

Helping medical students consider a career in rural and northern British Columbia

While students eagerly anticipate their rural clerkships, much of the burden of paying for it falls on them; Mr Abdulla encourages you to support them in any way you can.

Sadiq Abdulla, BA

The life of the rural physician has always come with both challenges and rewards. Despite facing limited access to diagnostic equipment and shortages of staff, individuals who choose to work in underserved communities often find their lives enriched by the closeness of patient care they are able to deliver. However, the task of recruiting and retaining family physicians has proven to be difficult—a problem documented from the early 1980s.¹ As a consequence, the Faculty of Medicine at the University of British Columbia has taken the recommendations of the Society of Rural Physicians of Canada and, through the establishment of the Northern Medical Program, has made efforts to increase the number of individuals from rural backgrounds who are studying medicine.² Despite this, there continues to be a shortage of physicians in rural and northern British Columbia, and the university has looked for more ways of enticing graduating students to choose a career in these underserved areas.

A suggestion made to UBC highlighted the need for all medical students to be exposed to rural medicine so that even those individuals who did not grow up in these areas could have the opportunity to develop an interest in pursuing careers there.³ In response, the university now requires that all third-year medical students complete a minimum 4-week clerkship in a rural

setting under the tutelage of an established rural family practice physician. The program has been in operation since 1974 and serves a crucial role in exposing all students to rural medical practice.

With the increasing number of medical students being admitted every year, it has been difficult to locate a rural placement for each student.

In the rural clerkship, students spend one-to-one time with committed family physicians away from a tertiary care hospital. They gain experience in laceration repair, operations, and Pap smears, and many learn to start IVs and intubate patients. The preceptors who participate in the program are consistently impressed with the enthusiasm and competence of the students, and most continue to take on new students in the years following their first experience. More than the reimbursement received from the university, the preceptors value the opportunity they have to teach students about working as rural physicians.

For students, the rural clerkship is a highly anticipated part of the transition from classroom learning to hospital-based clinical education. Nevertheless, with the increasing number of medical students being admitted every year, it has been difficult to locate a rural placement for each student. Moreover, with the necessity for students to be placed in nontraditional areas, the costs of this program have also increased, with much of the burden falling upon the students. What results is a situation in which already debt-laden students are forced to take on even more debt in order to participate in this valuable program.

In order to mitigate some of this increased debt load, students have launched an extensive fundraising campaign. Students from the second-year class have given their time to organize a number of fundraising initiatives. The Play for Rural Medicine held in February was a highly successful event that kicked off the campaign. Through ticket sales and a silent auction of donations made by various community businesses, individuals, and organizations, a significant amount of money was raised. The Run for Rural Medicine held across the province in April was the next big event to give individuals a unique opportunity to enjoy the outdoors and contribute to the fundraising campaign.

While the faculty and the families of medical students have been very generous thus far, students are looking to reach out to members of the BC medical community for support. Your donations will help to significantly reduce the debt load carried by students of the Class of 2011. In order

Mr Abdulla is president of the UBC Medicine Class of 2011.

to ensure that the rural clerkship remains a sustainable program, we encourage you to find out more about the initiative and get involved in any way you can.

The rural medicine clerkship is a valuable program that will help to increase the number of physicians choosing to practise in rural and northern BC. Nevertheless, in order for this important initiative to succeed, the students need the support of the medical community. With this support, we can work together to ensure that the future of presently underserved communities is improved.

References

1. Stewart MA, Bass MJ. Recruiting and retaining physicians in northern Canada. *Can Fam Physician* 1982; 28:1313-1318.
2. Rourke J. Strategies to increase the enrolment of students of rural origin in medical school: Recommendations from the Society of Rural Physicians of Canada. *CMAJ* 2005;172:62-65.
3. Wilson G, Kelly A, Thommasen HV. Training physicians for rural and northern British Columbia. *BCMJ* 2005;47:373-376.

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The types of recommendations can be confusing, especially between the different canned tuna, and fresh and frozen. Since the BCCDC and the MOHS have focused on local fish and local risk factors, their recommendations may be more appropriate.

—**Shefali Raja, BSc, RD**
Nutrition Committee,
Council on Health Promotion

Re: BC needs another medical school

While I agree with Dr Murray's basic assertion that BC could be graduating more MDs ("BC needs another medical school," *BCMJ* 2009;51[4]:150), I would first suggest a recheck of the statistics. UBC will graduate approximately 256 medical students in 2010. With a population of roughly 4 400 000, that makes for a ratio of 5.8 MDs per 100 000 (not 2.8 MDs). Furthermore, Dr Murray speaks in broad strokes about Fraser Health having the courage to move ahead with a second "innovative" program. Is he talking about some odd notion to "fast track" a medical school *de novo* at SFU?

I would put it to you that patching together something resembling a med-

ical school with no reference back to existing resources (i.e., UBC) makes little sense from a time or resource point of view. Our peak need for physicians will hit between 2010 and 2030 as the baby boom makes a transition from age 65 to 85. After that, the load on the health care system decreases. UBC is currently on track to local and distant expansion across the province. It is accredited and offers programs both through a traditional model and an apprenticeship-type model at sites in the Lower Mainland, Vancouver Island, Prince George, Chilliwack, and, coming very soon, Terrace, Kelowna, Kamloops, and Fort St. John.

You would have to build a massive infrastructure, both in terms of physical buildings and people, become accredited, get students through the system, and then have them qualified and licensed. The most optimistic forecast would have your first MDs operational in 10 years. That would give your medical school 10 more years of useful lifespan until the population bust removes the demand. It seems like a great waste of resources and money when UBC is able to quickly expand and contract its medical school offering with an infra-

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