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Pouvons-nous revoir les admissions à la faculté de médecine pour tenir compte des compétences CanMEDS révisées ?

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Can we revise medical school admissions to reflect revised CanMEDS competencies?

Pouvons-nous revoir les admissions à la faculté de médecine pour tenir compte des compétences CanMEDS révisées ?

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In their Emerging concepts article, Barnabe et al. published a proposal to incorporate equity, diversity, inclusion, and social justice (EDIJ) into the 2025 CanMEDS framework.¹ Medical schools must consider adopting a similar *integrated* EDIJ lens in their candidate selection.

Despite recognition of the importance of EDIJ in medical education, too often is social accountability a separate category in the admission process—a station of a multiple mini-interview, or else a stand-alone, written statement. This approach fails to recognize the intersectionality of identities and experiences, reinforcing the notion of EDIJ as an add-on rather than an essential, pervasive component of physicianship. Admissions officers could strengthen their commitment to these principles through cohesive selection criteria reflective of the proposed 2025 CanMEDS framework¹ wherein critical consciousness² permeates throughout the various roles of a physician.

Applicants may be asked to demonstrate critical awareness² of how their extracurricular experiences fostered a skillset suitable to dismantling unjust systems. They may be asked to hypothesize how their research could be applied in an equitable and inclusive manner. Applications may require students to reflect upon biases in

their formal education—such that they approach their studies with a critical lens *before* medical school applications.

Applicants may not be experts in dismantling injustice, and certainly schools must avoid criteria which favour experiences that may not be available to all students. However, by *integrating* an EDIJ lens into existing aspects of the selection process, institutions can matriculate future healthcare providers committed to address systemic barriers in healthcare.

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