



Medical Education and the Health Workforce

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Disclosure

I have no financial conflicts to disclose.





Remit of Medical Schools

- Delivering on Social Accountability Mandate
 - **“the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region and/or nation that they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and public.”**
 - Involves partnering with communities, health system, policy makers, health care professionals





What We Do in Rural Medical Education

- Recruitment
- Curriculum
- Context/Location of medical education
- Support clinical teachers in community
- Capable, competent graduates





What Medical Schools Can Influence But Not Do

- Staff the health services delivery system
- Run the health services delivery system
- Mandate practice locations for its graduates





Purpose of Rural Health & Indigenous Health Programs

- To **increase the number** of Indigenous and rural applicants
- To develop and expand medical education programs that inspire and prepare learners to choose **career paths** in rural Alberta and to work with Indigenous peoples and their communities
- To develop **research programs that engage communities** in answering questions that are important to them
- To **support physicians** working with Indigenous and rural communities in their teaching and scholarly work





Rural origin students in MD Program

- 10 seats in addition to those that are accepted in the general admissions process in MD Program
- Total rural students admitted 2011-2015:
 - September 2016 - 29
 - September 2015 - 25
 - September 2014 - 32
 - September 2013 - 19
 - September 2012 – 25

Class size is approximately 165/yr.





Self-identified Indigenous students

- Seats additional to those accepted in general admissions processes:
 - Medicine – 5 seats
 - Dentistry – 1 seat
 - Dental Hygiene – 3 seats
 - Medical Laboratory Sciences – 1 seat





Indigenous students

- Currently in Faculty of Medicine & Dentistry programs (all years):
 - MD Program 18
 - Dentistry 3
 - Dental Hygiene 3
 - Medical Laboratory Sciences 1





Indigenous graduates 1988-2016

- MD Program – 97
- Dentistry – 27
- Dental Hygiene – 26
- Medical Laboratory Sciences – 16

Total: 167





Postgraduate (residency)

- *Rural stream Family Medicine Residency Programs*
 - Grande Prairie, Ft. McMurray, Red Deer
 - 2 months rural in 1st year; 5 months rural in 2nd year
- *Royal College specialty rotations (mandatory & elective)*
 - 18 month rotation in general surgery in Grande Prairie
 - Other shorter rotations in internal medicine, surgery, obstetrics & gynecology, pediatrics, psychiatry
- *Rural Rotations Program*
 - 2 month mandatory rural family medicine rotation for urban family medicine residents



Undergraduate

- *Rural Integrated Community Clerkship*
 - 2016-17: 19 students in 9 communities
 - Entire 3rd year of medical school
- *Preclinical Networked Medical Education Initiative*
 - 2016: 18 students in 4 communities
 - 2nd year Gastrointestinal & Nutrition Course – 1 month in community
- *Rural Rotations Program*
 - Mandatory 1 month rural family medicine rotation 3rd year
 - Electives





Indigenous Health Rotation

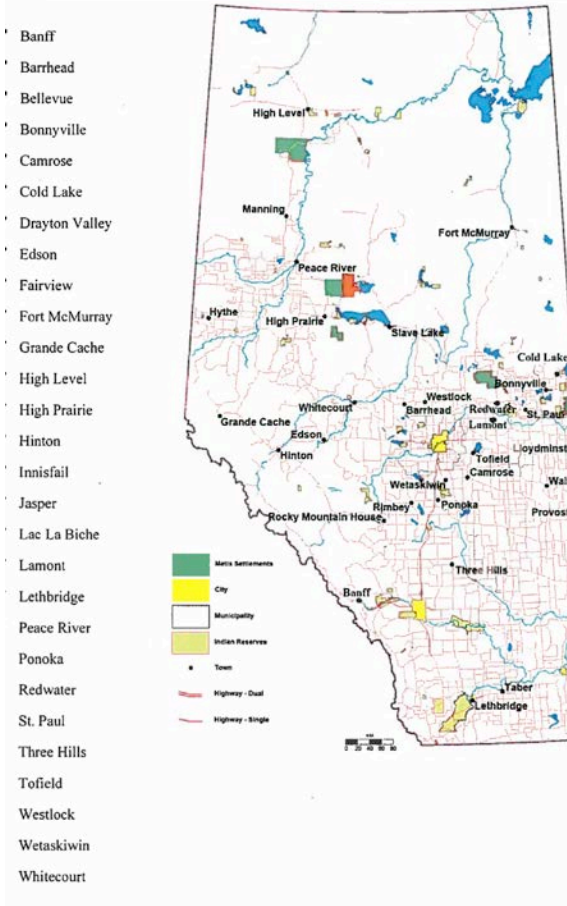
- Clinical rotation – 4-8 weeks for students and residents
- Partnership with Bigstone Health Commission & community physicians in Wabasca
- Learners work with Wabasca town physicians, with health professionals working with Bigstone, with elders and community members in Bigstone Cree First Nation
- Rotation in a second community starting in 2016-17





Rural Alberta Teaching Sites

Rural Rotation Sites 2016-17 AY



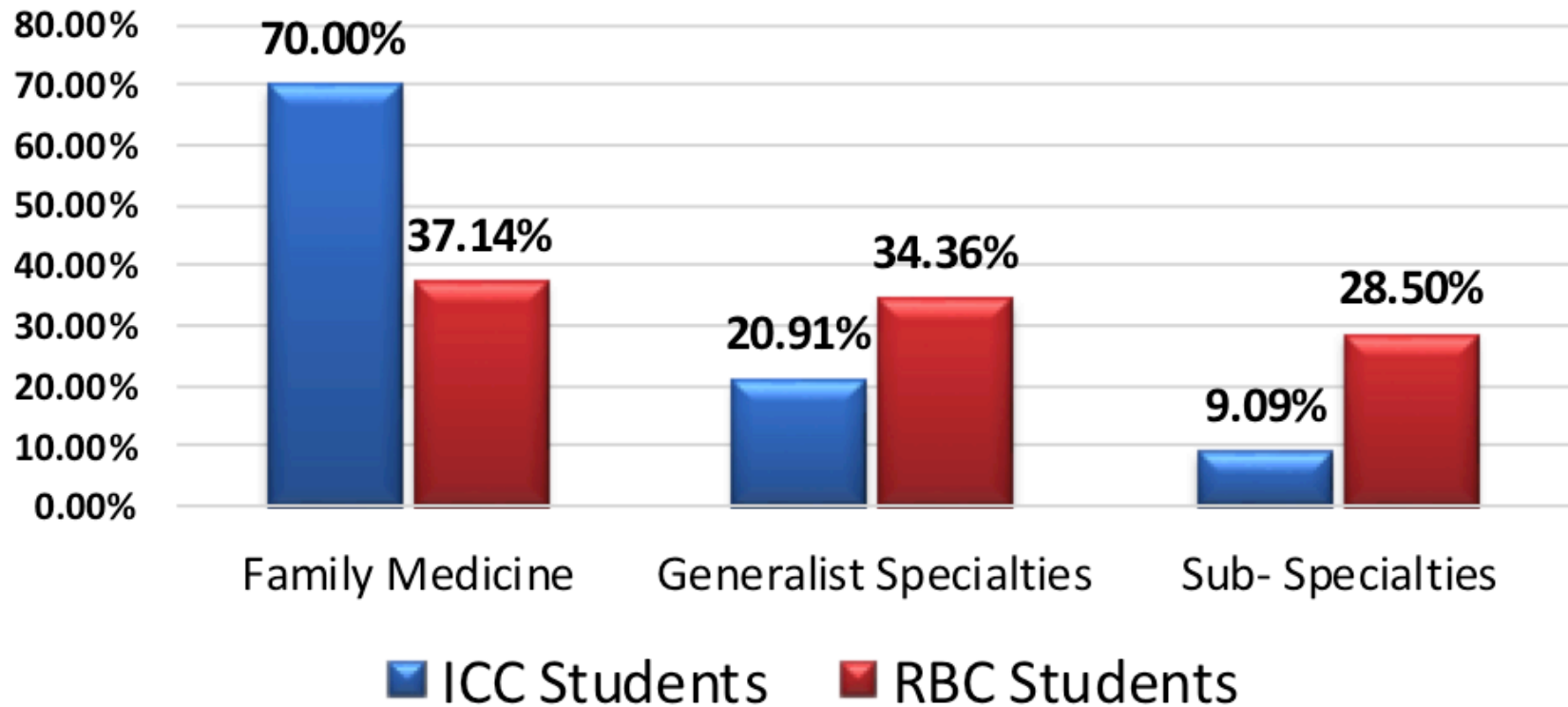


Program Successes: Rural Integrated Community Clerkship (ICC)

- 3rd year of 4 year medical program
- 19 students in 9 communities (2016-17) for 10 months
- Students academically equivalent to urban peers
- ~70% match to family medicine
- 52% of those who have graduated from family medicine practicing in rural or remote urban communities



Summary of ICC Students vs. RBC Students on CaRMS Residency Matches for 2009-2015



Program Successes: Rural ICC

Alberta
Communities
with ICC
grads



56 graduates to date from Family
Medicine Residencies:

24 in rural practice

5 in remote urban practice





Program Successes: Rural ICC

- UAlberta ICC students 2.2 times more likely to be in practice in rural or remote urban communities than those who applied & didn't get in
- Former ICC students are now involved in teaching in the ICC





- 2nd year undergraduate MD Program course
- 1 month in rural/remote urban communities
- 18 students in 4 communities for Sept 2016
- Academically equivalent to their urban peers
- ~70% match to family medicine





Program Successes: Rural Family Medicine Residency

- Grande Prairie, Ft. McMurray, Red Deer
- 2 year residency
- 2 months rural in 1st year; 5 months rural in 2nd year
- ~70% of grads are in rural/regional community practice



Program Successes: Rural Family Medicine Residency



Total Number of Graduates from rural stream programs 2001-2015 = 173
Grande Prairie, Red Deer, Fort McMurray



How we encourage rural careers

- Outreach and recruitment initiatives for rural origin and Indigenous students
- PNME
- ICC
- Rural family medicine residency program
- Rural Rotations – students & residents





How we encourage rural careers

- Support for Rural Medicine Interest Groups
- Increasing presence of rural physicians in Faculty of Medicine & Dentistry
- Robust Office of Rural & Regional Health
- Engaging with rural communities





Thoughts on where to go from here

- Increase recruitment initiatives
 - Pathway programs – rural and Indigenous
 - School & community programs
- Increase community engaged research in areas of interest/concern for communities





Where we'd like to go from here

- Increase rural-based medical education programs
- Departments of rural generalist medicine
- National Rural Health Alliance (like Australia)





- **Rural physicians**
 - Vital to delivering rural medical education
 - Work together to increase support & recognition for those that teach & do scholarly work
 - Build academic career paths for rural physicians





- **Communities**

- Work with your local physicians to support learners in your communities
- Engage with Division of Community Engagement
 - To explore new program possibilities
 - To increase support for learners
 - To inspire rural & Indigenous youth to choose careers in health care
 - To explore possibilities for community engaged research





- **Alberta Health Services**

- Recruit physicians to North Zone willing to teach
- Support & recognition for physicians who teach
- Maintain, upgrade & re-introduce services in rural Northern Alberta





- **Government of Alberta**

- Provide predictable, long term funding to rural offices in faculties of medicine for successful programs
- Support for new initiatives & programs



Thank You

Questions???



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