



CAME-ACEM Voice/Voix

Why it's good to be a medical educator in Canada – Rachel H. Ellaway and Jocelyn Lockyer

One of us [RHE] recently became a Canadian citizen, which gave us pause to reflect on medical education in Canada and why this is a good place and a good time to be doing what we're doing as members of the CAME-ACEM community.

We have 17 schools with many regional and cultural variations, ranging from ultra urban to ultra remote and encompassing rural, bilingual and multicultural contexts. We have just 2 professional colleges (that work well together), we have many world-class scholars (teachers, researchers, and leaders), we have a shared vision that influences the world (including CanMEDS and social accountability), we have many international connections, and we balance our commitment to the social contract with a flair for entrepreneurship and creativity. We now have critical documents to guide the way forward with the Committee on Accreditation for Canadian Medical Schools' fully Canadian standards and two Future of Medical Education in Canada Reports for undergraduate and postgraduate medical education. Moreover, Canadians regularly perform as well if not better than our American, European and Australian cousins in key educational journals and at international medical education meetings.

However, modesty is a Canadian virtue and we should also admit the drawbacks of being here and now. Canada is really big with many time zones and we struggle to maintain regular connections between schools that are not nearby; physicians are self-employed arguably making it harder to effect healthcare reform; and we face a growing problem of Canadians training overseas and then finding it hard to return as doctors. Our physician resource planning has not been facile enough to guide new graduates or change the number of postgraduate positions to optimally meet our needs.

But all in all, Canadian medical education is a national treasure, from the experiments of competency-based training at Queens, to social accountability at NOSM, and the growing number of schools with regional and distributed programs. Innovation and advances are supported by the growing number of certificate, Masters and PhD programs across Canada. Scholarship and innovation notwithstanding, we acknowledge the essential contribution of the clinical preceptors across Canada who teach in our medical schools and in the community. Day after day, they work with medical students and residents to ensure that Canadian medical services retain their high standards of quality and care.

Medicinae educationem a mari usque ad mare!