

Key Priorities in Distributed Medical Education Results of a National Survey of DME Leaders

Authors: Aaron Johnston, Rithesh Ram, Michel Landry, Marianne Yeung, Dominique Archambault, Amanda Bell, Sharon Hatcher

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Distributed Medical Education (DME) is a well-established model of medical education in Canada. Each year over 440 undergraduate medical students begin their training based at Regional Medical Campuses (RMCs) (1), and many more students participate in Longitudinal Integrated Clerkships (LICs), rural rotations and other DME experiences. Canadian medical schools are under tremendous pressure to increase training positions and to link these positions to areas of workforce need. DME is closely aligned with priorities of Canadian medical schools, offering avenues for growth, increasing diversity of trainees through offering training in diverse settings, and connecting to social accountability by producing the rural and regional doctors of tomorrow.

The AFMC's Distributed Medical Education Network - Advocacy Working Group conducted a survey of DME leaders across Canada to determine key challenges and priorities at the local and national level. The results demonstrate that DME is in a growth phase and that 3 key challenges are present across Canadian DME: **Finances, Governance, and Faculty.**

METHODS

- National bilingual survey of DME leaders using the QUALTRICS platform
- Contacted through the AFMC DME Network Directory with an initial email and 2 reminders
- Qualitative and quantitative data about local and national DME challenges and priorities was collected
- Thematic analysis was used to group and analyze qualitative data

RESULTS

- 25 completed surveys
- Cross Canada data in both English and French
- 17/25 respondents held decanal or director positions
- High agreement in top priorities between local and national levels
- All respondents felt DME was connected to the social accountability mission of their school, but some felt that this connection was tokenistic or stated for accreditation

QUANTITATIVE DATA

- Most respondents (17/25) said that DME was in a **growth phase** at their school
- Respondents reported that DME had a positive reputation with school leadership (76%) and DME preceptors (83%)
- Fewer respondents reported that DME had a positive reputation with students (68%) and with urban faculty (56%)

QUALITATIVE DATA

Respondents identified key DME priorities locally and nationally by open free text question. Responses were thematically analyzed and grouped. 3 key priorities emerged: **Finances, Governance, and Faculty.** These were the top 3 priorities at both levels but ordered differently by number of responses (Local: 1. Finances, 2. Governance, 3. Faculty. National: 1. Faculty, 2. Finances, 3. Governance).

ANALYSIS

Our study presents data from a variety of DME leaders across Canada with a skew towards those in more senior leadership positions. DME is currently in a growth phase, mirroring the demands on medical schools to increase enrolment and is closely connected to social accountability missions. DME enjoys a strong reputation with school leadership and DME preceptors but reputation with students and other faculty shows room for growth. Key challenges and priorities are remarkably consistent between the local and national levels and across the country indicating the need for collaborative national approaches and solutions.

Key DME Issues

Governance: DME programs require a balance of support and autonomy. Autonomy should be sufficient to allow local programs to solve local problems. DME programs need sufficient control of resources and budget to support their programs and build local academic culture.

Finances: DME programs require equitable funding to meet their mission rather than equal funding. DME programs have higher per capita costs than large, centralized programs with additional costs including infrastructure, travel, and accommodation. Adequate funding supports the mission of DME and is connected to the social accountability missions of medical schools.

Faculty: DME faculty have work profiles that are substantially different than faculty at central medical campuses including clinical workload and payment models. Although different, DME faculty do want to build academic careers. Recognizing and supporting these differences and fostering academic careers among DME faculty is a key support for DME program stability.

CONCLUSION

- DME is growing across Canada and is connected to both social accountability and the need for expansion
- **Finances, Governance, and Faculty** are key issues that need to be addressed to support meaningful DME
- The challenges facing DME are remarkably similar across Canada, presenting opportunities for collaboration, national standards, and multi-site research and scholarship

REFERENCE

1. <https://www.afmc.ca/wp-content/uploads/2023/02/CME-2021-EN-SectionG.pdf> Table G-13. Accessed Nov. 21, 2023