

## Canada's first rural medical school: Is it needed? Will it open?

Canada's newest medical school is supposed to welcome its first 55 students in 2 years, but not everyone believes that this will be a good thing for Canadian medicine. Or even that it will happen.

Dr. Geoff Tesson, executive director of health initiatives at Laurentian University, says the school ([www.cma.ca/cmaj/vol-164/issue-13/1883a.asp](http://www.cma.ca/cmaj/vol-164/issue-13/1883a.asp)) is needed because it will be the first in Canada dedicated solely to preparing physicians to practise in rural and remote areas — the places where they are needed most. And he says that it will happen — the 2004 start-up date “is ambitious but ... achievable.” Laurentian, located in the Northern Ontario mining city of Sudbury, is to be home to the new school.

Tesson also says there is ample evidence that “training people in the areas where you want them to practise” has a significant impact on recruitment and retention. He cites the records of existing rural residency programs in Thunder Bay, Ont., and Sudbury, as well as similar programs in the US. In particular, he points to similar specialized medical schools in Norway and Australia (see accompanying article, p. 490).

“When you talk with residents in the present northern programs you see why it works,” he says. “They love it. They find the training challenging. They enjoy the lifestyle. They glow with enthusiasm, and they won't need to be paid incentives to stay in the North because that's where they want to practise.”



**Sudbury's Big Nickel: opinions vary on whether the rural medical school planned for this city is needed**

Not so fast, says Hugh Scully. The Toronto cardiac surgeon, a CMA past president who was recently appointed cochair of the national human resources sector study of physicians in Canada, thinks the money that will be devoted to the new school — start-up costs are estimated to be in the \$80-million range — could be better spent elsewhere. He also says that many deans from existing medical schools share his concerns.

Scully says the real solution to physician shortages in rural areas lies in having *all* medical schools fulfil their mandate to train physicians for *all* communities. “You have places like [the University of] Toronto, which declares itself an academic institution that is only interested in offering a clinician-scientist program,” says Scully. “Sorry folks, your mandate is to train physicians for the [entire] country, and if you're not going to do that we're going to cut your support.”

Dr. David Hawkins, executive director of the Association of Canadian Medical Colleges, acknowledges that some deans are sceptical about the new school. “If resources are tight it may mean some redistribution of the pot, and they don't like that. And most deans of medicine will tell you that they already have northern outreach programs, so they feel that this is already in place without a new school. But I'm old enough to remember when the last new school opened and about the scepticism then, too. If they get the right leadership in Sudbury, they will make things interesting.”

Dr. Yogi Sehgal of Sioux Lookout, Ont., agrees. Sehgal, a graduate of McMaster University's Family Medicine North program and a member of the Society of Rural Physicians of Canada, thinks physicians have to train or practise in rural or remote areas before they can appreciate the differences between urban and rural medicine. “Rural doctors need to be comfortable caring for people with acute myocardial infarctions knowing that there is no local cardiology cover. Someone who is trained and comfortable working to the rural standard can work in the city, while confidence [developed] in the urban milieu does not necessarily translate to the rural.”

Sehgal also argues that Northern Ontario will still be dependent on the

province's 5 existing schools. “The rural school will start graduating 55 students no sooner than 2008, and Ontario already has an existing shortage of more than 700 rural doctors. So the new school may set a standard, but the other schools will need to follow its lead.”

Hawkins says a strong faculty-recruiting strategy will be essential for Laurentian's new school, but he maintains that small locations like Sudbury can attract solid staff. “Remember, I was the third dean at Memorial. It takes a strategy, but if the inducements are right, it can be done.”

He said people “will be waiting for” the first appointments, and if the quality is high other solid recruits will follow.

Dr. Robert McKendry, a University of Ottawa professor, suggested in a 1999 report prepared for the Ontario government that any new rural school should provide only the clerkship years of medical education, with the first 2 years provided at an existing school. The recommendation was rejected, but he still supports the new school. “I certainly hope it flies, and if it does I think it could be a national resource, with other jurisdictions such as New Brunswick buying slots.”

McKendry says it is crucial that the school hires someone with “enormous energy” as its founding dean, and Tesson says a search committee has been established and an appointment is expected this spring. He also thinks plans for the new school will proceed regardless of the outcome of the provincial election expected in 2003. “We are encouraged that all 3 major parties have supported the project.”

Tesson says he expected to hear complaints about money spent on the new school because existing schools are underfunded, and he also expects a few jibes about its academic quality.

“McMaster [medical school] faced similar ridicule and scorn from the traditional schools, which felt that its move towards problem-based learning was throwing standards to the wind. They not only overcame that scepticism but they drove right through it and became a beacon that others have followed. We will do the same.” — *Patrick Sullivan, CMAJ; Michael O'Reilly, Marathon, Ont.*