotis presented the clerkship renewal and the changes which are to increase longitudinal exposure to family medicine, increase exposure to generalist care, increase longitudinal experience to health care systems in smaller communities and increase exposure to ambulatory care. This will be launched September 2024. A few principles were reviewed. All core rotations will happen before CaRMS. The 4th year has been revitalized. A spiral curriculum is being built to allow our students to experience specialties in different settings. Core clerkship will now be 54 weeks instead of 48 weeks. There will be 18 weeks of electives. G. Piliotis reviewed what is new in the clerkship renewal. An overarching structure of three sections was also reviewed. ROMP, ERMEP and WAHA fully support this program as communities want students in the community for a longer period of time with the hopes of coming back to do family medicine. There is another chunk of time post CaRMS which hasn't been built yet, but won't launch until the spring of 2026. G. Piliotis shared what the changes will look like, and how this will happen. There was a question period specifically for any concerns or clarity that could be put forward as the program is fine tuned. There were some concerns around the vagueness of the chunk of time post CaRMS. Any specific input can be sent to G. Piliotis, S. Watson or G. Maclean.

Motion – to support MD program to move ahead with the clerkship renewal as presented with the understanding that there will be further consultation and collaboration broadly especially in the development of the final segments. We will ask that G. Piliotis, S. Watson and G. MacLean to come back to SOMAC with an update.

Motion by Dean Philpott seconded by Peggy DeJong passed

2.2 MD Program Admission Proposal

P. Dejong

P. Dejong presented some work that has been done to evolve the admissions process. The first stage of this multi year project was presented, which will impact the class that enters in 2025. The current admissions structure was reviewed. The biggest issue we have is that we receive 5,500 applications each year for 114 ministry funded spots. It is felt that we are fostering an environment of competition where students strive to outcompete others on pre-specified metrics. Many resources were looked at in order to form this plan and also consulted with the recommendations put forth by the Black Medical Students Association of Canada in 2020 as well as the in press document from the national consortium on indigenous medical education and indigenous student admissions transitions working group. Three main recommendations came out of these documents. Data was looked at and we realized that our applicant pool is not the same as other schools. We generally have fewer black applicants as well as indigenous applicants. We were able to identify barriers in our processes. This involved the MCAT threshold which is set higher than other schools. We are suggesting keeping our public GPA threshold at 3. We would like to set our MCAT threshold's at 125 per section and make it public. We will set our Casper threshold at a level to minimize bias. With the changes it is felt that we will likely have 3,000-3,500 eligible applicants to move forward to the next step. This still isn't possible to file review. Our proposal is to create equitable access to the MMI. We are focusing on the MMI as they are more reliable than interviews. We believe that the random selection will work and that all individuals above the new MCAT, Casper and GPA cut scores will all be able to succeed in medical school. The current system rewards higher scores but doesn't translate to better doctors. P. Dejong stressed that this isn't a lottery to admission it is a lottery to MMI. There will still be established metrics, MMI will be used, screening for red flags and file review will still be important. There will be 2 new streams. There will be a creation of low socioeconomic spots in the lottery system as well as an indigenous student access pathway. P. DeJong reviewed several ways in which the MMI will be better. P. Dejong has other goals for future cycles which include implementing a black student access pathway, developing pipeline programs that reach back to middle school and elementary school to encourage entry into health professions. Key long term goals were also outlined.

Many positive comments were made to support this new process as well as a few general questions. Dean Philpott added that our target is to announce this change in April with very positive messaging. were made evaluation process would be.

Motion – to approve the work that has been presented and request that further information and updates be provided back to SOMAC

Motion by Dean Philpott seconded by K Schultz passed

3.0 Consent Items

3.0 MD Program Policy Revisions

G. Pilotis

3.1 MD Program Terms of Reference Revisions

G. Pilotis

Motion – approve the updated MD Program Policy and the updated MD Program Terms of Reference as circulated

Motion by Dean Philpott seconded by R. van Wylick passed