

## BC hospital reopens as public/private hybrid

A small British Columbia town whose hospital was closed by the provincial government has transformed itself into a health care landlord by purchasing the facility and turning it into a marketplace for public and private services.

The hospital in Kimberly, which has 7000 residents, closed last spring. Following its rebirth, it will offer primary and emergency care, laboratory and x-ray facilities, and private surgical offices. Health professionals such as physiotherapists and private nurses will also be allowed to rent space in the 25-bed facility, which cost the town \$140 000.

Jim Ogilvie, who was mayor when the purchase decision was made, said the town's large senior population was affected most by the closure. "Our number one goal is to re-establish primary health care. One of the main reasons we decided to buy the hospital was that they left us with nothing — not even a first-aid post."

The hospital was closed because of plans to convert the Cranbrook Hospital, a 30-minute drive in summer, into a regional centre, but Ogilvie says that hasn't happened.

Primary care will be provided by 6 family physicians, who will move into the hospital from their current group practice and pay rent to the municipality.

The Interior Health Authority may become a tenant by relocating its home care and alcohol and drug counselling services. In addition, an emergency walk-in clinic will be created. Physiotherapists and a private nursing service are also expected to become tenants.

Not only will FPs perform some minor surgery, but a private surgical company is finalizing plans to begin offering services — primarily to Workers' Compensation Board clients, RCMP personnel and patients sent by insurance companies. — *Heather Kent, Vancouver*

## PULSE

### Not quite a perfect match

In 2002, 95.6% of medical students registered with the Canadian Resident Matching Service were assigned to a program during the match's first round. Among successful applicants, 62% were matched to the program they had ranked first, and 90% were matched to their first-ranked discipline.

Students from McMaster and Memorial universities were most successful in the latter category (96% and 95% respectively), followed by those from the University of Western Ontario (93%), the University of Ottawa (92%) and the University of Calgary and Queen's University (91%). About two-thirds of Memorial and McGill graduates were matched to positions at those same schools. Elsewhere, many more students packed their suitcases: 21% moved to a residency position within the same province, while 36.4% left for a position in another province.

Among *all* applicants, women were slightly more successful than men at being matched to their first choice of discipline (86.7% vs. 82.7%). More than one-third (34.4%) of women were matched to family medicine positions, while less than one-fifth of men (18.2%) will be taking that route into practice.

Family medicine accounted for 38.8% of the 1260 available positions, but 109 of them remained unfilled after the first round; 62 were subsequently filled during the second iteration. Eighty-three residency positions were filled by international medical graduates, who could enter only the second iteration. Overall, 1 in 6 international applicants (16.7%) was matched successfully, with 47 family medicine positions being filled by these applicants. — *Shelley Martin, Senior Analyst, CMA Research, Policy and Planning Directorate*

