A survey of diversity of matriculants at three Canadian medical schools
From medical literatures:

More diverse students are more likely to serve diverse populations

Those who train in more diverse student classes are more likely to practice in diverse (and underserved) areas

Those who train in diverse areas (or with non-self populations) are more likely to practice in diverse areas

Why care about the diversity of the medical class?
In order to meaningfully serve the complex and diverse health care needs of Canadians and meet social accountability objectives, our physician workforce must become more diverse. The diversity needed in Faculties of Medicine includes dimensions such as ethnicity and religion, gender and sexual orientation, geographic origin, socioeconomic status, and a balance between those who desire to practice in generalist disciplines and other specialties.

Future of Medical Education Report (2010)
Survey of matriculants (McGill, U d’O, U of T).....

- paper-based at two institutions
- electronic at two institutions
- 634 respondents at 3 institutions
- 81% response rate
What kind of diversity:

Series of questions
But for this presentation:
- gender
- sexual preference
- economic means
- ethnic diversity
- rurality
- prematriculation exposures

How did we study the diversity of the medical class?
<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>47%</td>
</tr>
<tr>
<td>Female</td>
<td>53.6%</td>
</tr>
</tbody>
</table>

N=634
<table>
<thead>
<tr>
<th></th>
<th>Gay</th>
<th>Bisexual</th>
<th>Queer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.1%</td>
<td>0.7%</td>
<td>0.15%</td>
</tr>
</tbody>
</table>

N=634

Compared to 8% of general population (higher in urban areas)

Sexual Orientation
Economic Diversity
Parental income
59.7% of those reporting over $100,000 personal income live on their own or with a roommate.
Race/Ethnicity: Matriculant Proportional Representation to Population Share

X-fold underrepresentation

- Municipal
- Provincial
- National

Categories: White, Chinese, South Asian, Black, Filipino, Latin American, Southeast Asian, Arab, West Asian, Korean, Japanese, Multiple Responses, Aboriginal
<table>
<thead>
<tr>
<th>Rurality</th>
<th>Rural</th>
<th>Suburban</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15.6%</td>
<td>38.0%</td>
<td>46.4%</td>
</tr>
</tbody>
</table>

N=634 Compared to 20% of general population
<table>
<thead>
<tr>
<th>Prior interaction with:</th>
<th>None</th>
<th>Very little</th>
<th>Some</th>
<th>Quite a bit</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asians</td>
<td>7</td>
<td>40</td>
<td>129</td>
<td>203</td>
<td>259</td>
</tr>
<tr>
<td>Blacks</td>
<td>28</td>
<td>155</td>
<td>218</td>
<td>145</td>
<td>91</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>260</td>
<td>249</td>
<td>86</td>
<td>28</td>
<td>13</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>78</td>
<td>202</td>
<td>190</td>
<td>97</td>
<td>69</td>
</tr>
<tr>
<td>Caucasians</td>
<td>0</td>
<td>3</td>
<td>19</td>
<td>66</td>
<td>550</td>
</tr>
<tr>
<td>Different religious beliefs</td>
<td>3</td>
<td>25</td>
<td>92</td>
<td>158</td>
<td>356</td>
</tr>
<tr>
<td>Different sexual preferences</td>
<td>27</td>
<td>133</td>
<td>214</td>
<td>160</td>
<td>99</td>
</tr>
<tr>
<td>Disability</td>
<td>47</td>
<td>201</td>
<td>200</td>
<td>96</td>
<td>88</td>
</tr>
</tbody>
</table>

Prematriculation diversity exposure
What exposure have students had?
Gender: females > males
Sexual preference: little reporting
Ethnic diversity: underrepresentation of Aboriginals/Black and Filipino Canadians
Economic diversity: economically privileged cohort
Rurality: underrepresented
Prematriculation exposure: low for Aboriginals, Blacks, Hispanics, persons with different sexual preferences, persons with disabilities
• Purposeful tracking of medical school class diversity: evidence for targeted recruitment/pipeline programs

• Looking at all axes of diversity (Race/Ethnicity/SES status/rurality etc.) shows: complicated picture, but must be done to gain a clearer understanding of problem

• Pre-matriculation exposure data: suggests a role for evidence-based curricular design for admitted students

Conclusions