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Deans on the Hill

Les doyens sur la Colline

- ❖ Dr. James Rourke, Chair, AFMC
- ❖ Dr. Nick Busing, President & CEO, AFMC
- ❖ Dr. John Wootton, President, Society of Rural Physicians of Canada
- ❖ Matthew Sheppard, President, Canadian Federation of Medical Students

Oct 2010



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Dr. James Rourke

Chair, AFMC

Dean, Faculty of Medicine,
Memorial University of Newfoundland

Why Diversity Matters...



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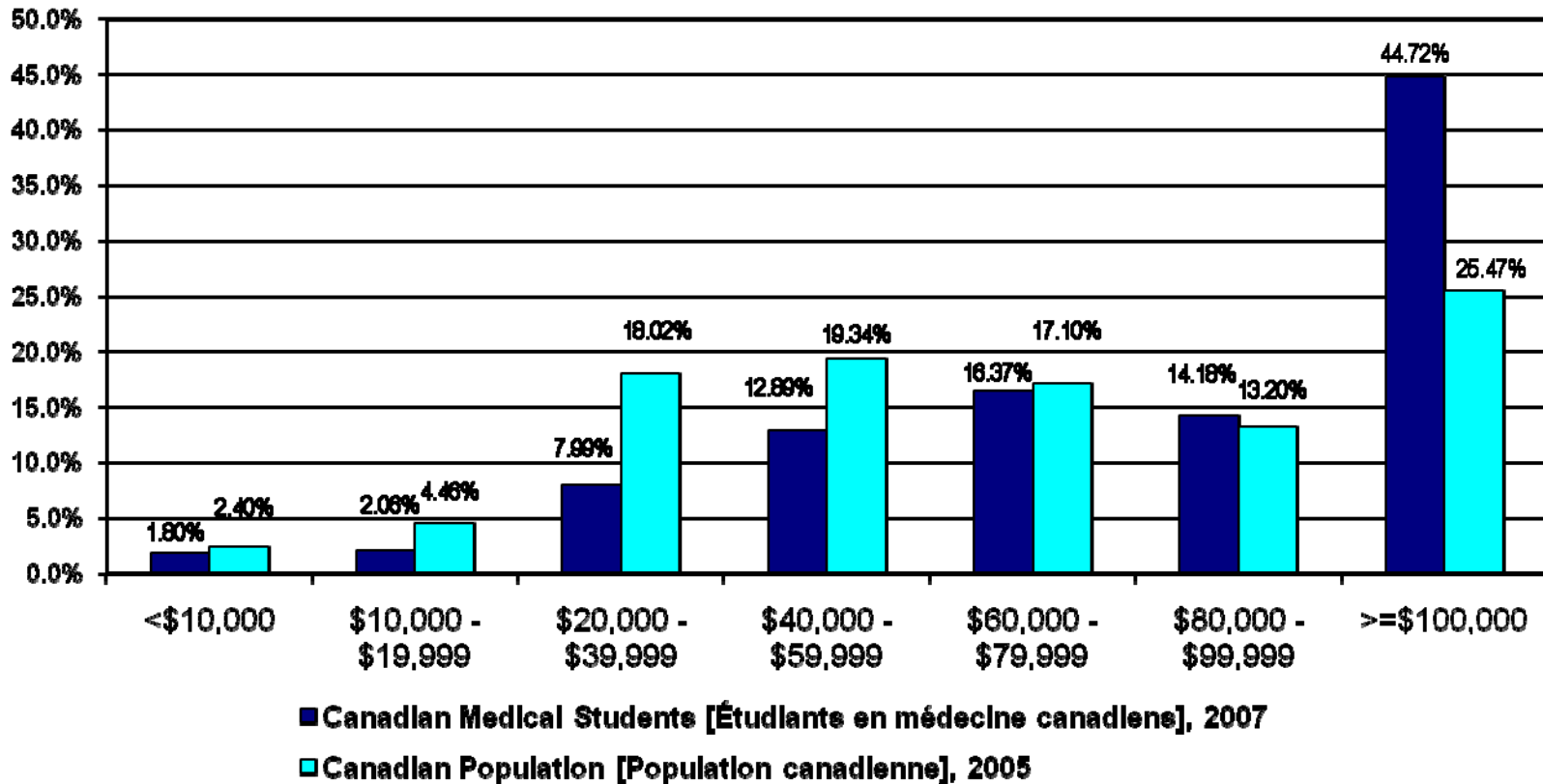
Dr. Nick Busing

President & CEO, AFMC

Diversity Data...

Annual Income Distribution of Canadian Families and the Families of Canadian Medical Students

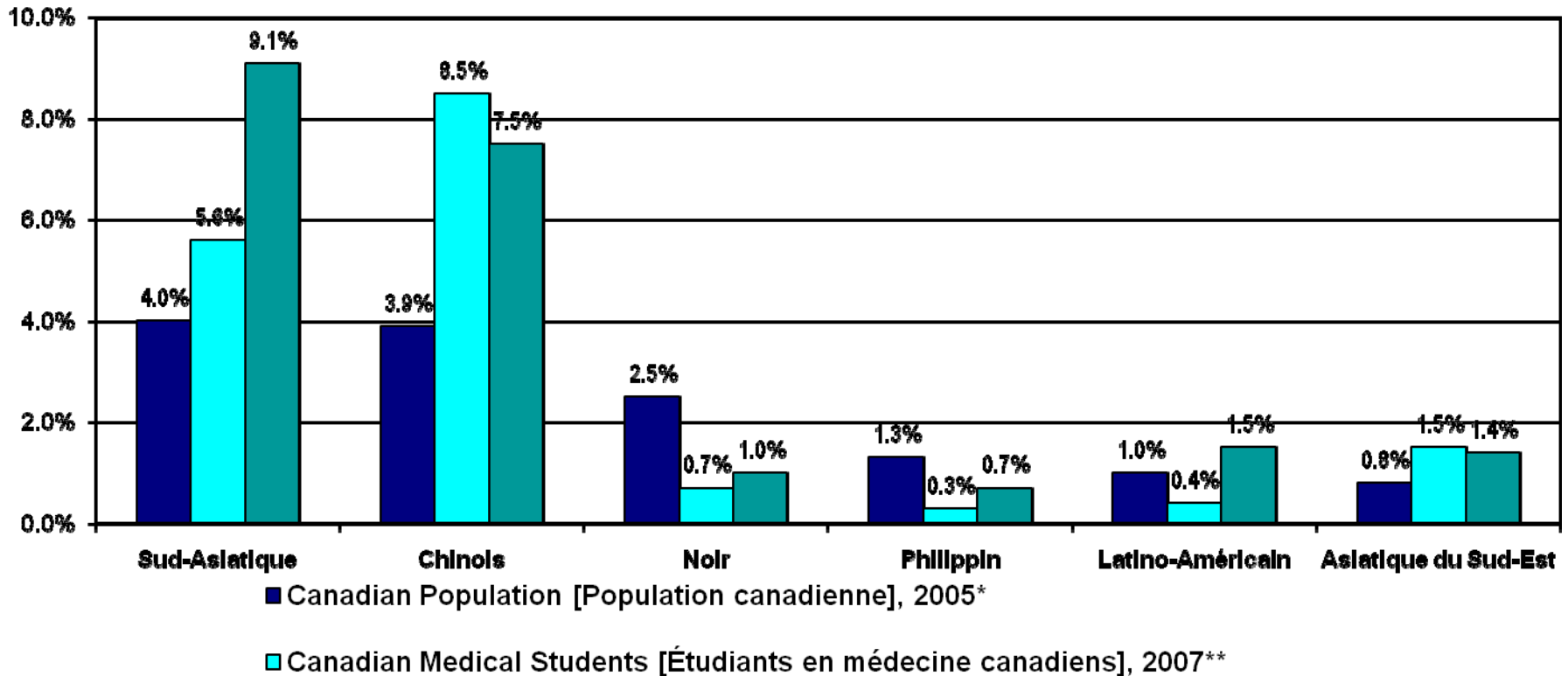
Répartition du revenu annuel des familles canadiennes et des familles des étudiants en médecine





Visible Minority Groups Among Medical Students, Year 2 Postgraduate Medical Trainees and the General Population, Canada

Groupes de minorités visibles parmi les étudiants en médecine, les résidents en 2^e année d'études médicales postdoctorales et la population canadienne en général

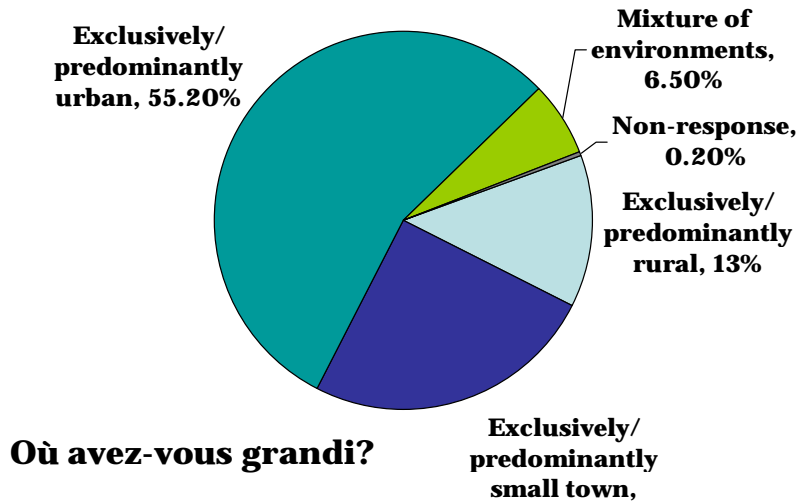


*Statistiques Canada, recensements de la population, 2006; **Sondage national de 2007 des médecins. Le Collège des médecins de famille du Canada, l'Association médicale canadienne, le Collège royal des médecins et chirurgiens du Canada.

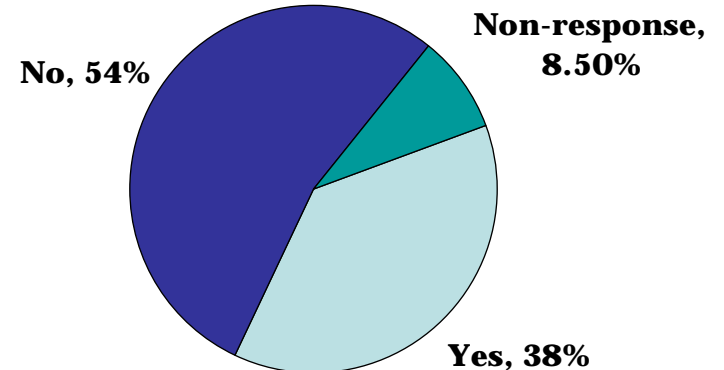
Medical Student Responses to the 2007 National Physician Survey

Where did you grow up?

Réponses des étudiants en médecine au Sondage national de 2007 sur les médecins



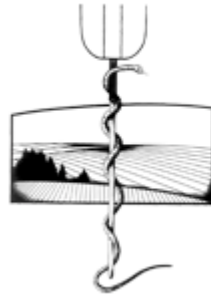
Are immediate family members medical workers?



Des membres de votre famille immédiate travaillent-ils dans un domaine relié à la médecine?



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Society of Rural Physicians of Canada
Soci t  de la M decine Rurale du Canada

Dr. John Wootton
Society of Rural Physicians of Canada

“The under-representation of rural communities in our medical schools and in the physician workforce, and strategies to improve the situation”



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The Macro Problem:

Canadian society is a just society, and believes that all Canadians should have equitable access to the benefits of this citizenship. This includes equitable access to the factors which determine health. Rural Canadians, because of geography, economics, and demographics, lack such equitable access.



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The Macro Solution:

- Recognize the problem
- Understand its dimensions
- Commit to fixing it
- Collaborate with partners
- Give someone the mandate
- Share the good ideas
- Measure progress
- Do it all over again



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The Micro Problem

- Access to services in Rural Canada is an HHR issue.
- HHR issues include those related to absolute numbers (nurses, doctors and other professionals), as well as those related to how these are used.
- HHR shortages are exacerbated when individuals choose specialization over generalism



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The Micro Solution:

- Train the work-force for the work it needs to do
- Recruit from the populations it needs to serve
- Support and promote health care careers
- Support the systems within which they need to work



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Specific suggestions from the SRPC:

- Rural Access scholarships
- Rural Access Development Program
- Rural Medicine Skill Enhancement Program
- National Rural Round Table
- Extension of Medical School to Rural Communities
- Enhanced Rural Residency Programs
- Strengthened Rural Health Research
- Strengthened Rural Broadband Services



Economic Diversity in Medical School

Matthew J. Sheppard, President

Deans on the Hill breakfast reception

Oct 2010

The Problem

Survey data shows that students from rural and lower income backgrounds are underrepresented in Canadian medical schools, meaning that the future physician population will not adequately represent the Canadian population.

Supporting statistics:

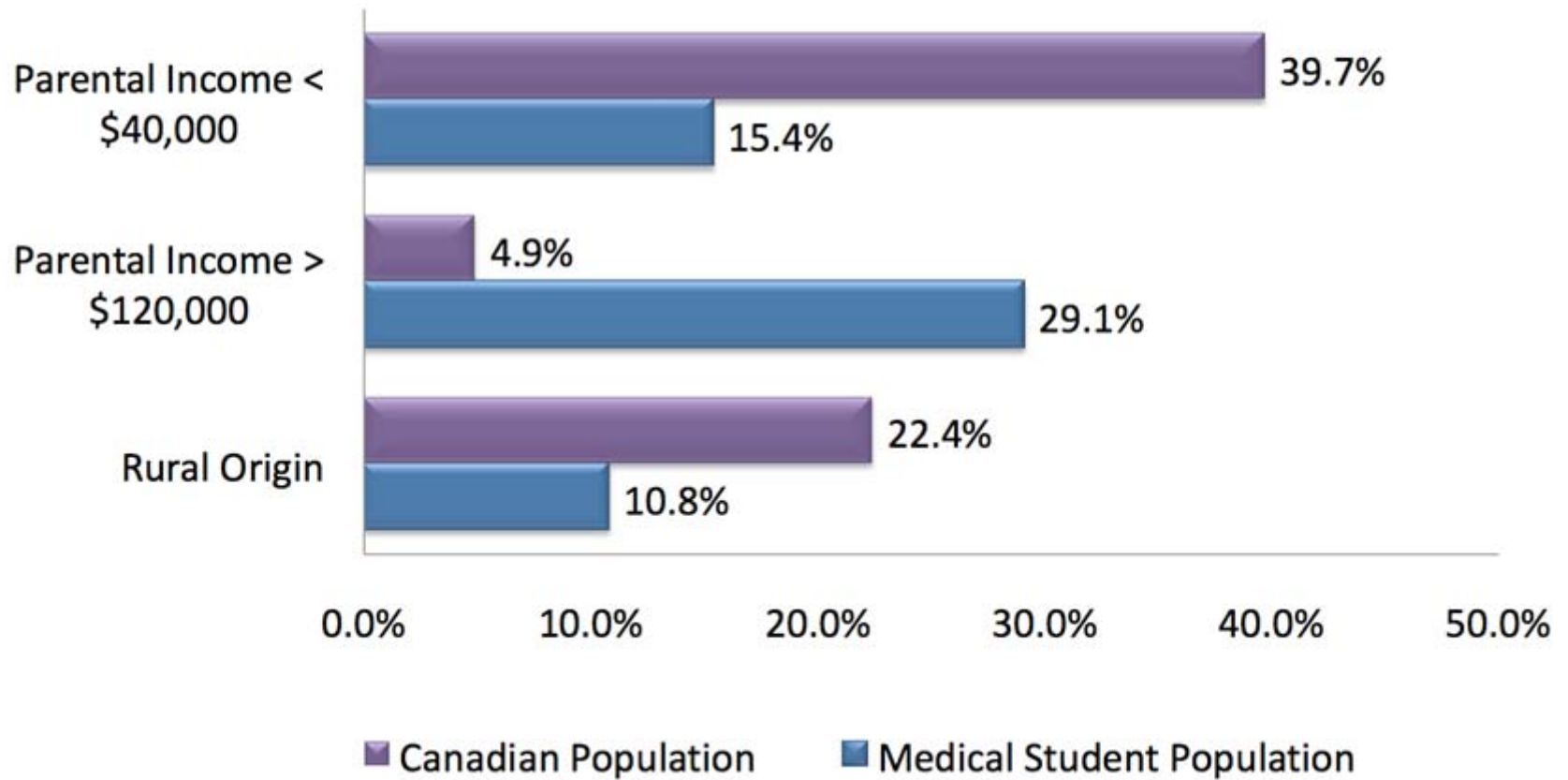
In 2001,

- **15.4%** of students reported parental incomes of less than \$40000, compared to **39.7%** of the general Canadian population
- **29.1%** of students reported parental incomes of greater than \$120000, compared to **4.9%** of the general Canadian population
- **10.8%** of students reported coming from a rural community, compared to **22.4%** of the general Canadian population

In 2007,

- **13.5%** of medical students from across Canada reported parental incomes in the lowest income quintile (encompassing **20%** of the Canadian population), with some schools reporting as little as **3%**

Comparison of Average Family Income and Rural Origin in Medical Student and Canadian populations

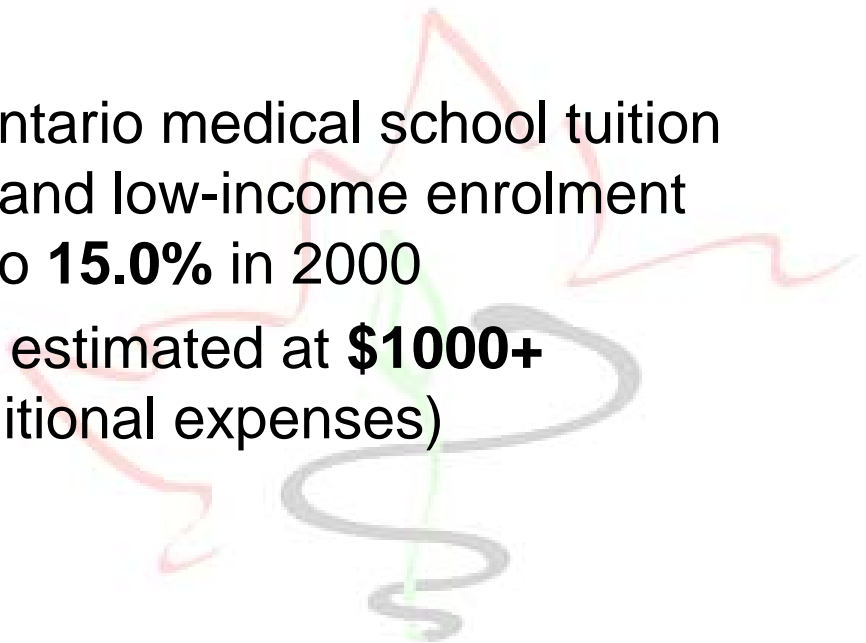


Causes?

While the cause of the skewed medical school population is incredibly complex and multifactorial, there are some known contributors. For example, lack of exposure to role models at an early age, the rising costs of training, significant cost of application, and biased nature of admissions processes all lead to the exclusion of low income and rural students.

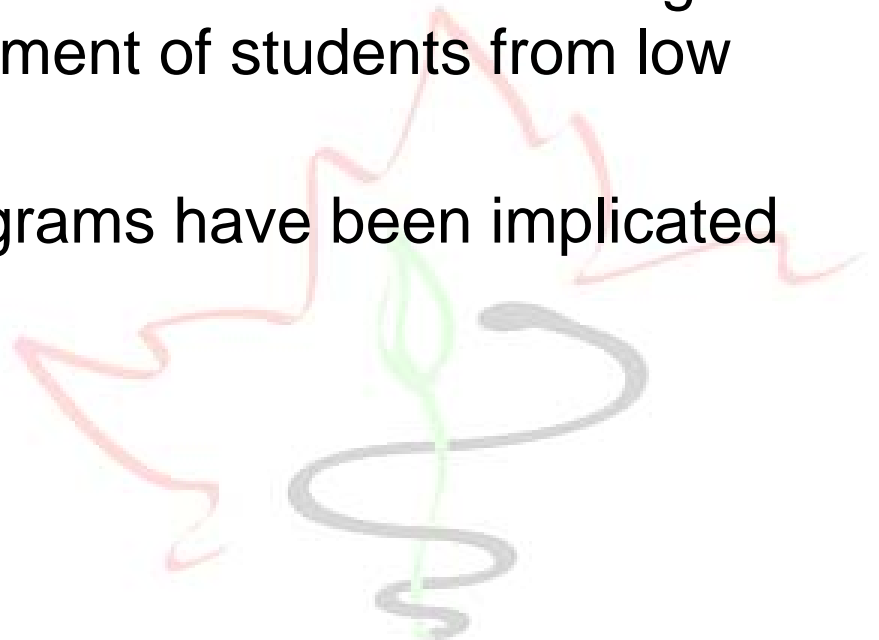
Supporting statistics:

- Since deregulation in 1997, Ontario medical school tuition tripled from **\$4844 to \$17407** and low-income enrolment dropped from **22.6%** in 1997 to **15.0%** in 2000
- Average application costs are estimated at **\$1000+** (excluding many potential additional expenses)



Solutions?

- This problem is multi-factorial and we all have our role to play. The inequality of access to medical study based on family income is a gross injustice and incompatible with Canadian values.
- It is imperative that the federal government take action to support medical students and faculties in seeking strategies to increase enrolment of students from low SES backgrounds
- Many other successful programs have been implicated in other countries



International precedent

Successful programs being used in other countries: There is international precedent for federal intervention in efforts to ensure medical school populations are representative of the general population.

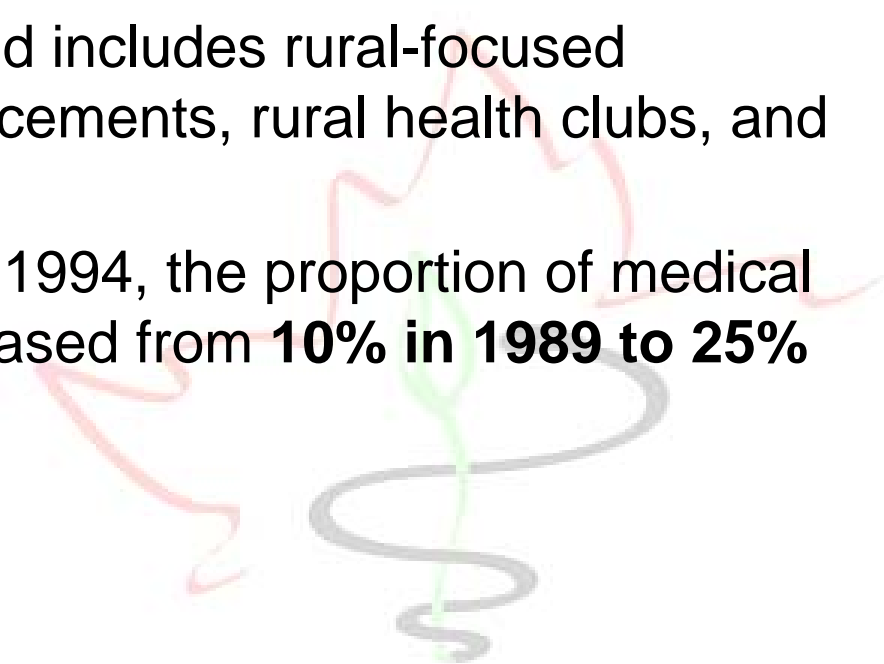
US Association of American Medical College (AAMC) Fee Assistance Program (FAP)

- Subsidizes prohibitive costs of applying to medical school by decreasing MCAT examination fees (\$230 to \$85) and waiving medical school application fees (\$600 value).
- Targets students with family income below 300% of the poverty line (22 050 USD for a family of four).

International precedent

Australia Rural Undergraduate Support and Coordination (RUSC) Program

- This program involves government provision of monetary incentives to medical schools that promote the selection of rural applicants, develop support systems for rural students, and provide short-term rural placements.
- The approach is very holistic and includes rural-focused curriculums, mandatory rural placements, rural health clubs, and special admissions criteria.
- Since the program's creation in 1994, the proportion of medical students of rural origin has increased from **10% in 1989 to 25% in 2000.**

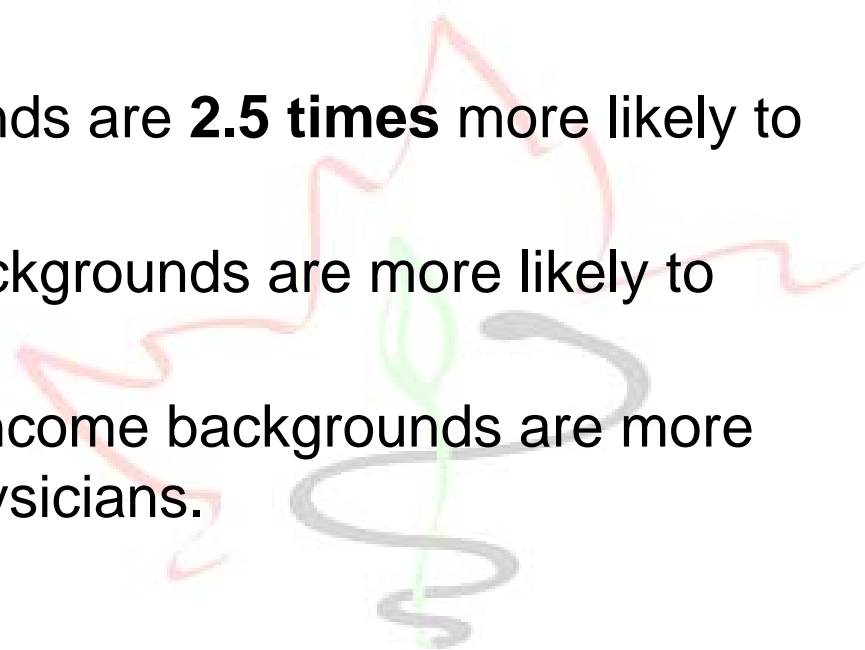


Implications

This inequity of access to *publicly funded* medical education on the basis of income and geographic origin is unfair and incongruent with Canadian values. Inadequate admission of low-income and rural students is diminishing potential for future physicians in underserved areas.

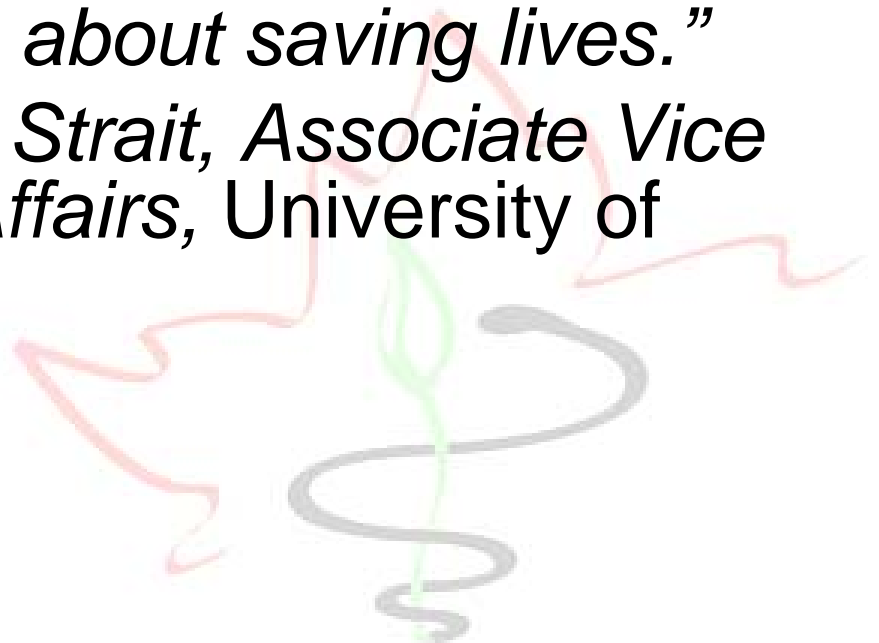
Supporting statistics:

- Students with rural backgrounds are **2.5 times** more likely to practice in a rural community.
- Students with low-income backgrounds are more likely to serve low-income patients.
- Students with rural or lower income backgrounds are more likely to practice as family physicians.



“Any economist will tell you that diversification is the key to a secure portfolio. Any geneticist will tell you that diversification is key to maintaining hardy species of plants and animals. But somehow, when it comes to racial politics, the virtues of diversity are lost. Diversity in healthcare is not about fair representation - it is about saving lives.”

– Commissioner George Strait, Associate Vice Chancellor for Public Affairs, University of California, Berkeley



Thank You
Questions?

