

Ontario's desperate need for rural MDs reason for new medical school

Canada's first new medical school in more than 30 years will open at Laurentian University in Sudbury, Ont., in 2004, Ontario Minister of Health Tony Clement announced May 17. He said the new school will have 55 undergraduate students per year, 20 of whom will do 2 years of clinical training at a satellite campus at Lakehead University in Thunder Bay.

Clement also had major news for the province's 5 existing schools, which learned that their total enrolment will increase by 120 students, to a total of 692 first-year positions, by the fall of 2002. The new spots, as yet unallocated, will mean that enrolment in the existing schools has increased by 30% since 1999.

During a press conference conducted by satellite from Sudbury, Clement said the new school will be unique because not only will it train new physicians, it will also encourage them to practise in remote areas. During the same press conference, Laurentian President Jean Watters described Laurentian's relationship with Lakehead University as "a partnership." The new school will mark the first time a Canadian medical school has employed 2 distinct campuses for its undergraduates, although the University of British Columbia is considering a similar relationship with the University of Northern British Columbia.

Clement said \$3 million has already been allocated to planning for the new school. Lakehead and Laurentian estimate that start-up costs will be \$80 million, but Clement said there are "no exact numbers. We are in the process of getting a team together to develop a business-plan model."

Dr. James Goertzen, director of the Northwestern Ontario Family Medicine Residency Program in Thunder Bay, says lessons learned outside Canada, particularly in places like Australia, must be applied to the new school. "The challenge as we examine this concept of a rural-remote medical school is to look not just in Canada, because the track record in Canada for medical schools being designed for rural/northern practice is very poor," says Goertzen, whose program has

been training doctors for rural practice since 1991.

Clement says the new school will help address the longstanding problem of physician shortages in rural and remote areas. However, Dr. Carl Eisener of the Ontario Society of Rural Physicians notes that fully trained physicians won't start emerging from the new school for 10 years. While praising the creation of the new school, he said interim steps, such as funding for nurse practitioners, are also needed. The society says that Ontario alone currently has 400 openings for physicians in underserved areas.

Although new spots for existing schools have yet to be allocated, the dean of medicine at the University of

Toronto expects most of them will go to schools other than his. "Given our current large class size [190 students], as well as the acute need for physicians in smaller cities and rural areas and our research-intensive and highly urbanized setting, we believe it is in the public interest for other faculties to take primary advantage of this opportunity," said Dr. David Naylor. He added that the U of T will be able to support the expansion of postgraduate training "at all levels."

Although little planning regarding the undergraduate expansion has been completed, Naylor said both provincial ministries involved "have made it clear they will provide [the necessary] support." — *Patrick Sullivan, CMAJ; Michael O'Reilly, Marathon, Ont.*

PULSE

Injuries claim lives of many more boys than girls

A recent UNICEF study of Organization of Economic Cooperation and Development (OECD) countries found that injury is the leading cause of death among children in each of the 26 countries examined (see *CMAJ* 2001; 164[10]:1483). The annual death rate due to injury is highest in Korea (25.6 per 100 000 children) and lowest in Sweden (5.2 per 100 000); the rate for Canadian children is 9.7 per 100 000.

Traffic accidents accounted for 41% of child deaths by injury among OECD countries, with the highest rates being found in Greece (62%) and Italy (54%). The rate of child death due to traffic accidents was lowest in Mexico (30%) and Japan (36%). Traffic deaths represent 44% of all child deaths by injury in Canada.

Drowning accounted for 15% of all child deaths by injury in the OECD, while 7% were attributed to fire, 4% to falls, 2% to poisoning and 1% to firearm accidents; other unintentional injuries account for 16% of deaths. Intentional injuries accounted for the remaining 14% of child deaths. Fire accounts for proportionately more child deaths in Canada than the OECD average (10% compared with 7%), while falls and drowning account for fewer (2% versus 4% for falls, and 13% compared with 15% for drowning).

For the OECD as a whole, and for each country, boys are more likely than girls to die as a result of injury (15.9 per 100 000 vs. 9.2 per 100 000). This disparity between the sexes is most pronounced in Ireland, where the boy-girl ratio for injury-related death is 2.3:1, and least pronounced in Sweden, where the ratio is 1.34:1; the Canadian ratio is 1.61:1. — *Shelley Martin, shelley.martin@cma.ca*



Art Explosion