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Producing a Fit for Purpose Primary Care Health Workforce: Canada's Northern Ontario School of Medicine

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Background

Northern Ontario is geographically vast (the area of Germany and France combined) with different economic, social and health status characteristics from the southern part of the province; 40% of the population live in rural and remote communities 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 the Northern Ontario School of Medicine (NOSM) with a social accountability mandate to contribute to improving the health of the people and communities of Northern Ontario. NOSM serves as the Faculty of Medicine of Laurentian University, Sudbury and of Lakehead University, Thunder Bay (over 1000 km apart), and actively seeks to recruit students who come from Northern Ontario or from similar backgrounds. Distributed Community Engaged Learning, NOSM's distinctive model of education and research involves interdependent partnerships with over 90 communities and relies heavily on local interprofessional collaborations and on electronic communications.

Objectives

This poster will present health workforce 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 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 2013, NOSM received 18,000 applications for 538 places. The selection and admissions process resulted in 92% of all students coming from Northern Ontario with the remaining 8% 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 6 graduating classes of whom 62% have chosen family practice (predominantly rural) training. 69% of NOSM residency graduates are practising family doctors in Northern Ontario including 22% in remote rural communities. For NOSM MD graduates who have undertaken residency in Northern Ontario, 94% are practising in the North including 33% in small communities.

85% of the 58 graduates from the Northern Ontario Dietetic Internship Program between 2008 and 2012 are practising in Northern/rural Ontario including 64% delivering care to historically underserved communities.

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, economic contributions in small communities; enhanced retention and recruitment for the universities and the hospitals/health services; and a sense of empowerment amongst community participants which they attribute to NOSM.

Conclusion

NOSM is successful in: graduating primary health care professionals who have the skills and the commitment to provide health care in underserved remote rural communities; and making an economic contribution to Northern Ontario communities.