

Life at McGill: trying to remain optimistic while living in separation's shadow

David Spurgeon

In Brief

SPOKESPERSONS FOR MCGILL UNIVERSITY'S MEDICAL SCHOOL say they have experienced only minor recruitment problems because of the province's ongoing threats to separate. David Spurgeon reports on the impact the politics of separation is having on medical life at McGill.

En bref

DES PORTE-PAROLE DE LA FACULTÉ DE MÉDECINE DE L'UNIVERSITÉ MCGILL affirment que les menaces constantes de séparation de la province ne leur ont causé que des problèmes mineurs de recrutement. David Spurgeon présente un rapport sur l'impact de ces soubresauts politiques a sur la vie médicale à McGill.

The 1995 referendum on separation may have produced widespread uncertainty inside and outside Quebec, but spokespersons for McGill University say it hasn't substantially affected the popularity of the province's only English-language medical school.

"We have seen no evidence — virtually no evidence — that the political climate has affected our admissions process," Dr. Nelson Mitchell, the associate dean of admissions, said in an interview. "The Québécois students obviously are not going to be affected because they still want to go to medical school in Quebec. Among the group of students that come to us from the US and foreign students, our numbers this year only declined by something like 3%, and we don't think that's significant."

Applications from students in the rest of Canada declined by a larger amount, but Mitchell thinks this can be attributed to other factors.

"Three years ago we had 600 students apply from the rest of Canada, and this year [1996–97] we had 450. [But] it's increasingly obvious to medical students that they'd better consider applying first in the province in which their home is and where they would like to practise, so we don't think the political situation had anything to do with that.

"For out-of-province students today we have only 5 places — we used to have 10 or 12 — so when 600 people apply for 10 places versus 450 for 5, I don't think the drop can be attributed to referendums. Many of those applications might just be 'insurance' applications from [students thinking] 'I'll apply everywhere.'"

As for recruitment of faculty, the dean of the medical school, Dr. Abraham Fuks, said adequate numbers of applicants still appear when posts become available. "Several of our departments have recruited in recent years. The Montreal Neurological Institute has recruited quite actively in the last 2 years and has been able to engage outstanding individuals from outside Quebec, outside Canada. One can judge their success by how high their rate is for successful applications [for career support and research funds] from the Medical Research Council and the Fonds de recherche en santé du Québec. So individuals are still coming and applying for positions here simply because the academic environment continues to be excellent."



Features

Chroniques

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Recruiting of clinical staff poses a problem, however, because of the Quebec government's licensing restrictions. "The inability to bring in someone who is not already eligible for licensure in the province is a difficulty," said Fuks. "Until this year we had a mechanism whereby the 4 faculties of medicine would bring in 6 individuals among them into senior positions, and obtain licences for them to practise in the academic setting. But the provincial health ministry has closed that at least temporarily because there had been pressure from the Federation of Medical Specialists of Quebec, who say that, given that there's a closed envelope for reimbursement, bringing in individuals from outside the province may affect the incomes of those already here. The Ministry of Health has said it will set aside a special mechanism to pay academics who are coming in but they have not as yet done so. It isn't the political situation that's a barrier, it's simply an administrative ruling."

Asked if McGill has lost faculty members because of the political uncertainty in Quebec, Fuks commented: "It has happened in the last year with a couple of individuals who said, 'Look, I have opportunities elsewhere. I would love to stay in McGill, I love it here, but the political situation is such that for myself and my family I'd rather be elsewhere.' Cases like that aren't common but when they happen everyone talks about that event. And so it grows out of proportion to the actual numbers."

Fuks said that, out of a total faculty pool of well over 1000 people, he could name only 3 or 4 who left in 1996 largely because of the political situation. Even the total number of Canadian physicians leaving for the US is "not really that high" when the number moving in the other direction is taken into account. [In 1995, 674 active physicians moved from Canada, with most leaving for the US, and 256 returned. The total number moving abroad in 1995 actually declined by 103 from the recent high of 777 physicians set in 1994. The number of Quebec physicians leaving the province has dropped each year since 1992, when it peaked at 133; 87 physicians left Quebec in 1995, but 50 returned from abroad the same year. — Ed.]

"If you read the newspapers you'd think we've lost half our medical manpower to the US," Fuks observed. "The perception is that it's a massive problem but if you look at the actual numbers, they're not really there."

Fuks thinks the attraction of living in Montreal — "they say what an incredible city this is to live in" — looms large for those who want to work at McGill. Dr. Richard Cruess, the dean of medicine at McGill from 1981 to 1995, agrees. He says those responsible for the school's excellence "have already made a conscious choice that they are going to live with a certain degree of political instability and perhaps a sense of not being part of the mainstream of Quebec society. They do that for a lot of

reasons that have to do with the fact that Montreal still offers a pretty wonderful way of life, and that McGill has consistently offered a very satisfying intellectual climate."

Cruess noted wryly that McGill has more trouble recruiting from within Canada than elsewhere. "It's kind of interesting that Americans and Europeans aren't nearly as worried about our political situation as people from Toronto or Vancouver. Some 30 years ago we could go somewhere in Canada and recruit. Now it's more difficult. You go the States and you say, 'You know we've got some limitations on education for children — they're going to have to go to a French school,' and the Americans say, 'Gee, they can learn 2 languages, wouldn't that be wonderful.' You go to Toronto or Vancouver and they say, 'No way.'"

Cruess agrees that restrictions that limit attempts to fill leadership posts with new blood from outside the province are a major problem. "[That] will hurt us in the long run, and in fact hurt us much more than any other Canadian school because we have consistently wished to play our role out on the world stage more than any other school, because we've got a smaller local base to recruit from. . . . But I'm an optimist. That move will hurt the francophone schools [as well], so we'll get that rule changed. We'll get some kind of method of recruiting from outside."

(Ironically, although Cruess was born in Canada, he was an American citizen when he first arrived at McGill in 1963. "I'd have a hell of a time getting a job in Quebec now because of the limitations," he said with a laugh.)

Difficulties currently facing McGill include budget cuts, the closure of hospitals with largely anglophone clientele, and the restrictions on practice opportunities facing new medical graduates. But Dr. Harvey Barkun, associate dean for professional affairs at McGill's medical school and former executive director of the Association of Canadian Medical Colleges, says the school's anglophone status has not affected its treatment by the provincial government.

"I think I can safely say that McGill has been treated just like any other medical school in Quebec. I don't think you can cast an anti-anglophone [light] on it. What happened to McGill really happened to Montreal, to Sherbrooke and to Laval as well, in that both governments, Liberal and Parti Québécois, feel as many governments now do in Canada — that there are too many physicians in the country. And consequently they have really cut back on the number of admissions and the number of residents. Toronto alone has gone from 252 students in the first year to 175, and that started in 1993.

"Other schools in Quebec have lost faculty as well. French-speaking physicians are not a captive audience.



They can move very easily to other parts of Canada or to the US, and they do.”

“We’re in a time of change,” added Fuks, “and change offers both opportunities and uncertainty. We’re very enthusiastic about the realignment of our hospital network — we call it Merger Realignment Restructuring. I think it’s a tremendous opportunity for the faculty to focus and rethink how it delivers its teaching and clinical care.”

Fuks said budget cuts, not political uncertainty, cause him the biggest headaches. For instance, the closing of Montreal’s Queen Elizabeth Hospital has forced the school to realign the training site for some of its family-medicine residents. “There is an impact of the closure on training and teaching, but clearly there’s a bigger impact on the clinical care provided to the people in that community, and that’s a bigger challenge to meet.”

Mitchell said that even though there has been a reduction in the number of residency slots in Quebec, “we have abundant clinical material, even with the closure of those hospitals. We don’t have trouble placing our people for medical training. The closures shouldn’t affect students because we have unused capacity in terms of training residents.”

“We had major cuts in our residency positions 10-15 years ago,” added Cruess, “and the [current] changes [amount to only] 2 or 3%. The rest of the country is sort of catching up to us now, but the big cuts in Quebec have already taken place. We’ve been through that and survived quite nicely.”

The president of the Association of Residents of McGill, Dr. Harold Olney, said changes being introduced into Quebec’s health care system affect residents more than the threat of separation.

“New graduates are not always able to get positions in areas that coincide with their needs,” he said. “The urban areas are for all intents and purposes closed to a large number of specialties. With the hospital closures, physicians who have been in the system longer have priority over the new graduates, so they would be taking some of the new positions before they would be offered to the more junior members of the *Fédération des Médecins Spécialistes du Québec* [FMSQ]. [And] there was recently an agreement between the Ministry of Health and the FMSQ that led to an across-the-board reduction in physicians’ incomes for the first 3 or 4 years of their practice.”

The requirements residents must meet to obtain staff positions at Montreal hospitals are becoming tougher, Olney added. “It’s not sufficient to have completed a fellowship — you have to go into post-fellowship training as well. . . . The primary concerns of residents now are to get through all the hurdles and hope that there’s going to be a system they can fit into in a reasonable way.”

Last May, for the first time and at the request of the members, the residents’ association held a career night to promote opportunities available outside Quebec. Previous gatherings had been sponsored by Quebec’s health ministry to explore possibilities within the province. This time recruiters were there from other provinces, the US, Saudi Arabia and Europe.

“The interest was phenomenal,” said Olney. “There were between 700 and 1000 people present — certainly we had more than we anticipated. All were happy to get the information and would like us to repeat the event. With the way in which young physicians are being excluded as equal partners [in Quebec], there was a lot of resentment and a desire to find out what else could be done.”

Poll results released in October support Olney’s view. A poll of the resident association’s 2037 members found that half of the province’s physicians in training are considering hanging their shingle in another province or country. Another 25% say they would have chosen a different line of work had they been able to foresee the current budget cuts affecting the health care system.

Taking a longer-term perspective, Cruess noted that restrictions on new doctors are not unique to Quebec, although Quebec experienced them years before the rest of the country. “At that time they posed a real particular danger to us because the young people had lots of opportunities elsewhere to do what they wanted. Now the whole country is clamping down, and therefore we are no longer uncompetitive. We’ve just got the same problems everybody else has — and the United States is getting much more difficult to get into. I’m not minimizing the difficulties this is posing for young people, but for McGill this is not at this time a huge issue. All of a sudden, the rest of the world looks a bit like Quebec.”

Although political uncertainty does not yet seem to have greatly changed the situation at McGill medical school, nobody is under the illusion that this will remain the case if Quebec actually does separate.

Dr. Richard Murphy, director of the Montreal Neurological Institute, said the biggest potential problem then may be the loss of federal funding. “If we lost Medical Research Council funding, the scientific portion would find it hard to survive,” he said.

“With separation you’re going to have a whole new set of rules and regulations,” added Cruess. “And it depends on how restrictive the rules are [and] how excluded from the process the anglophone population may or may not feel. My impression is that the referendum worries everybody in Quebec who is not a separatist, but thus far the real devotion and loyalty and affection that people have for McGill and its teaching hospitals — and for the way of life — seems to have made them stick around.” ?