

## Healthcare: A Wake-Up Call to Reclaim Excellence – Empowering the Next Generation of Physicians, Dentists, and Allied Healthcare Professionals

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### Abstract

Recent shifts in North American health professions education have favoured digital platforms, automated modules, and expanded simulation over traditional hands-on, mentor-driven approaches. These changes enhance accessibility but often promote passive learning and reduce critical engagement. Accountability in training programs has also declined, with near-universal passing and limited remediation. Admissions increasingly incorporate equity, diversity, and inclusion (EDI) pathways, as seen in Toronto Metropolitan University's model, prompting questions about balance between inclu-

sion and rigorous preparation for high-stakes professions. Clinical training trends toward prolonged simulation, potentially limiting real-patient exposure and desensitizing trainees to human elements of care. Together, these developments risk producing graduates more compliant than inquisitive, further eroding trust in an already strained healthcare system. Practicing professionals must re-engage as mentors to instill rigorous questioning, demand authentic clinical experience, and empower the next generation to restore competence, compassion, and public confidence.

**Keywords:** Health professions education, simulation-based training, equity diversity inclusion, critical thinking, mentorship, patient safety

The landscape of medical, dental, and allied health education in North America (Canada and the United States) has changed significantly over recent decades. Faculties have increasingly adopted digital platforms, automated modules, and simulation tech-

nologies, often replacing traditional practices like handwritten note-taking and interactive discussions. These tools improve accessibility and standardization, but they can reduce active learner engagement, leading to more passive knowledge absorption rather than critical examination. (1)

This shift has transformed what was once rigorous, hands-on, mentor-driven education into a mechanized, screen-based system that prioritizes convenience over deep competence. Curricula are often presented in structured formats with limited space for debate or alternative viewpoints. Future physicians, dentists, nurses, physician assistants, and other allied professionals are capable and dedicated, yet a key question remains: Are they being prepared to question assumptions and critically evaluate emerging evidence?

Critical thinking is essential for effective clinical practice, but it diminishes when compliance overshadows inquiry. The COVID-19 era exemplified this, with rapid protocol adoption often relying on

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fear-based messaging that outpaced open scrutiny and discredited dissenting voices; this issue continues to affect health professionals today.

Across Canada and many Western nations, accountability in professional programs has weakened. In some cases, over the past decade, teaching staff were instructed that no student should fail didactic components, with remedial training or delayed progression based on demonstrated ability largely eliminated. Today, passing grades are nearly universal, and some programs even allow self-grading. This approach, while framed as compassionate, risks producing graduates unprepared for real-world demands and undermines public trust in healthcare education.

Nowhere is this dilution more evident than in admissions standards for medicine, dentistry, and allied health professions, once benchmarks of excellence and public confidence.

### **The EDI Impact on Healthcare Training**

Several Canadian programs, especially in Ontario, have introduced explicit Equity, Diversity, and Inclusion (EDI) admission streams that shift selection from purely merit-based to identity-informed criteria alongside academic factors. (2)

A prominent example is Toronto Metropolitan University's (TMU) School of Medicine in Brampton, Ontario. It features three dedicated pathways:

- Indigenous Admissions Pathway
- Black Admissions Pathway
- Equity-Deserving Admissions Pathway (including 2SLGBTQ+, disabilities, socio-economic barriers, racialized groups, and other self-identified equity-deserving applicants) (3,4)

Applicants self-identify (with supporting documentation or attestation required for verification in most pathways) to access these streams. The program requires no MCAT, has no strict science prerequisites or specified undergraduate major, and uses a holistic review that values lived experiences, community contributions, and commitment to underserved populations equally with academics. The minimum OMSAS-calculated GPA is 3.5 for the 2026 cycle (not rounded), and a four-year undergraduate degree (or equivalent) in any discipline is required. (5,6)

Initially, TMU openly stated that 75% of seats would be reserved for these equity pathways. After public backlash, the quota language was quietly removed but the special pathways remain fully intact.

(13) Other Ontario medical schools maintain smaller diversity streams, yet TMU's model is already influencing new schools planned across Canada over the next 5–10 years.

Applicants in pathway streams are evaluated by community members (e.g., Indigenous committee for Indigenous pathway), with supplementary questions focused on identity, leadership, and advocacy. Ineligible pathway applications default to the General Admissions Stream. Similar diversity-focused streams exist at other institutions, such as Dalhousie University (medicine, dentistry, and physician assistant programs), with separate evaluation tracks offering flexibility for self-identified applicants. (7) These approaches extend to physician assistant and allied health programs. The clear message: Academic excellence is no longer the sole gatekeeper; identity, lived experience, and equity considerations now play significant roles.

In summary: DEI/EDI students at schools aside from TMU, the MCAT is usually still required (with the same or similar minimums as general applicants), though pathways often provide more flexibility in how scores are weighted or interpreted to promote equity. TMU remains the outlier by dropping it program-wide.

For the most accurate details, check:

- AFMC Admission Requirements Guide (2026 edition): [https://www.afmc.ca/wp-content/uploads/2025/05/Admission\\_Requirements\\_of\\_Canadian\\_Faculties\\_of\\_Medicine\\_2026\\_v3.pdf](https://www.afmc.ca/wp-content/uploads/2025/05/Admission_Requirements_of_Canadian_Faculties_of_Medicine_2026_v3.pdf)
- Individual school admissions pages (e.g., via OMSAS for Ontario).

This is not merely inclusion; it raises concerns about entry standards in life-critical professions.

### **The Impact of Expanded SIM Learning**

Clinical training, the foundation of professional competence, is also changing. At the University of Toronto Faculty of Dentistry, long one of Canada's leading programs, students increasingly practice essential skills on phantom heads with typodont teeth well into their third and fourth clinical years. (8) While simulation is valuable in preclinical stages for skill training without harming live patients, being a safe way to practice repetition of procedures, extended reliance on mannequins into the clinical training phases reduces hands-on experience with live patients. The nuances of communication and history documentation, where there is an oppor-

tunity to truly listen to the patient, to accurately screen and diagnose and build trust is lost. Losing the chance to practise these essential skills under the supervision of an experienced mentor also means sacrificing valuable, safe learning experiences.

No simulation can fully replicate live patient care and should not be used to compensate for decreasing live clinical experience. In dentistry, for example, the oral cavity is densely innervated and highly sensitive to pain, pressure, temperature, and touch. The oral mucosa is thin and non-keratinized in many areas, highly vascularized, and subject to dynamic responses. Performing invasive procedures demands exceptional precision, tactile feedback, real-time adjustments to patient-specific variations (e.g., involuntary tongue movements), and genuine sensory input; capabilities mannequin heads or phantoms cannot provide due to absent biological variability and patient reactions. This raises concerns of students graduating with insufficient live-patient experience, compromising clinical judgment, empathy, and technical proficiency for safe, effective care.

This trend extends to the rapid expansion of new medical training centers and hospital based simulation labs nationwide, including advanced facilities like the SimKIDS Simulation Program at The Hospital for Sick Children (SickKids) in Toronto, which features high-fidelity suites, VR/immersive training, procedural rooms, and in-situ simulations. (9) Medical students, residents, physician assistants, and allied health trainees use high-fidelity mannequins for not only crisis scenarios but also routine procedures (e.g., central line insertion, intubation, suturing, ultrasound-guided techniques, and team communication). (10)

Currently, several reasons are being put forward to explain the purpose for such extensive expansions.

The proposed drivers include:

- Patient safety mandates and accreditation requirements (e.g., from bodies like the ACGME for residency programs).
- Workforce shortages (nurses, physicians, etc.), pushing for efficient, scalable training.
- Advances in technology (high-fidelity manikins, VR/AR, AI-driven feedback).
- Shift to competency-based rather than purely time-based training.
- Post-pandemic emphasis on risk-free practice. (11,12)

Hospitals and academic institutions are increasingly integrating simulation into core curricula, not just for emergencies but for a wide range of skills, with expansions into more sites (including mobile/out-reach models). It's seen as a key tool to improve outcomes, reduce medical errors, and handle complex care in a controlled way.

This is where consideration should be given to the direction these SIM Labs may be guiding healthcare providers going forward.

Simulation undeniably enhances safety and repeatability, but over-reliance risks desensitizing trainees to real patients. Students spending excessive time with simulators may approach living individuals with reduced sensitivity, respect for personal space, compassion, or focus on real-life concerns, skills honed through direct human interaction rather than mannequins.

Repetitive practice builds mastery, but true expertise has traditionally required real-life application. SIM training can be exceptionally beneficial for early training and practice but like all developing technology we are seeing with the advancement of AI, it has the potential to be the rehearsal for automation.

### **The Path Forward: Mentorship**

The trends of lowered entry barriers, mechanized learning, and expanded simulation suggest a move toward centralized automation in healthcare. Graduates today have the potential of becoming more compliant with the status quo and less equipped to challenge it.

Healthcare professionals who value traditional excellence need to re-engage as mentors. Students crave guidance on critical thinking, alternative approaches, and real clinical scenarios; most respond enthusiastically. There is now an opportunity to foster mastery beyond institutional requirements and into community practice.

It is the duty of experienced educators to impart what faculties currently often overlooked:

- Question everything rigorously.
- Think critically under pressure.
- Reject approaches that compromise patient safety.
- Demand substantial real clinical experience over simulations.

Universities and teaching hospitals remain key influencers. One committed mentor can impact dozens of future graduates, who will then uphold excellence in their communities. This rebuilds trust, protects patients, and fosters changemakers unwilling to accept diluted standards.

Healthcare professionals who recognize these issues: the time for quiet observation is over. Step forward to educate and mentor with conviction. Reclaim excellence before it slips further away.

The next generation of physicians, dentists, nurses, physician assistants, and allied professionals stands at a crossroads, eager and capable, yet vulnerable to the dilutions in their training and the complacency creeping into their formation. They represent the future of healthcare, but they need champions now: seasoned voices who refuse to let merit, rigor, and critical thinking become relics of the past.

Patients and entire communities place their blind trust in this system every single day. They walk into clinics, hospitals, and emergency rooms assuming the hands caring for them belong to professionals forged in true excellence, selected for ability, trained through real human encounters, and guided by unshakeable inquiry. They entrust their lives, their children's health, their most fragile moments, often unaware of the shifts that could compromise the care they receive. In an already ailing healthcare system, strained by shortages, bureaucracy, and eroded public confidence, this blind trust is both precious and precarious. It cannot be allowed to be betrayed.

The duty is dual and urgent: protect those who depend on the system by safeguarding the standards that ensure safe, compassionate, competent care, and empower the trainees who will inherit this responsibility. By stepping back into classrooms, clinics, and simulation labs as mentors, confidence can be ignited in the next generation. Trainees can be taught to question orthodoxy, to prioritize real patient interaction over endless screens and mannequins, to reject shortcuts that endanger lives, and to lead with integrity. They can be equipped to become the positive changemakers the professions desperately need; professionals who restore trust through demonstrated excellence, who challenge flawed norms, and who heal not just bodies but the fractured faith in healthcare itself.

Students are hungry for guidance; many embrace it with gratitude and determination. Patients need to have confidence in the care provided. The future of our calling and the trust that sustains it hangs in the balance.

Reclaim excellence. Step forward to educate and mentor. The next generation will be ready if provided with the tools, the courage, and the example deserved. Real knowledge is power. Let it be exercised today to build confidence in tomorrow's healers and protect tomorrow's patients. This will play a vital role in helping to revive the trust that the healthcare system so urgently needs to survive and thrive.

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