



## **Medical Students Concerned Over Proposed Review Of PEI Medical School Funding**

In an article published in Prince Edward Island's *The Guardian* on April 18<sup>th</sup> of this year (<http://www.theguardian.pe.ca/News/Local/2013-04-18/article-3222488/Province-reviewing-funding-for-medical-school-seats/1>), provincial Health Minister Doug Currie noted that the province is considering removing funding for PEI residents for medical school seats at the Memorial University of Newfoundland. PEI is the only Canadian province that does not directly train medical students, and so ending this program will mean the government is giving up on an important means to ensure its residents have access to a medical education. The rationale given for this potential change is that government believes the program does not provide value for their investment. However, as the current situation stands, MUN Faculty of Medicine Graduated two PEI students in the medical class of 2011, who are both currently in their second year of residency in Family Medicine on PEI. These students are set to graduate residency July 2013, and then will be practicing on the island. In 2011, the PEI government only funded two seats at MUN, therefore this is a 100% return of service from the MUN graduating class of 2011. The misconception lies in the residency program as currently the family medicine program on PEI is a Dalhousie University Residency program. This does not mean that they completed their Undergraduate Medical Education at Dalhousie. Furthermore, 2013 is the first year in which the graduating MUN class includes four PEI students (prior classes included two). Therefore, it is impossible to claim that they are not getting a return on their investment, as a sufficient time has not passed for these students to be licensed to practice medicine.

In the article, Minister Currie noted that he believed PEI students would be "open" to a mandatory return of service in the province (in which they would have to practice locally for a period of time after graduating), in order to make the program more cost-effective. In fact, students have emphatically and repeatedly voiced our disagreement with mandatory return of service contracts. The official position of the Canadian Federation of Medical Students (CFMS) on such mandatory return of service programs is that they are ineffective long-term strategies that fail to address the underlying issues causing inadequate medical service in rural and other traditionally under-served areas. Although such a strategy may provide a short-term solution to increase the number of physicians practicing in PEI, it does not represent a sustainable long-term solution. A mandatory return of service program would simply create the illusion of more complete physician coverage. It would reinforce the rotating door of physicians in under-served regions who frequently leave a community once their required service is complete. It is important to recognize that areas that are currently under-served tend to place high

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demand on physicians in terms of clinical responsibility, onerous call schedules, and troubles securing locums (temporary replacement doctors) to allow for vacation time. Return of service programs do nothing to address these issues and typically place physicians in unfavorable work environments against their will and discourage long-term retention.

An additional issue is the failure of such a program to recognize the diversity of medical training and the complexities of physician demand in various specialties in PEI. The reality of medical practice in PEI is that it is limited in its scope and the specialty options in which a physician can practice (for example, PEI has no neurosurgeons practicing in the province). A return of service program may encourage students to pursue such highly specialized fields, which the province does not have the capacity to hire, in order to avoid the mandatory return of service. Return of service programs also fail to recognize the fact that the increasingly competitive admissions process has led to many medical students pursuing multiple post-secondary degrees, resulting in many older students with family commitments. Service commitment for new graduates without consideration of area of specialty and familial obligations is both unreasonable and unwieldy within an already strained health care system.

We believe that PEI will have greater success in recruitment if they adopt strategies akin to those currently being implemented by the New Brunswick Government, which has had marked success in receiving medical students from Memorial University after they graduate. These strategies involve continuously exposing students to medical practice in their native province throughout the duration of their training. For example, PEI could adopt a similar program to New Brunswick's, by expanding a summer job-shadowing program that allows PEI medical students at MUN to work with PEI physicians during their summer breaks. Expanding opportunities to complete clinical rotations during third year studies to fields outside of Family Medicine, the only program currently offered, would further foster such positive exposure. Such strategies are proactive in nature by continuously exposing students to medical practice in PEI. Additionally, the continued expansion of post-graduate training options in PEI is vital to promote physicians recruitment and retention. The recent establishment of a PEI Family Medicine Residency Program in conjunction with Dalhousie University represents a significant advancement in this regard. There also needs to be more interaction between the medical community in PEI and medical students at Memorial. This could be accomplished by giving voting rights to the student representatives from Dalhousie and MUN that work with the Medical Society of PEI, similar to what has been done by the New Brunswick Medical Society.

There are other recruitment strategies that can improve services in PEI by providing incentives and compensation rather than coercion to bring back physicians to the province, such as:

- Continuing the current voluntary PEI Family Medicine Sponsorship Program implemented this year, which we believe is a step in the right direction;
- Increasing recruitment and incentives for those in family practice residency programs who are more likely to provide rural service and have been previously overlooked in many recruitment strategies;
- Increasing available technology and support resources for physicians practicing in rural areas to pursue Continuing Medical Education (CME) opportunities.

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It is the position of the Medical Students' Society at Memorial University of Newfoundland and the Canadian Federation of Medical Students that the PEI government should continue to fund positions for medical students at MUN, and that a mandatory return of service requirement should not be implemented. Medical students are always open to finding solutions that best serve the needs of patients, and would be glad to work with the government of Prince Edward Island in the future.

Yours sincerely,



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