Socially responsive schools of medicine

What does it take to be a socially responsive school of medicine that attempts to meet the needs of the disadvantaged rural population? Last month, the SRPC awarded the Northern Ontario School of Medicine (NOSM) the SRPC Rural Education Award. There are multiple criteria for the award, but the most telling measure this year was the Canadian Resident Matching Service (CaRMS) match results. In the first iteration of the 2009 match results, the students of NOSM far out-matched any other school to rural family medicine (47.3%). They also had the highest percentage of family medicine residents going into rural practice — 68.4% (Nominations and Awards Committee Report to SRPC Council: unpublished data, 2010).

So how do you do as well as NOSM? It is hard to get any rural results at all if you do not try to admit rural-origin students, as they are 2 to 3 times more likely to end up practising in rural areas. NOSM accepts 90% of the students from northern Ontario and 40% of the rural-origin students. The other Ontario schools accept only 8% of the rural-origin students.

The second greatest impact is made through rural exposure in the undergraduate curriculum. Every NOSM student spends 48 weeks living and learning in rural and regional settings. Other schools would do well to increase the rural exposure of all of their students.

What we call a rural family medicine program is important, but the postgraduate side has the least impact on career choice. Paradoxically, this area has received the greatest attention at medical schools, with all family medicine programs offering at least 2 months of “rural” placement.

It is more than just months in the sticks, though. There are so many ways to undermine a rural curriculum. Generalism can be undervalued. The “expert” beamings in on the teleconference. Bad cases come from the small hospital up river. Rural role models are overworked.

Most medical schools are working on distributed medical education, sometimes for social advancement. The extensive regional campuses of McMaster University have approaches that play to rural origin and/or rural curricula.

In Alberta there are regional networks developing with real rural placements for some students at the University of Calgary and University of Alberta. If these networks are successful we should hope that they can be expanded and offered to a greater proportion of the class. The Northern Medical Program at the University of Northern British Columbia, like NOSM, had a spectacular initial year and has averaged double the results of the University of British Columbia for family medicine.

The medical schools are changing, the fortunes of rural medicine are on the upswing and this is no time to be complacent. Congratulations, NOSM.

REFERENCES