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MEMORANDUM

ATTENTION	Senate	**DATE**	February 7, 2024
FROM	Dilson Rassier, Provost and Vice-President Academic, and Chair, SCUP	**PAGES**	1
RE:	Notice of intent for the SFU Medical School (SCUP 24-06)		

At its meeting on February 7, 2024, SCUP reviewed and approved the Notice of Intent for the SFU Medical School. It is attached for the information of Senate.

A Notice of Intent does not include budgetary information. As such, this was not a part of SCUP's consideration when approving the Notice of Intent.

C: Kris Magnusson
David Price
Maria Hubinette

SIMON FRASER UNIVERSITY
ENGAGING THE WORLD

Undergraduate Medical Education Program (UGME)

Notice of Intent

January 2023

Proposed SFU Medical School Initiative (SFUMS)

1 Credential to be awarded

Doctor of Medicine (MD).

2 Location

SFU Surrey Campus will be the main campus for the proposed SFUMS hosting classes and labs. Clinical learning will occur in various settings across the Fraser Health Authority including primary care centers, community care centers, urgent care centers, hospitals, and privately-owned family medicine practices. Partnership with First Nations Health Authority will allow immersive clinical experiences within First Nations communities which will be integral to the program.

3 Department(s), School(s), Faculty(ies) offering program

The governance structure is still to be determined and will be finalized prior to the submission of the FPP through a separate set of Senate motions. The Simon Fraser University Medical School (SFUMS) is the placeholder title until the governance decision has been made. The final proposed structure of the UGME Program will need to strictly adhere to the accreditation requirements set by the Committee on Accreditation of Canadian Medical Schools (CACMS). To meet these requirements, the SFUMS must be positioned as a distinct entity with accountability mechanisms that demonstrate adherence to accreditation standards. Furthermore, it must be demonstrated that the Dean, who must be a licensed physician, has direct access to senior university administrators. For this reason, some universities create a "Dean and Vice-Provost" role; others simply indicate the direct reporting relationship between the Dean and the Provost and Vice-President Academic. To that end, the SFUMS will have a Dean responsible for a clearly differentiated medical unit and entity. Ultimately, Board of Governors approval, at the recommendation of Senate, will be required to finalize, adopt, and implement the governance structure for the proposed SFUMS.

4 Anticipated program start date

Summer 2026.

The Committee on Accreditation of Canadian Medical Schools (CACMS) mandates a minimum of 130 instructional weeks. To ensure the minimum is met, and that students graduate in time to begin residency programs on July 1st, SFU's program will begin partway through the Summer Session Term.

5 Description of proposal program

5.1 Aims, goals and/or objectives

There is an urgent need to increase the number of practicing family and primary care physicians in British Columbia (BC). As part of its comprehensive strategy to improve

patient care and address a shortage of physicians, the province has prioritized the establishment of a new medical school on Simon Fraser University's Surrey campus. The SFU Medical School (SFUMS), including the UGME Program, will be the first new medical school in Western Canada in 55 years. The principal goal of the UGME Program is to graduate physicians who have the skills and commitment to provide team-based, community-level health care where it is most needed in BC, though learners will be well prepared to begin residency for, and practice in, any medical speciality. In addition to developing physicians' deep competence in medical practice, the program will equalize and embed Indigenous ways of knowing and emphasize critical thinking, collaboration with colleagues, culturally safe health care, communication skills and early and extensive engagement with communities.

5.2 Mandate and strategic plan

The Undergraduate Medical Education Program is well-aligned with the recently released Simon Fraser University (SFU) strategic plan, What's Next: The SFU Strategy, which identifies four key priorities: "Uphold Truth and Reconciliation," "Engage in Global Challenges," "Make a Difference for B.C.," and "Transform the SFU Experience." The medical school is in fact a cornerstone initiative within the "Make a Difference for BC" priority, filling a critical gap in the preparation of physicians in BC. The UGME will be a program designed to inspire its graduates to choose comprehensive, longitudinal, community-based family medicine and other generalist specialties (generalist being those "with core abilities characterized by a broad-based practice"[1]) while providing opportunities to pursue any field of medicine.

Moreover, the program will help SFU advance its "Uphold Truth and Reconciliation" priority by providing a training environment, developed in collaboration with First Nations, Indigenous communities and the First Nations Health Authority (FNHA), that creates opportunities for Indigenous students to become medical providers for their communities and non-Indigenous students to learn culturally appropriate care as well as Indigenous ways of knowing. In this way, the UGME Program will embed this priority into its curricular foundations, and thereby uphold Recommendation 18 from the *In Plain Sight*[2] report and Truth and Reconciliation Commission of Canada (TRC) Calls to Action[3] 22, 23 & 24. The program will strive to actively reduce barriers to entry, put dedicated resourcing towards the identification, recruitment and encouragement of potential Indigenous applicants, and regularly review the program for racist or oppressive practices and policies that may prohibit or deter Indigenous applicants or students.

[1] Generalism in medical education. (n.d.). https://www.royalcollege.ca/en/educational-initiatives/educational-generalism-medical-education.html

[2] Lafond, Mary & Johnson, Harmony & Charles, Grant. (2020). In Plain Sight Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care: Summary Report.

[3] Truth and Reconciliation Commission of Canada (2015). Truth and Reconciliation Commission of Canada: Calls to Action. http://www.trc.ca/assets/pdf/ Calls_to_Action_English2.pdf

5.3 Target audience

The primary target audience for this program is students who reside within BC who wish to pursue a career in medicine locally (within the Fraser region and/or within BC), particularly those planning to pursue residencies in Family Medicine and other generalist specialties. Furthermore, the approach to UGME admissions will be designed to attract students who will embody the school's values and who will reflect the populations they will serve. As mentioned in section 5.2 above, recruitment and admissions processes will also uphold Recommendation 18 from the *In Plain Sight* report and TRC Call to Action 23. Plans to ensure equitable access to medical school start with an inclusive admissions criteria and selections process and continue with robust supports for these students as they progress (e.g. application support, financial support, etc.).

5.4 Content and summary of requirements for graduation

The UGME is an undergraduate degree program, though it differs from other undergraduate degree programs in several ways. First, undergraduate medical education programs in Canada require students to have a minimum of two to three years of college or university education prior to entry, and many programs will only admit students who have fully completed a first undergraduate degree. In addition, it is a professional degree program with cohort-based progression and explicit and extensive external accreditation requirements. Students therefore have less flexibility in course selection and timing than most traditional undergraduate degree programs. Finally, the majority of UGME learning takes place in clinical spaces rather than a classroom, as the focus is on application of knowledge and clinical skills rather than purely on knowledge acquisition. These elements of professional medical programs are similar to the SFU teacher education program, which typically admits students after completion of a first degree, has external standards that determine program content that must be met for graduates to be eligible for practice, and makes extensive use of out of classroom experiences and supervised practice in community settings.

The SFUMS UGME program will consist of two phases of approximately equal length (~65-70 weeks each), the completion of which leads to the MD degree.

- The first phase will consist of a series of "Foundations of Medicine/Health" courses which will feature increasing complexity (e.g. normal structure and function to abnormal structure and function to complexity and multi-morbidity). In addition to classroom-based learning, the first phase will feature early clinical exposure to family medicine and primary care, interprofessional team-based care, community service learning, etc. This early exposure will help learners see the application of the medical knowledge and simulated clinical skills in real clinical practice.
- The second phase will consist of clinical clerkships, mandatory and elective, whereby students learn with and from clinical faculty members (physicians and other health care professionals), almost exclusively in clinical and other community-based contexts and settings.

- During the latter parts of the second phase, students will apply for their next stage of training (postgraduate programs or "residency" in a medical specialty of their choosing).

Content and context will be driven by a series of longitudinal themes:

- Indigenous ways of knowing/caring;
- Health systems, interprofessional care, structural competency;
- The socio-ecology of health: Population health, social and structural determinants of health, planetary health;
- Medical sciences (e.g. anatomy, physiology, pathophysiology, etc.);
- Scholarship, quality improvement, research, evidence-informed medicine, Technology/AI;
- Personal and professional aspects of medicine, professionalism, professional identity formation/ "physicianship."

The Committee on Accreditation of Canadian Medical Schools also sets certain requirements which will be contained within the curriculum:

- Biomedical, behavioural and social aspects of health;
- Organ systems;
- All phases of the life cycle;
- Continuity of care;
- Prevention, rehabilitation, palliation, also acute and chronic care;
- Scientific method, research;
- Clinical judgement, critical thinking, clinical decision making, problem solving;
- "Social problems" (e.g. climate change, toxic drug supply, lack of affordable housing etc.);
- Cultural humility, cultural safety, Indigenous ways of knowing, EDI and anti-oppression.

The program will be developed around several organizing principles:

- Continuity:
    - The curriculum will include continuity of patients (e.g. students have their own "patient panel" for the duration of the program);
    - The program will prioritize consistency of setting (e.g. continuity clinics and minimizing the number of clinics and hospitals that students rotate through);
    - The program will focus on a core group of teachers with special guests as needed;
    - Learners will interact regularly within smaller cohorts of classmates.
- Generalism:
    - This has been defined by the Royal College of General Practitioners as: '*expertise in whole person medicine, which requires an approach to the*

delivery of health care that routinely applies a broad and holistic perspective to the patient's problems'[4]
    - The program will feature mostly generalist (in contrast to sub-specialist) teachers and leaders;
    - The curriculum will expose students to important concepts in generalism and family medicine such as: continuity, complexity, communication, health system function, comprehensive care;
    - Family medicine and other generalist specialties will be the focal point of the program. However, the competencies (knowledge, skills and attitudes) that will be developed will serve as a foundation for application to any residency/specialization.
    - There is strong evidence that accessible and equitable health care is enhanced by a strong generalist workforce and one method to achieve this is to graduate physicians capable of, and interested in practicing generalism[5][6]
    - Generalism is most associated with comprehensive family medicine (general practice)
- Integration:
    - Content will be connected to clinical relevance;
    - Curricular content will be delivered within socially contextualized formats;
    - Learning about organ systems will focus on clinical presentations and clinical relevance; this method increases learner understanding of the connection between normal and abnormal structure and function (anatomy, physiology, pathophysiology etc.) and clinical manifestations.
- Competency-based:
    - "Competencies" include the knowledge, skills and attitudes required for and associated with professional practice;
    - The focus of the program will be on the progressive and systemic development of increasingly complex competencies, clearly described within a detailed set of core learning outcomes;
    - The program of assessment will be designed to mark progress toward the attainment of these learning outcomes.
- Flexibility:
    - How students achieve the program learning outcomes and what time frame will be more flexible to support a variety of learners;
    - A focus on flexibility will allow for personalized learning and increased student agency.
- Experiential/Community-Based Learning:

[4] Royal College of General Practitioners UK. Medical Generalism: Why Expertise in Whole Person Medicine Matters. 2012; London, p.3.

[5] Andermann A. Taking action on the social determinants of health in clinical practice: a framework for health professionals. *CMAJ*. 2016;188(17-18):E474-E83.

[6] Starfield B. Primary care and equity in health: the importance to effectiveness and equity of responsiveness to peoples' needs. *Humanity & Society*. 2009;33(1-2):56-73

  - Students will be immersed in clinical and community environments from an early stage and throughout the program;
  - Students will be provided with formal and informal opportunities to learn with and from a variety of medical professionals and professionals in training, including other cohort members, more junior or senior medical students, and residents;
  - Students will learn from community members, Elders, knowledge keepers, community organizations and patients.
- Interprofessional:
  - Students will learn from and with students in other health professions programs;
  - Students will interact with and learn from practitioners in other health care professions.
- Spiral:
  - Program content and context will be deliberately revisited multiple times with increasing complexity (e.g. normal structure/function, abnormal structure/function, increasing acuity and/or chronicity, complexity/multimorbidity in preparation for clerkship);
  - A spiralled curricular approach will support integration of knowledge through repetition and reinforcement by allowing students to revisit essential concepts multiple times;
  - A spiralled approach accommodates diverse learners and pace of learning through the ability to revisit topics in different contexts and formats.
- Anti-Oppressive and Trauma-Informed:
  - Program content, processes and pedagogies will strive to be free from harmful racist, sexist, and ableist ideologies, and racist legacies in medicine will be challenged;
  - Program content, processes and pedagogies will strive to be trauma-informed.
- Perspectives of People with Lived and Living Experience:
  - "Patients", people with lived experience and the public will have opportunities to contribute their expertise.

Requirements for Graduation:

Students will be required to demonstrate achievement of all core competencies (program learning outcomes) and successful completion of all program components (including courses) to graduate from the program.

Though not a requirement for graduation/program completion, at the end of the UGME Program, graduates write a national summative examination (MCCQE Part 1) administered by the Medical Council of Canada (MCC). Candidates who pass this exam and otherwise meet the eligibility criteria are granted a qualification known as the Licentiate of the Medical Council of Canada (LMCC). This is a first step in licensure to practice medicine in Canada (although licensure to practice medicine is handled by provincial and territorial regulatory bodies).

5.5 Delivery methods

The program will be delivered primarily in-person at the SFU Surrey campus and in surrounding clinical settings in the community. The first phase of the program is more campus-based with some community-based learning contexts while the second phase of the program is more community-situated. The curriculum will include the following pedagogic and instructional methods:

- Clinical experiential;
- Community based "service learning";
- Self-directed learning time;
- Small group case-based;
- Simulation (e.g. clinical skills);
- Large group learning.

5.6 Linkages between program outcomes and curriculum design

The proposed curriculum model facilitates learning that is place-based, community engaged and immersive. This, together with a curriculum taught mostly through facilitated case-based and experiential clinical and community-based learning, will ensure that the program is flexible and responsive to evolving community context and health needs and that students are prepared to meet the health and health workforce demands of BC.

Furthermore, by embedding Indigenous ways of knowing and being throughout the curriculum, and by engaging students with critical pedagogies, the program will illuminate and challenge traditional power structures to promote equity and social justice. This will ensure alignment with a social accountability mandate and create graduates who are prepared to be transformative members of the health landscape.

Finally, the curriculum will be designed to align with the CanMEDS[7] Physician Competency Framework, whose 7 roles (medical expert, professional, leader, collaborator, communicator, health advocate, and scholar) and associated competencies work to ensure that students have the appropriate knowledge and skills to be effective practitioners. Aligning with the CanMEDS Competency Framework will ensure that learners will be competitive for, and transition well into, their residency programs of choice.

5.7 Distinctive characteristics

There are many planned characteristics that together will make this program unique within Canada. First and foremost, the UGME program will be designed to produce quality family physicians to the local health system. While graduates will be fully qualified to apply for specialist hospital-based residencies, SFUMS will produce the kinds of doctors that choose family medicine and primary care as their passion. The UGME curriculum will focus on

[7] CanMEDS is an educational framework that describes the abilities physicians require to effectively meet the health care needs of the people they serve. It is the basis for the educational and practice standards of the Royal College. Although issued by the Royal College and for residency programs it also has application for the MD program. https://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e

generalism, and will be mostly developed and led by family physicians and other generalists who will serve as educators and role models for both undergraduate students and resident physicians.

Recruitment and admissions for the program will focus on striking down barriers to entry, opening the school to historically underrepresented learners. Indigenous epistemologies and pedagogies will be interwoven into the program and specifically into the curriculum making it unique from other medical education programs in North America, and upholding SFU's commitment to reconciliation.

The adoption of a 3-year program is also quite distinctive. Though more common in the USA, only Calgary's Cumming School of Medicine and McMaster's Michael G. DeGroote School of Medicine use a 3-year model in Canada. This model will help get physicians into the B.C. system faster, and with less debt.

5.8 Anticipated completion time

This program will take the majority of students 3 years to complete. However, given its competency-based nature, it is anticipated some students may require additional time to achieve the required competencies to complete the program. Flexibility, through policy frameworks and in scheduling, will allow the program to proactively plan for this. The UGME Program will work to support students who require accommodations to the typical program length for a variety of reasons including but not limited to; learning differences, cultural or family responsibilities, physical needs, or health related concerns. This type of accommodation policy has been in place for many years at other 3-year programs and works well. Collaboration with SFU Student Services (e.g. Centre for Accessible Learning, Health and Counseling Services, Indigenous Student Centre, etc.) will be essential to understand the unique requirements of UGME and to support student success.

It is anticipated that some students may wish to pursue various enrichment opportunities that will increase the length of time required to complete the program. This has been noted at the two Canadian 3-year schools and typically involves less than ten percent of the class cohort. The program will work with individual students to facilitate reintegration into the program.

5.9 Enrolment plan for the length of the program

We anticipate the program will start with 48 students and will slowly ramp up to a larger steady state cohort over the following ten years. The exact starting cohort size and subsequent cohort sizes/timings will be developed in partnership with the Ministries of Health and Post Secondary Education and Future Skills. UGME enrolments will be included in the annual enrolment targets that go to Senate via the Senate Committee on Enrolment Management and Planning (SCEMP).

5.10 Student evaluation

Student assessment will be competency-based and holistic as is the case in many Canadian medical schools. A program of assessment including appropriate tools and protocols paired with regular feedback will be used to support student progress toward program learning

outcomes. The pass/fail grading scale, which is consistent with competency-based programs, will be used.

5.11 Faculty appointments

New faculty appointments will be required to meet the accreditation requirements as outlined by CACMS. In addition, the program will make extensive use of clinicians in the community to teach the clinical components of the program. As part of ongoing discussions with the provincial government, the program will receive an operating budget that includes funding for continuing and clinical appointments; and SFUMS will make strategic hires within the budget received.

5.12 Faculty members

Instruction of courses specific to the UGME Program will primarily be provided by newly hired educators as well as collaborations with existing SFU faculty with relevant expertise. Involvement of specific faculty members will be determined as the budget is established with the Ministries, and as the detailed cases within the courses are written.

The SFUMS will utilize a variety of approaches to the staffing of the teaching needs of the program, including but not necessarily limited to:

- Hiring continuing full-time faculty;
- Providing opportunities for faculty members from other departments or faculties within SFU to teach within relevant areas of the program;
- Engaging physicians with relevant clinical expertise to provide limited and specific clinical training;
- Engaging other community-based professionals to support inter-professional and clinical training; and
- Hiring short-term or part-time community members (such as elders and other community leaders) to provide cultural and contextual learning opportunities.

5.13 Program assessment

All medical programs in Canada are accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS) and new medical schools must receive preliminary accreditation before the first students are even admitted. SFU currently holds applicant status with CACMS.

The SFU Medical School anticipates achieving preliminary accreditation in Fall 2025 after submitting a self-study and undergoing a site visit from CACMS. Subsequent reviews will happen after the first cohort has started classes (2026-2027), and full accreditation status will be achieved following another self-study and site visit during the first cohort's final year of studies (2029). The first time that full accreditation is granted is for a five-year period; thereafter, programs are accredited for 8 years.

SFUMS will engage in regular and ongoing evaluation and education research to continuously iterate and improve its offerings. Plans are currently underway to develop a robust program evaluation framework.

5.14 Related programs

There are currently 17 accredited medical schools in Canada. Three new medical schools have been proposed for 2025 enrollment – Toronto Metropolitan University, University of Prince Edward Island (affiliated with Memorial University of Newfoundland) and Cape Breton University (affiliated with Dalhousie University).

In Western Canada, other medical schools include:

- University of British Columbia – Faculty of Medicine
- University of Alberta – Faculty of Medicine and Dentistry
- University of Calgary – Cumming School of Medicine
- University of Manitoba – Max Rady College of Medicine
- University of Saskatchewan – College of Medicine

5.15 Consultation with and support from other post-secondary institutions

Engagement with the Dean, Vice-Deans, and Faculty members at University of British Columbia – Faculty of Medicine has been ongoing and conducted in collaboration with the Ministries of Health and of Post-Secondary Education and Future Skills. A Memo of Understanding was drafted by members of SFU and UBC Faculty of Medicine outlining the collaboration.

Additional visioning and planning support has been made available from the Northern Ontario School of Medicine, Toronto Metropolitan University, Cumming School of Medicine at University of Calgary, and Michael G. DeGroote School of Medicine at McMaster University.

The BC Ministry of Health and Ministry of Post-Secondary Education and Future Skills have been engaged in project design since the inception of the SFUMS planning process. Both have supported the SFU Medical School and are active in supporting the program's development through participation in the project board. Strong support for the Medical School has been evidenced through formal news releases about the project, including the November 28th, 2022, public announcement which occurred on SFU's Surrey campus with Premier David Eby. New degrees related to healthcare such as Doctor of Medicine (MD) degrees require review and approval by both the Ministry of Health and the Ministry of Post-Secondary Education and Future Skills. Both Ministries will continue to be engaged as the program goes through the process of receiving degree granting authority and through the early stages of program delivery.

5.16 Evidence of student interest

Using data published by the University of British Columbia (UBC) on medical school applicant demographics there is obvious student interest within the province to attend medical school. UBC has 306 seats in total in 2023, expanding to 328 the following academic year. In the year 2021/2022 UBC received 2829 applicants. Of those applicants, only 714 were interviewed and 288 were admitted.[8]

Similar statistics[9] for other nearby institutions include:

School	Applications Received (2021/22)	Admitted Students (2021/22)
Cumming School of Medicine	2039	131
University of Alberta	1802	169
University of Saskatchewan	726	94

5.17 Evidence of labour market demand

It is anticipated graduates of the program will go on to work as physicians predominantly in family medicine and primary care areas of medicine. There is an urgent need for family physicians as the Province of BC faces a family and primary care physician shortage. Over 1 million people, or 1 in 5 people, do not have access to a family doctor in the province and existing primary care physicians are stretched thin.[10] This workforce crisis is not unique to BC. Currently, we are facing a global workforce crisis of health human resources, creating an additional challenge in recruiting and retaining physicians across the world. This has increased competition for medical degrees across Canada, highlighting the need for additional opportunities within our own province.

According to a recent BC Stats report, BC's population is also expected to increase from a total of 5,139,568 persons in 2020 to 6,515,558 in 2041 for an overall increase of nearly 1.4 million people.[11] This predicted population growth will further exacerbate physician shortages if more primary care physicians are not entering practice. Specifically, the Lower Mainland (Metro Vancouver and the Fraser Valley) has long been recognized as one of the fastest growing regions in Canada and is currently home to over 3.1 million residents. It is estimated that the Lower Mainland's population will exceed 4.1 million by 2041.

[8] UBC Faculty of Medicine. (2021). Interim Statistics of 2021/2022 Applicants (MED 2026). https://med-fom-ugrad.sites.olt.ubc.ca/files/2021/12/Interim-Stats-2021-2022-Final.pdf

[9] The Association of Faculties of Medicine of Canada (2023). Admission Requirements of Canadian Faculties of Medicine: Admission in 2024. https://www.afmc.ca/wp-content/uploads/2023/05/Admission-Requirements-of-Canadian-Faculties-of-Medicine-2024-EN.pdf

[10] BC Family Doctors. (2022). Ongoing medica coverage on BC's Family Doctor Shortage. https://bcfamilydocs.ca/ongoing-media-coverage-on-bcs-family-doctor-shortage-2/

[11] BC Stats. (2020). P.E.O.P.L.E. BC Sub-Provincial Population Projections. https://www2.gov.bc.ca/assets/gov/data/statistics/people-population-community/population/people_population_projections_highlights.pdf

From data provided by WorkBC[12], general practitioners and family physicians have an expected average employment growth rate of 1.1% through to 2027 and 1.9% from 2027-2032. Over the next 10 years, 3,460 jobs are expected to become available. Specialist physicians, which include other generalists such as psychiatry, are expected to grow 1.9% from 2027-2032. 3160 new job openings are expected in the next 10 years. The creation of SFUMS is one of several initiatives that reflects the province's Health Human Resources Strategy's four focus areas: retrain, redesign, recruit, and train. Part of this strategy is to explicitly grow the number of physicians, especially primary care physicians, in the province and in Fraser specifically where they are most needed.

5.18 Resources

The UGME program will not adversely affect other programs or resources in the University. The resources required for faculty, staff, learning spaces and associated equipment formed the basis of the Business Case submitted to government in August 2023, and the foundation of subsequent discussions through an anticipated funding announcement in February 2024. When the budget is received, the program will be expected to operate within the boundaries of the budget provided.

6 Contacts

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[12] Province of British Columbia. (2022). Labour Market Outlook. https://www.workbc.ca/sites/default/files/2023-02/LMO-2022-Report.pdf

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Program Length Briefing Note

The SFU Medical School (SFUMS) Curriculum Committee (MSCC), by unanimous consent, recommends the following:

1. That the standard program of the SFUMS Undergraduate Medical Education Program (UGME) follow a 3-year competency-based curriculum model, incorporating a minimum of 130 weeks of instruction.
2. That additional curricular opportunities be provided to the anticipated small number of students who require alternate program completion pathways or want to pursue additional enrichment activities (i.e. learners needing more time to fulfill program requirements or additional time to enrich their medical education).
3. That a holistic and culturally sustaining system of student support be established, including a robust equity-focused scholarship and bursary program.

Background

The Committee on Accreditation of Canadian Medical Schools (CACMS) mandates a minimum of 130 weeks of instruction for UGME programs, met by both 3-year and 4-year formats. Program length refers to the total duration over which these instructional weeks are spread.

Discussion

The SFUMS Curriculum Committee (MSCC) conclude that the advantages of a 3-year program include

- Learners are equally prepared for residency and satisfied with their educational quality (Leong, 2022; Cangiarella, 2017; Neufeld, 1989; Lockyer, 2009);
- Offers a quicker path to residency and practice; beneficial in addressing BC's doctor shortage (Schwartz, 2018; Page, 2010).
- Provides cost advantages to learners by reducing expenses and allowing earlier paid residency, despite potentially high resource needs per student, but overall, fewer total students (Schwartz, 2018; Raymond, 2015; Page, 2010).
- Creates a key differentiating factor for SFU from UBC. This unique offering may attract learners who are motivated by different factors, enhancing the overall diversity of the student body.
- Proven Success at Peer Institutions - The three-year medical program model has been successfully implemented at McMaster University and the University of Calgary for decades.
- Allows students to pursue additional enrichment activities during an additional 4th year of study if supported by the UGME decanal leadership.
- The MSCC identified contested assumptions in the original CWG's recommendation and noted concerns with the 4-year model. Key points included:

Assumption 1: *a 4-year program allows for more self-care and would lead to more compassionate students who are less likely to burn out.*

- Evidence shows no significant difference in student burnout between 3- and 4-year programs (Leong, 2022). Promoting learner wellness requires a streamlined curriculum, decompression strategies, and a flexible policy framework.

Assumption 2: *a 4-year program provides sufficient time to achieve mastery.*

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- The literature shows no difference in learning outcomes between 3- and 4-year programs (Cangiarella, 2017; Leong, 2022; Neufeld, 1989; Page, 2010; Lockyer, 2009). In any competency-based curriculum, learners may achieve core competencies at varying times, accommodating for commitments like culture, community, and family, regardless of program length.

Assumption 3: *a 3-year program offers less time for students to gain "desirable physician characteristics" via extra-curriculars, electives, research, etc., or would not have completed all the right prerequisite learning.*

- National Canadian Resident Matching Service (CaRMS) match data from 2023 (CaRMS, 2023) and national exam results show no disadvantage for 3-year learners; clinical experiences and various electives can be used to foster professional identity. Having robust supports like advising, mentorship, and diverse clinical experiences will aid in career choice and identity formation.

Assumption 4: *a 3-year program does not allow students to take complementary studies*.

- Intercalated, or dual degrees, micro-credentials and enrichment opportunities can be developed with program maturity regardless of program length.

Some concerns around a 3-year program remain and are valid concerns that would need deliberate attention. However, many 4-year programs have significant concerns that need attention. None, however, are so great as to preclude the 3-year option from being the preferred delivery method. Some of these points include:

- **CACMS Timelines:** The condensed CACMS timelines challenge aligning program accreditation with admissions, requiring an earlier start for our 3-year program and an expedited CACMS site visit; a critical factor regardless of program length, and a CACMS process issue rather than a programmatic issue.
- **Learner Overlap:** SFUMS will design and deliver a curriculum that is strategically created to align with the principles and vision of SFU, meets national accreditation standards, and delivers experiential learning (clinical and community) that addresses any overlap in courses or other learners.
- **Time for Career Exploration and Timing of Electives:** In a 3-year program, appropriate timing of electives and exposure to mentorship is essential for preparation for CaRMS and residency success.
- **Faculty Staffing:** There may be increased challenges finding faculty and preceptors to teach during the summer. However, the flip side of this is increased faculty and preceptor flexibility.
- **CaRMS:** Despite beliefs that summer volunteer student learning gives privileged students an edge in the CaRMS match process, data from other 3-year programs doesn't support this.
- **Financial Support:** The 3-year program's lack of summer breaks challenges students reliant on summer jobs for funding, requiring financial support like scholarships and bursaries.

Summary

The Medical School Curriculum Committee endorses SFU's three-year competency-based medical program as an efficient innovative alternative to the traditional four-year model, accelerating workforce

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entry, reducing debt, and addressing BC's doctor shortage. Supported by successful precedents at McMaster University and the University of Calgary, this program offers effective learning, community collaboration, and strong support with literature emphasizing its robust nature.

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