

## A call to enhance rural medical education

*Brody Laberge, BScN*

*UME Program, Medical Student, Northern Ontario School of Medicine University, Sudbury, ON, Canada*

*Correspondence to: Brody Laberge, blaberge@nosm.ca*

**W**hen I was an applicant to medical school, I familiarised myself with the concept of social accountability.<sup>1</sup> To me, social accountability reflects my desire to practise in a manner that reflects the needs of the region and community I hope to serve. Being a proud, homegrown student of the Northern Ontario School of Medicine University (NOSMU), I come into medicine with the steadfast belief that it is the communities of Northern Ontario to which I owe this service.

Currently, in Northern Ontario, as in other regions of Canada, there is a doctor shortage. More specifically, there is a doctor shortage in the rural communities where I hope to one-day practice. I know this, because of research on physician recruitment needs across the North. In June of 2022, there was an active recruitment of over 350 physicians. Of this number, over 200 were family physicians, including 110 rural generalists.<sup>2</sup> I also know that the institution that was built to address this specific need, NOSMU, is falling quite short on meeting this demand. Of the 1011 medical trainees, both students and residents, who have

come through NOSMU as learners since the first residency cohort graduated in 2008, only 46% have chosen to stay in Northern Ontario to practise medicine.<sup>3</sup>

Amongst that number, there is also a disparity in the distribution of those physicians. Of the medical students and residents who trained at NOSMU and chose to stay in Northern Ontario, only 23% practise rurally. Put another way, just shy of 11% of those 1011 NOSMU trainees (students and residents) practise in a rural community in Northern Ontario – on average 6–8 physicians per year since 2008. For me, as a learner, this brings up a few questions that I think are pertinent to how I consider my future career. How can we hope to uphold a mandate of social accountability if we don't go to where the people we are mandated to serve live? How does NOSMU secure a strong physician workforce for the future when only half of our undergraduate trainees stay in Northern Ontario to practise medicine?

While I can have a sense of humour regarding the job prospects in rural medicine, I also have a number of worries about a medical career in Northern Ontario. As a student, I am scared for the future of family

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medicine and rural generalism. The prospect of working in an overwhelmed, understaffed, underfunded and burnt-out primary care system is not appealing. I worry about the impact that working rurally will have on my relationships, both familial and social. I also worry that I will be a future casualty of the fatigue that has beset other healthcare providers. I also do not feel that I am alone in this regard.

I know that NOSMU and other medical schools are not intentionally swaying students away from a career in rural medicine. There are opportunities to be exposed to rural medicine through a few dedicated placements; however, these can be soured by pre-conceived opinions, myths and stereotypes. Some of the most notable advice I have gotten from peers, upper-year students, preceptors and faculty include:

‘You’ll have no help in a rural practice. You’re on your own, and that’s too much to ask of a new grad’.

‘There’s nothing interesting to see in (x rural community). Just old people who have hypertension and diabetes’.

‘There’s no money in family medicine. Just paperwork, and more paperwork’.

And while these sentiments are not necessarily factual, one can’t help but feel that each ring true, even by the smallest degree.

It can be hard to keep one’s ‘eyes on the prize’ and remember the drivers who encouraged me to pursue a career in rural medicine. Being able to camp and canoe close to home are certainly honourable mentions, but I think meaningful consideration brings me back to the communities and people who I feel obliged to serve. I know that pursuing rural medicine will provide me with challenges and opportunities that will lead to a satisfying and consequential career as a physician. Careers in rural medicine can be vibrant and clinicians should be able to truly thrive! However, to be pursued, the role of the rural generalist physician has to be visible and understood.

Rural doctors need to become more involved in medical education. Even at NOSMU, few rural doctors are involved in day-to-day classroom medical education. While the logistics of travel and clinical responsibility can be prohibitive, it

is imperative that these challenges are overcome so that students can hear the positive voices of rural and remote clinicians. Why can’t we bring rural docs to the classroom remotely using the technology with which we have become so familiar? Students might interact with rural preceptors on placement but do not often get the rural perspective in small groups. Even at NOSMU, I have only ever had one small group facilitated by a rural doctor. I would be hard pressed to think of any lectures taught by a rural generalist.

I challenge the rural and remote physicians of Canada to do just this: get involved. Inform learners on placement and in the classroom the great things about your job and speak to us frankly about the challenges. Mentor us. Connect with us. Sponsor us to attend conferences like Society of Rural Physicians’ annual Rural and Remote conference so that we can learn with and from you. There are students like me who are interested in rural medicine and who wish to pursue a career like yours: But we need the support and encouragement to do so. We need to see and hear the rural perspective frequently so that we can bust the myths and misconceptions that divert students from careers in rural practice.

We know you need support too. Help us be part of the solution with you.

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