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Uprooting the CanMEDS flower? Equity, social justice, and the Medical Expert role

Déraciner la fleur CanMEDS ? Équité, justice sociale et rôle de l'expert médical

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The CanMEDS Foundational Exploratory Report,[1] released in October 2023 by the CanMEDS Secretariat, has generated a storm of controversy. CanMEDS 2025 is a proposed restructuring of the CanMEDS competency-based framework for physician education originally offered in 1996 with recent updates in 2005 and 2015[2] and incorporates the "emerging concepts" of anti-racism, equity, diversity, inclusion and accessibility (EDIA), humanism, planetary health, virtual care, and data-informed medicine.[3]

Much of the controversy surrounding the Foundational Report lies in the proposal that the Medical Expert Role should be "de-centered" in the CanMEDS model in favour of values, such as anti-racism, anti-oppression, social justice and equity, inclusion, and shared humanity:

> *A new model of CanMEDS would seek to centre values, such as anti-oppression, anti-racism, and social justice, rather than medical expertise*. [emphasis added][1]

The rationale, according to the Interim Report, is to address "the hidden curriculum in medical education which states that critical aspects of medical practice, such as advocacy, communication, and collaboration are less important" than the biomedical and clinical knowledge emphasized in the Medical Expert role.[1]

We appreciate the Expert Working Group's focus on the values mentioned above and their commitment to incorporate these values into clinical practice; however, we share some of the concerns expressed by many in response to the Report. We believe that the concept of medical expertise, i.e., the ability to apply principles of biomedical science to understand and treat human disease, reduce suffering, and enhance health, is the very foundation on which our work and identities as physicians are built. To ignore the basis of this work does a tremendous disservice to all those who contribute to advances in clinical medicine and decentres the role of these advances in enhancing the health and well-being of the general public.

In our view, the Interim Report creates a false dichotomy between medical expertise and evidence-based clinical practice on the one hand, and equity and social justice on the other. The new model appears to force health care providers to choose *either* to practice clinical medicine that is informed by evidence-based principles *or* to treat patients from a perspective that embraces social justice and equity. One of the most unfortunate consequences of this polarization, particularly as seen on social media, is the anger and even mockery directed at the very idea of EDIA. Efforts in this area have been falsely accused of lacking evidence or academic rigour, consisting of slogans chanted by "social justice warriors" rather than clear plans or frameworks. Terms such as "intersectionality," "equity," and "accommodation," have caused eye rolling and sighs in many conversations. As medical educators who have made this work the core of our educational, research, leadership,

and clinical practice for most of our professional lives, it is distressing to witness the efforts that we and many others have made to advance the cause of equity demeaned in this manner. In the words of one colleague, "EDIA has become a four-letter word."

We are here to push back. There *is* evidence that supports the impact that systemic racism has had on the health and well-being of individuals from historically marginalized groups,[4] that demonstrates for example, the misuse of race in the concepts of estimated glomerular filtration rates,[5] and evidence demonstrating bias underlying assumptions concerning pain thresholds in Black patients,[6] skin thickness,[7] and diabetic complications.[8] The commitment to EDIA is rooted in evidence as much as in moral justification. To ignore this growing body of evidence is at the very least…unscientific.

We also believe that at the center of the controversy lies a sort of epistemic confusion—a misunderstanding of ways of knowing and understanding in medical education, as well as an important example of what is missing in the competency-based models. As one of us has argued,[9] there are different ways of knowing in medicine and in medical education. The knowledge and skills needed to understand how to apply biomedical principles to the treatment of heart failure, for example, are fundamentally different, but no more rigorous, than the knowledge and sensibility needed to inform someone of a terminal diagnosis or to support an individual with a diabetic foot ulcer to get treatment while experiencing housing and food insecurity. All these activities are, we believe, essential to the practice of medicine; however, the ways in which they are taught and assessed should be different. Surely, despite best attempts, the complex communicative interactions that occur in clinical medicine cannot be boiled down to simple "cookbook" communication skills in place of sensitive, nuanced approaches to uncertain circumstances fraught with potential misunderstandings.[10,11] Furthermore, the *knowledge and skills* that are the focus of competency-based medical education and embodied by the CanMEDS model are not the same as the *values* of societal accountability, ethical behaviour, anti-racism, humanism, and resource stewardship that should guide the application of such *knowledge and skills*. Competencies without underlying values are as empty as moral pronouncements lacking effective action. To replace the knowledge and skills of the Medical Expert role with the values of anti-racism, anti-oppression, humanism, equity, and social justice is akin to replacing the broken wheel of a cart with a compass.

Instead of "de-centering" the Medical Expert role, we would argue that the role of Medical Expert itself should be reimagined to embody the values represented in the "emerging concepts." We would argue that the medical expert is someone with a strong biomedical knowledge base and clinical skills *coupled with* values centered on social justice and equity who delivers patient-centered care and teaches with a learner-centered approach. For example, when teaching the basics of history taking, we also need to teach the value of language concordant care, professional interpretation, cultural safety, and listening deeply to patients and their families. Similarly, in dermatology teaching, the historical lack of representation of, and engagement with, skin diversity must be acknowledged.[6] The presentation of skin diseases (e.g. melanomas) differ across various racial and ethnic groups and contribute to delay in diagnosis and appropriate management. Likewise, understanding the history of structural racism and intergenerational trauma affecting many of our patients will allow us to better adapt our approaches to treat them effectively and empathically. The latter ways of knowing are not "add-ons" or optional to usual clinical practice; they are an integral aspect of caring for individuals in increasingly diverse, global societies.

We believe that the impetus for identifying emerging themes and developing approaches to adapt CanMEDS to incorporate those themes stems from a dissatisfaction that the current CanMEDS model inadequately embodies values relevant in contemporary society, including addressing great disparities in health care based on race/ethnicity, gender, gender identity, religion, immigration, language concordance, and socioeconomic status. We share these concerns. We believe that health is a fundamental human right and value and must be foundational in an increasingly diverse society. The pandemics of COVID 19 and structural racism clearly highlighted that the role of the professional must be reimagined to align professional values better with the emerging societal needs.[12] Although we believe that education in humanism, equity, history and social justice must be part of the making of physicians, we do not propose an "uprooting" of the CanMEDS flower. Rather, we posit that any rethinking of the intrinsic CANMEDS roles should embrace the complexity and moral relevance of values centred on social justice and EDIA in today's society.

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