

May 22, 2002

PAIRO Submission to the NOMS Implementation Committee

OVERVIEW

The Professional Association of Internes and Residents of Ontario (PAIRO) represents approximately 2500 resident physicians across Ontario. PAIRO has developed expertise in the implementation of quality postgraduate medical education as well as being a recognized leader in physician resources with the development of sustainable solutions to the challenges facing underserved areas (see for example <http://www.pairo.org/comminit/reports.html>). In alignment with the mission of the Northern Ontario Medical School (NOMS), PAIRO is committed to helping to ensure quality medical education and equitable physician distribution in the North.

Therefore, PAIRO wishes to contribute its expertise to the NOMS implementation process. PAIRO strongly supports the incorporation of the following 4 principles into the implementation of NOMS:

1. The process should enhance and must not harm the current successful undergraduate and postgraduate programs as represented by the Northwestern Ontario Medical Program (NOMP) and the Northeastern Ontario Medical Education Corporation (NOMECE).
2. The process must include policies that promote physician distribution to underserved areas and that are non-coercive, flexible and comprehensive.
3. The process will only succeed if sufficient resources needed to make NOMS educationally viable and sound are fully allocated.
4. The implementation and governance of NOMS should have ongoing meaningful input of those served by the institution, not only community members and physicians, but also medical students and residents. The involvement of medical residents and students is particularly important given the unique mission and objectives of NOMS.

DISCUSSION

In addition to the above 4 principles, there are several issues that we wish to address.

a) The Impact of NOMS on Current Postgraduate Medical Education Programs in the North

The current programs have been very successful, and the future of Family Medicine North (FMN) and Northeastern Ontario Family Medicine (NOFM) must be carefully considered and maintained. Much of the success of these programs may be attributed to the strong preceptor-based clinical education models upon which they are founded. Indeed, this training model supports the medical practice model which most physicians will undertake assuming they remain in northern, rural Ontario. A coordinated effort that preserves and protects these programs is imperative. The presence of medical students and the allocation of clinical resources to undergraduate medical education must not negatively impact on current resident education. Furthermore, electives for residents from other postgraduate programs should not be compromised.

Residents in future NOMS programs, together with communities, have a strong interest in the implementation and success of NOMS, and therefore it is critically important that residents should have meaningful input at every stage, beginning immediately.

b) Impact of NOMS on Current Undergraduate Education

Despite the fact that the focus of NOMS will be undergraduate education in the north, it is important to maintain a system that allows students of other schools to have exposure to the north. This includes core clinical rotations for schools such as McMaster and Ottawa, as well as elective opportunities for all students. Such access is good for future Northern recruitment.

c) Residents as Teachers

Undergraduate medical programs depend on residents to provide much if not the majority of clinical teaching to medical students. The expectations of residents as teachers in NOMS must be clarified. Appropriate resources should be allocated for development of teaching skills for residents who will fulfill this role.

Furthermore, it is important that inclusion of teaching responsibilities not impact negatively on the residency program as it exists currently. This is particularly important, as the inclusion of medical students will be a dramatic change from the status quo.

d) Policies for Underserved Areas

NOMS has the opportunity to have a profound impact on the development of future generations of physicians who will have improved skills and interest in non-urban medical practice. Therefore, admissions policies need to be clarified with respect to NOMS' priorities and criteria for selection

As well, it is important that admission policies recognize the need to encourage northern and aboriginal populations. The admissions committee should also reflect the diversity of the population.

It is imperative that admissions not be linked to mandatory return of service agreements, restrictions of practice or draconian inflexible policies for graduates (please see PAIRO's Return of Service Discussion Paper of March 2000 <http://www.pairo.org/comminit/ros.html>)

Moreover, to the extent that NOMS is to reflect the diversity of Ontario's population it will be necessary to take into account the impact of excessive undergraduate medical school tuition fees on accessibility to medical school. For example, meaningful grants, bursaries and other financial supports will be needed to ensure that lower income students will not be deterred from applying to and attending NOMS.

Medical students should be educated in principles and practices of physician well-being. This is particularly important given the goal of recruiting and retaining medical students as future physicians. If medical students only learn about and see physician burn-out and excessive workload, future recruitment and retention will be undermined.

There is also a need to build in appropriate social support/peer interaction, which is particularly important to successful training and learning. This is an absolutely critical aspect to medical school, and the barriers of distance and class size must be overcome.

Finally, the role of information technology in overcoming geographic/distance constraints must be developed.

e) Resource Allocation for NOMS Viability

All of the necessary resources must be anticipated and allocated for the programs of NOMS to be sound and sustainable. In addition to obvious human resource and physical plant needs, sufficient resources must also be provided to ensure:

- Access to a diversity of teachers and mentors with diverse professional backgrounds and specialties
- Access to student housing

- Access to student financial supports
- Opportunities for student summer employment and research experience
- Access to clinical site facilities for medical education, including call rooms and teaching/meeting rooms
- Library facilities
- Faculty and teaching skills development
- Reimbursement for travel, accommodation, meal and other living expenses

f) Stakeholder Roles

For the effective implementation of NOMS, meaningful and ongoing stakeholder input must be ensured. Key stakeholders include those served by the institution, namely established physicians, medical students, residents, NOMP and NOMECEC administration, and the communities they serve.

Similarly, NOMS will be enriched by the input of medical students and residents, on all NOMS committees. Meaningful input involves both representation and inclusion in decision-making.

Such stakeholder contribution is essential, ensures innovative input, buy-in, participation, and credibility. All of this is critical given the specific mission and objectives of NOMS. If curriculum, resources, admissions, and the myriad of other decision-making points are not made and implemented in a manner which is responsive to student and resident input and perspectives, the goal of improved recruitment and retention will not be met.

g) Flexible Quality Education

While NOMS will play a unique role in addressing the needs of underserved areas, it must also be recognized that this is a shared responsibility of all academic health science centres in Ontario. Thus, it is necessary that NOMS not be viewed as the only means of meeting the needs of these underserved areas.

NOMS admissions and curricular policies must be flexible enough to meet the needs of all of its students, including those who may wish to pursue more urban styles of practice. Electives at other institutions should also be facilitated and encouraged.

As a new medical school, NOMS has the challenge of attaining credibility in the medical community, and designing academic programs to be both flexible and of the highest standard. This will ensure that NOMS graduates receive the recognition they deserve for their training and competence.