

Beyond the Rural Health Workforce: Canada's Northern Ontario School of Medicine

Background

Northern Ontario is geographically vast with different economic and social characteristics from the southern part of the province; sixty percent of the population lives in rural and remote areas with a diversity of communities and cultures most notably Aboriginal and Francophone peoples. Recognizing that medical graduates who have grown up in a rural area are more likely to practice in rural settings, the Government of Ontario decided in 2001 to establish a new medical school in the region with a social accountability mandate to contribute to improving the health of the people and communities of Northern Ontario. The Northern Ontario School of Medicine (NOSM) is a joint initiative of Laurentian University, Sudbury and Lakehead University, Thunder Bay, which are over 1000 km apart. NOSM is a rural distributed community based school which actively seeks to recruit students who come from Northern Ontario or from similar backgrounds. Distributed Community Engaged Learning (DCEL), NOSM's distinctive model of education and research involves interdependent partnerships with over 70 communities and relies heavily on local interprofessional collaborations and electronic communications.

Objectives

This poster will present initial outcomes for graduates of NOSM's MD and Dietetic Internship programs, as well as the socio-economic impact of NOSM.

Methods

NOSM and the Centre for Rural and Northern Health Research (CRaNHR) of Laurentian and Lakehead Universities are collaborating in mixed methods studies which track NOSM undergraduate and postgraduate medical learners and dietetic interns, as well as the socio-economic impact of NOSM. These studies use administrative data from NOSM and external sources as well as surveys and interviews of students, graduates and other informants.

Findings

Between 2005 and 2010, NOSM received 12,000 applications for 346 places. The selection and admissions process resulted in 91% of all students from Northern Ontario with the remaining 9% coming from rural and remote parts of the rest of Canada, and substantial inclusion of Aboriginal (7%) and Francophone (22%) students.

Since 2009, there have been 166 MD graduates of whom 104 (63%) have chosen family practice (predominantly rural) training. 35% of NOSM graduates are training in Northern Ontario and many of the others have indicated their intention to return to Northern Ontario in the future.

Approximately 80% of the 48 graduates from the Northern Ontario Dietetic Internship Program since 2008 are practising in Northern Ontario and the first cohort report having been well prepared for the breadth of clinical and community services required in rural settings.

The study of the socio-economic impact of the NOSM has shown: new economic activity across Northern Ontario which is more than double the School's budget; enhanced retention and recruitment of faculty and students for the universities and of health professionals for the hospitals/health services; and a sense of empowerment amongst community participants which they attribute to NOSM.

Conclusion

Already there are signs that NOSM is successful beyond just graduating health professionals who have the skills and the desire to provide health care in rural and remote communities.

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