


Distributed medical training—where physicians live, learn and establish strong roots in these communities—presents one of the most promising prospects of meaningful and long-term engagement and service of medical professionals in underserved areas.⁹

As Canadian provinces and medical schools work together to roll out many of these initiatives, the question remains whether they will be effective. In many cases it is too early to tell, such as with high school outreach initiatives, which will only produce rural physicians many years down the line. Indeed, as Newbery states, “the issue of providing rural medical services is a complicated one, with many players and many perspectives” and schools and provinces alike can only hope that their efforts will pay off. 

REFERENCES

1. Joint Standing Committee on Rural Issues. (January 2011). Rural Programs: A guide for the rural physician programs in British Columbia. British Columbia Medical Association and Province of British Columbia.
2. Wilson DR, Woodhead-Lyons SC, and Moores DG. (1998). Alberta's Rural Physician Action Plan: an integrated approach to education, recruitment and retention. *CMAJ* 158(3): 351-355.
3. Health Human Resources Policy Branch. (November 2007). Guidelines for Return of Service (ROS) for International Medical Graduates (IMGs), Repatriation Program and Registration through Practice Assessment. Ontario Ministry of Health and Long-Term Care.
4. Rolfé IE, Pearson SA, and O'Connell DL (1995). Finding solutions to the rural doctor shortage: The roles of selection versus undergraduate medical education at Newcastle. *Aust NZ J Med* 25(5): 512-517.
5. Laven G and Wilkinson D. (2003). Rural doctors and rural backgrounds: How strong is the evidence? A systematic review. *Aust J Rural Health* 22(6): 277-284.
6. Henry J.A., Edwards B.J. and Crotty B. (2009). Why do medical graduates choose rural careers? *Rural and Remote Health* 9: 1083.
7. Schulich School of Medicine & Dentistry: MedQUEST. Available from: <http://www.schulich.uwo.ca/swomen/medquest>. Accessed on: July 3, 2012.
8. Rourke J. (2010). How can medical schools contribute to the education, recruitment and retention of rural physicians in their region? *Bull World Health Organ* 88(5): 395-396.
9. Presnell, D. *Medicine Matters: Distributed Medical Education in BC* blog [Internet]. Vancouver (BC). Re: Doctor shortage in northern B.C. ongoing concern; 2012 Mar 27 cited 2012 July 3. Available from: <http://blogs.ubc.ca/medicinematters/2012/03/27/re-doctor-shortage-in-northern-b-c-ongoing-concern-by-kelly-sinoski-vancouver-sun-march-17-2012>

Canadians Studying Abroad as a Solution to Canada's Health Human Resource Challenge: A Medical Student's Perspective

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In the early 1970s Canada boasted one of the highest physician-to-patient ratios in the developed world.¹ However, following an ill-advised reduction of medical school enrolment in the 1990s, Canadians now face a growing health human resource (HHR) challenge.² In 2010, 4.4 million Canadians reported that they did not have a regular medical doctor.³ This dearth of access to primary care stems from a maldistribution of physicians, which has led to an increase of underserved communities, predominantly in rural Canada.⁴

A growing number of unsuccessful Canadian medical school applicants have chosen to study medicine at foreign programs, with the intention of returning to Canada for residency training in order to address the recognized shortage of physicians.⁵ It is estimated that approximately 3,500 Canadians study medicine abroad and 73.4% intend to complete residency in Canada.⁵ These Canadians studying abroad (CSAs) recently garnered the

attention of various local media outlets in British Columbia (BC) as they continue to advocate for increases in residency positions and the ability to compete in the first iteration of the Canadian Resident Matching Service (CaRMS).^{6,7}

While international medical graduates (IMGs) are an integral component of the current Canadian healthcare workforce, a number of considerations must be made prior to accelerating the expansion of IMG residency positions in BC.

CAPACITY OF MEDICAL TRAINING INFRASTRUCTURE

Adequate training of physicians requires an availability of clinical instructors and a sufficient capacity of physical infrastructure, such as teaching facilities. BC's taxpayers have made a significant investment in the education of the University of British Columbia's (UBC) medical students. In order to protect this investment, there is a commitment to create at least one residency position for every UBC medical graduate.⁸

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With the inception of the Southern Medical Program in Kelowna this year, an additional 32 medical students will graduate from UBC annually and seek residency training. In addition to residency positions for Canadian medical graduates, 19 BC positions are dedicated to IMGs each year, with a planned expansion to 58 positions by 2015.⁸ Thus, one must consider the consequences of straining an already congested system. Any effort to expand BC's residency programs should be executed in a coordinated and collaborative manner to ensure adequate student interaction with clinical instructors, optimal use of limited facilities and resources, and ultimately the preservation of the high-quality education that is demanded by North American accreditation bodies. Simply adding trainees to an overpopulated system without a parallel investment in infrastructure will dilute the high standard of medical education that British Columbians expect. According to Dr. David Snadden, UBC's Executive Associate Dean of Education,

The numbers are such that we have 19 IMG positions this year and we are going to be working up to 58 by 2015... if we stretch our capacity beyond that, then it is going to be very hard to keep the quality of the residency program. (David Snadden 2012, oral communication, March 28)

SELF-SUFFICIENCY IN PHYSICIAN SUPPLY

As defined by the Canadian Advisory Committee on Health Delivery and Human Resources, self-sufficiency in HHR is

The ability to attract, develop and retain the right supply and mix of skilled healthcare providers working within each jurisdiction's service delivery models to provide high quality, timely, safe care that meets the population's changing health needs.⁹

Although one cannot disregard the contribution of IMGs in our current healthcare workforce, the Canadian Federation of Medical Students (CFMS) recommends further investment in domestic physician training capacity as the optimum approach to meeting the future healthcare needs of Canadians.¹⁰ Investment in the expansion of undergraduate programs in satellite training sites across Canada can produce high-quality medical graduates who meet societal needs. Increasing the capacity of the undergraduate medical program will also allow Canadians to complete their medical education in Canada, instead of travelling to foreign countries at a greater expense.


HETEROGENEITY OF INTERNATIONAL MEDICAL GRADUATES

It is estimated that CSAs are studying at approximately 80 international medical schools.⁵ The criteria for admission and competencies of graduates are highly variable between these MD granting bodies. When asked to comment on the competencies of IMGs seeking residency training, Dr. Snadden expressed that,

They are in 80 odd schools in 40 different countries, all of which have different accreditation processes. Some are fairly robust and some are relatively weak.

There is no way we can make a judgment on their competencies based on the information we receive from their schools. (David Snadden 2012, oral communication, March 28)

It is recognized that IMGs are a highly heterogeneous group. Some are competent well beyond a typical Canadian medical school graduate, while others may not be as proficient. Before further expansion of the IMG program, reliable assessment tools and metrics should be developed to ensure that the IMGs accepted into residency programs would thrive in the Canadian healthcare system.

Given the investment that BC taxpayers have made in the education of UBC medical students, it is essential that these medical graduates have access to premium residency programs in order to qualify as practicing physicians who can serve the needs of BC communities. Therefore any efforts to further integrate IMGs into an already overcrowded system must be done in a manner that does not compromise this investment. 

REFERENCES

1. Esmail N, Walker M. How good is Canadian health care? International comparison of health care systems. 2008 Report. Fraser Institute.
2. Ouellet R. More doctors. More care: A promise yet unfulfilled. The Canadian Medical Association's brief to the House of Commons Standing Committee on Health. 2009.
3. Statistics Canada. Canadian Community Health Survey [Internet]. 2010 [cited 2012 Jun 20]. Available from: <http://www.statcan.gc.ca/daily-quotidien/110621/dq110621b-eng.htm>
4. Society of Rural Physicians of Canada. Comparative regional statistics. [homepage on the Internet]. 2005 [cited 2012 Jun 20]. Available from: http://www.srpc.ca/resources_regional_stats.html
5. Canadian Resident Matching Service. Canadian students studying medicine abroad 2010 Report [Internet]. 2010 [cited 2012 June 20]. Available from: http://www.carms.ca/pdfs/2010_CSA_Report/CaRMS_2010_CSA_Report.pdf
6. Reid M. B.C. red tape blocking medical student from returning home. Burnaby Now [Internet]. 2012 Apr 4 [cited 2012 June 20]. Available from: <http://www.burnabynow.com/news/tape+blocking+medical+student+from+returning+home/6411877/story.html>
7. Sheppard MC. Too many Canadians studying medicine overseas. CBC News [Internet]. 2011 Feb 22 [cited 2012 June 20]. Available from: <http://www.cbc.ca/news/health/story/2011/02/22/canadian-students-medicine-overseas.html>
8. BC Ministry of Health, BC Ministry of Advanced Education, and UBC Faculty of Medicine. International medical graduate program (IMG-BC) challenges facing Canadians studying abroad [Internet]. 2011 briefing document [cited 2012 June 20]. Available from: http://med.ubc.ca/files/2012/03/img_bc_and_canadians_studying_abroad-briefing-March-2012.pdf
9. Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources (ACHDHR). How many are enough? Redefining self-sufficiency for the health workforce. 2009 report.
10. Canadian Federation of Medical Students. International medical graduates, Canadians studying abroad, & Canadian medical graduates: Canadian healthcare training and self-sufficiency [Internet]. 2011 [cited 2012 June 20]. Available from: http://cfms.org/attachments/article/163/cfms_-_2011_img_position_paper_final.pdf