

The 'Brokenness' of postgraduate medical education

Peter Hutten-Czapski,
MD¹

¹Scientific Editor, CJRM,
Haileybury, ON, Canada

Correspondence to:
Peter Hutten-Czapski,
phc@srpc.ca

There is a disconnection in all Canadian postgraduate programmes, from both the medical school mission and community needs' standpoint. On the one hand, we have Canadian grads not getting matched to a residency programme, and on the other hand, we are training more orthopaedic surgeons than we have OR time to give them. Vacancies in rural practice continue, despite a near doubling of Canadian medical school enrolment to 2836 students.¹ Postgraduate training needs reform. The number of spots needs to better match the number of matriculating students, and the mix needs to better reflect the needs of Canadians. For CaRM ranking, we should stack the deck, and all family medicine programmes should be weighing the undergraduate factors that promote rural careers (especially rural origin which has a prevalence odds ratio of 2.9).²

The medical school variable loading for rural practice is well known. In a recent article³ yet again, rural origin, older age, prior postgraduate training, a rural role model, social orientation, interest in generalism and tolerance for uncertainty were all significantly associated with rural practice. These factors and others have females, francophones and rural and even

indigenous students (12% this year at the Northern Ontario School of Medicine [NOSM] yes!)⁴ admitted in favourable proportions. At NOSM, all of them are exposed to rural communities early in the curriculum and spend their entire 3rd-year training alongside rural generalist physicians in a longitudinal clerkship.

We need more and expanded access to longitudinal rural postgraduate programmes than already exist. Not surprisingly, a longitudinal residency that takes place entirely, or mostly, in rural generalist settings (typically between 4000 and 30,000 population and 150–1000 km distant from a city of over 100,000) is associated with rural practice at an odds ratio of 3.9.²

There is also a need to find new approaches to improve social fairness. Increasing medical school admissions for lower socioeconomic students is important. Innovation such as the proposed rural generalist pathway at NOSM has the potential to increase both the status and rigour of rural training that is 'fit for purpose'.⁴

On his recent tour of Northern Ontario, Dr Denis Lennox, who has been a champion of Rural Generalism in Australia, highlighted the importance of creating a career path that has, as the goal, a rewarding rural generalist and academic career

Access this article online

Quick Response Code:



Website:
www.cjrm.ca

DOI:
10.4103/CJRM.CJRM_85_19

Received: 11-10-2019 Revised: 11-10-2019 Accepted: 22-10-2019 Published: 19-12-2019

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Hutten-Czapski P. The 'Brokenness' of postgraduate medical education. Can J Rural Med 2020;25:3-6.

'joined up' with other rural generalists in a resilient community of practice. If residents can see an inspiring, supported, rewarding career goal, they will be more likely to enter into rural practice, equipped with the right generalist training.

REFERENCES

1. Association of Faculties of Medicine of Canada. In Canadian Medical Education Statistics 2018. Vol. 40. Ottawa, ON: Association of Faculties of Medicine of Canada; 2019. p. 12-4.
2. Woolley T, Sen Gupta T, Murray R, Hays R. Predictors of rural practice location for James cook university MBBS graduates at postgraduate year 5. Aust J Rural Health 2014;22:165-71.
3. Mitra G, Gowans M, Wright B, Brenneis F, Scott I. Predictors of rural family medicine practice in Canada. Can Fam Physician 2018;64:588-96.
4. Leslie C. New NOSM Dean Vows to Introduce A Rural Generalist Pathway for Family. Medicine Medical Post; 28 August, 2019. Available from: <http://www.canadianhealthcarenetwork.ca/physicians/news/new-nosm-dean-vows-to-introduce-a-rural-generalist-pathway-for-family-medicine-56859>. [Last accessed on 2019 Oct 09].



Now Available

2020 CAEP MEMBERSHIPS

NEW MEMBER BENEFITS



MEMBERSHIP YEAR

Jan 1- Dec 31, 2020

PURCHASE LINK

caep.ca/membership/

La fragmentation de l'éducation médicale de deuxième cycle

Peter Hutten-Czapowski,
MD¹

¹Rédacteur Scientifique,
JCMR, Haileybury (Ont.),
Canada

Correspondance: Peter Hutten-Czapowski, pbc@srpc.ca

Tous les programmes de deuxième cycle canadiens sont fracturés, tant du point de vue de la mission de l'école de médecine que des besoins communautaires. D'un côté, quelques diplômés canadiens ne sont pas appariés à un programme de résidence et de l'autre, nous formons plus de chirurgiens en orthopédie que le bloc opératoire peut en accepter. Les postes vacants en pratique rurale sont toujours vacants, malgré que deux fois plus d'étudiants, soit 2836, sont inscrits en médecine au Canada.¹ La formation de deuxième cycle doit être réformée. Le nombre de places doit mieux refléter le nombre d'étudiants inscrits, et le mélange doit mieux refléter les besoins des Canadiens et Canadiennes. Pour le classement de CaRMS, nous devons piper les dés, et tous les programmes de médecine familiale doivent tenir compte des facteurs de premier cycle qui encouragent les carrières en milieu rural (surtout l'origine rurale, avec un RC de la prévalence de 2,9).²

La distribution variable des écoles de médecine pour la pratique rurale est reconnue. Dans un article récent³ encore une fois, les facteurs origine rurale, âge avancé, formation antérieure de deuxième cycle, modèle à émuler en région rurale, orientation sociale, intérêt pour le généralisme et tolérance de l'incertitude étaient tous étroitement liés à la pratique rurale. Ces facteurs entre autres permettent aux étudiants de sexe

féminin, francophones, ruraux et même autochtones (12 % cette année à l'École de médecine du Nord de l'Ontario hurra!)⁴ d'être admis dans des proportions favorables. À l'ÉMNO, tous les étudiants sont exposés aux communautés rurales et passent la troisième année entière de formation avec des généralistes en milieu rural dans le cadre d'un stage clinique longitudinal.

Nous devons élargir et multiplier l'accès aux programmes longitudinaux de deuxième cycle en milieu rural. Il n'est pas surprenant d'apprendre qu'une résidence longitudinale qui prend place entièrement, ou presque, dans un milieu généraliste rural (habituellement entre 4000 et 30 000 habitants et à 150-1000 km d'une agglomération de plus de 100 000) est associée à la pratique rurale avec un rapport de cotes de 3,9.²

Il nous faut également trouver de nouvelles approches pour améliorer la justice sociale. Il importe d'augmenter les admissions des étudiants de faible statut socioéconomique à l'école de médecine. L'innovation, tel le cheminement de généraliste rural proposé à l'ÉMNO a le potentiel d'augmenter le statut et la rigueur de la formation rurale pour qu'elle soit « adaptée à l'emploi ».⁴

Dans sa récente tournée du Nord de l'Ontario, le Dr Denis Lennox, qui est un ambassadeur du généralisme rural en Australie, a souligné l'importance de créer un cheminement de carrière qui a pour but de récompenser les généralistes ruraux et les carrières universitaires qui s'associent à d'autres généralistes ruraux pour former une communauté de pratique résiliente.

Si les résidents ont pour vision une carrière satisfaisante et inspirante, ils auront plus tendance à pratiquer en milieu rural, et seront équipés de la bonne formation de généraliste.

RÉFÉRENCES

1. Table A-2. In Canadian Medical Education Statistics 2018 (40th vol, pp. 12-14). (2019). Ottawa, ON: AFMC.
2. Woolley T1, Sen Gupta T, Murray R, Hays R. Predictors of rural practice location for James Cook University MBBS graduates at postgraduate year 5. Aust J Rural Health. 2014 Aug;22(4):165-71. doi: 10.1111/ajr.12106.
3. Mitra G, Gowans M, Wright B, et al. Predictors of rural family medicine practice in Canada. Can Fam Physician. 2018;64:588-96
4. Leslie C New NOSM dean vows to introduce a rural generalist pathway for family medicine Medical Post August 28, 2019 <http://www.canadianhealthcarenetwork.ca/physicians/news/new-nosm-dean-vows-to-introduce-a-rural-generalist-pathway-for-family-medicine-56859>. accessed Oct 9, 2019.

Experience the North at Weeneebayko Area Health Authority in Moose Factory, ON

The Weeneebayko ("Two Bays" - James Bay and Hudson's Bay) Area Health Authority (WAHA) provides all facets of medical care within 6 predominantly First Nation's communities along the west coast James Bay and Hudson's Bay. Population served—12,000



Moose Factory, Moosonee, Fort Albany, Kashechewan, Attawapiskat and Peawanuck

Position: Full-time Permanent Family Practitioner

Weeneebayko Area Health Authority
19 Hospital Drive, P.O. Box 664,
Moose Factory, ON

For more information contact:

Jaime Kapashesit

Physician Services Coordinator

jaime.kapashesit@waha.ca

705 658-4544 ext. 2237

Skills Requirement: Must hold a medical degree and be licensed or eligible for licensure through the College of Physicians and Surgeons of Ontario

Work Experience: Minimum of one year

Language of work: English

Remuneration:

- Generous compensation package (\$370, 550) with yearly travel allowance and remote medicine funding bonuses
- Housing in Moose Factory provided with all amenities included

Job Duties

- Examine patients and take their histories, order laboratory tests, X-rays and other diagnostic procedures and consult with other medical practitioners to evaluate patients' physical and mental health
- Prescribe and administer medications and treatments
- Provide acute care management
- Advise patients on health care including health promotion, disease, illness and accident prevention
- Coordinate and manage primary care to remote First Nations communities
- Faculty appointment at Queen's, NOSM, U of T, U of O, with a well developed teaching practice program
- Become a member of a multidisciplinary team with full-time surgical and Anaesthesia