

## Equity, diversity and inclusion and the CanMEDS framework Équité, diversité et inclusion et le cadre CanMEDS

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The Canadian Medical Education Directives for Specialists (CanMEDS) framework is one of the most used physician competency schemas in the world and was last updated in 2016.<sup>1</sup> However, CanMEDS requires revisions to better embrace the principles of equity, diversity and inclusion (EDI), to improve comprehensive physician learning experiences, promote a diverse workforce, reduce health care disparities and enhance patient outcomes.<sup>2</sup>

CanMEDS does not mention the term “inclusion.” “Health equity” is acknowledged only once in the Framework in the Health Advocate Role, but excludes social equity and the social determinants of health that underlie many health inequities.

The CanMEDS roles of Communicator, Collaborator and Professional specify “respect for diversity” but the integrating Medical Expert role does not acknowledge EDI. “Justice” is referenced in the CanMEDS Leadership role but not EDI which are pivotal in the attainment of justice. Allyship, cultural competency and intersectionality are not mentioned in the CanMEDS framework.

Revisions to CanMEDS are not enough. Other measures to integrate EDI include educational courses and climate surveys on EDI, the incorporation of EDI in quality pathways and clinical discussions on patient care, and the promotion of EDI research especially for minority and underserved groups. The Canadian Resident Matching Service recommendation letters should add a category on the EDI

accomplishments of medical students. Finally, funding should be earmarked for EDI recruitment, retention and to recognize trainee and staff champions of EDI.

In summary, the further integration of EDI directives into more of the CanMEDS roles is one of the required steps to advance patient care and medical education, promote workforce diversity and mitigate health care disparities.

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## References

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