

CFMS Committee on Health Policy Review



Paper Title: Opposing Practice Location Restrictions for Graduating Canadian Medical Students

Paper Type: Position Paper

Meeting: AGM 2019 (St. John's)

Reviewer 1

General Comments:

- Well written paper with direct evidence supporting findings. Recommendations are actionable and specific.
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Strengths:

- Topic: Makes a well-justified case for CFMS to take a position on this subject
- Strong supporting evidence
- Well-written, organized
- Authors bring perspectives from several medical schools across Canada

Areas of Improvement:

- Make sure you use current CFMS Position Paper template with appropriate summary page
- Discussion of the benefits of ROS contracts is limited. Some more context should be added for balance.
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Reviewer 2

General Comments: Well thought-out paper with logical arguments and evidence. Good integration of interdisciplinary literature to provide a good overview of this controversial issue. It is well-organized and has a clear messaging.

Strengths:

- Background is thorough and informative, and reasonable
- Concerns are logical
- Recommendations are thoughtful and provide good long-term and sustainable goals

Areas of Improvement:

- Are there any benefits of ROS contracts? Including these benefits may make the argument more balanced.
- Consider including some short-term recommendations/quick wins to ensure that the recommendations are SMART
- The 2nd recommendation "Advocacy efforts from medical student societies should focus on other strategies to increase physician recruitment to underserved areas, as well as novel approaches to

provide rural areas with the same level of service as urban areas” provides some interesting alternatives. The limitations in the scope of the paper, especially re: telemedicine, are understood. However, what about different funding programs that promote physician recruitment to underserved areas? For example, there has been a study based in Newfoundland and Labrador that showed that its return-for-service program tied to bursaries ratl positions may increase service completion and retention rates.

<https://www.longwoods.com/content/23209>

- Some comments on specific sections of the paper:



Section	Comment
<p>Page 3 “Although traditionally meant for International Medical Graduates (IMGs) looking to relocate to Canada and obtain full medical licensure, ROS contracts have also found their way into agreements with newly-graduated Canadian Medical Graduates (CMGs).”</p>	<p>Playing devil's advocate, there is the possible argument that if CMGs are looking to eliminate the ROS contracts, should the same be done for IMGs? This may be my own personal opinion, but I think it should be made more explicit that CFMS represents Canadian medical students and that this paper, as a CFMS position paper, represents and advocates for the interests of Canadian medical students only.</p>
<p>Page 3 “Now, in the upcoming 2019-2020 CaRMS cycle, additional ROS spots have been tied to multiple first iteration CMG spots, including anesthesiology and emergency medicine.⁵”</p>	<p>Which schools were these spots tied to? Are they representative of many or most Canadian medical schools?</p>
<p>Page 4 “Moreover, mandating a contractual obligation for new medical graduates to work in underserved areas presents rural medicine in a negative light, as it would appear that graduates are being forced to move against their will, as if in punishment. “</p>	<p>I think this should be worded more thoughtfully. You could consider perhaps something like “Practicing in rural and underserved areas is a privilege. However, implementation of this privilege as a contractual requirement does not convey it as so.”</p>
<p>Page 4 “some students may hastily apply for an ROS residency position out of fear of going unmatched. “</p>	<p>Does this rather emphasize the role of careers counselling and overall messaging to students to not rank placements which they do not want to match to?</p>