Medical School Expansion
IMWAC
Vancouver, March 2007
Dr. Joanna Bates
Senior associate dean education
UBC Faculty of Medicine
• Undergraduate Expansion
• Postgraduate Expansion
• Constraints
• New directions
Canadian Medical Schools are in a unique position and are prepared to play a major role in seeking to contribute to the sustainability of the health care system into the future.

AFMC 2002
First Time Admissions to MD Programs, Canada, 1990/91 - 2005/06

Faculties of Medicine 2000
NOSM 2005
Regional Campus

persons per square kilometer
First Time Admissions to MD Programs, Canada, 1990/91 - 2005/06

Contribution to expansion numbers

2001 2003 2005

Expansion#
Existing class
New Faculty
Regional Campus
Aboriginal Student Enrollment into First Year Medicine

In 2004, 76 Aboriginal students across 4 years

New Admissions Processes
Medical School Expansion: Postgraduate Training

- University responsibility
- IMG entry
- Timing
- Balance between primary care and specialty training
IMG Entry into PG Training

![Bar chart showing the number of IMGs entering PG training from 1996 to 2004. The chart indicates a general increase in the number of IMGs over the years, with a significant rise in 2004.](image-url)
Canadian Medical Graduate
PGY1’s in Postgrad Training

CMG PGY1

Postgraduate expansion: Timing

• Expands 3-4 years after undergraduate cohort expands
• Given undergraduate expansion, postgraduate expansion is still underway
• Effect of one cohort of a postgraduate expansion at the entry level (PGY1) felt for 5 years
Effect over 5 years of 100 PGY1’s

Assume 40:60 FP:SP
Constraints and challenges
Worldwide shortage in some disciplines
Changes to urban practice over last 10 years

- Number of hospital beds halved
- Average length of stay reduced from 13 days to 9 days
- Patient encounters in the community have almost tripled

» CIHI Data
“Patients are treated in more diversified settings. They spend less time in hospitals, and those who are there are older and sicker.”

RCPSC CanMEDS framework
New settings for clinical education, without existing infrastructure
Health care system efficiencies can be at odds with clinical education (i.e. interventional training)
Adjustment to learners by patients and staff
Family Medicine Postgraduate Programs

- Faculties of Medicine
- Postgraduate Family Practice Sites
Physician recruitment, reward, and workload for clinical teaching
Innovations

• Technology solutions
• New models of clinical education
• New training programs: PA, Nurse practitioners
• New partnerships between government and academia
Technology connecting distant classrooms
[UNBC shot w push2talk mics]
New models of clinical education

- Ambulatory clinical settings
- Integrated clerkships (i.e. Emergency/Orthopedics)
- Longitudinal clerkships in regional or rural settings
Longitudinal Clinical Clerkships

Traditional Clerkship

- September: INTERNAL MEDICINE
- December: SURGERY
- April: PEDIATRICS
- August: ORIENTATION

Longitudinal Integrated Clerkship

- September: ORIENTATION
- December: VACATION
- April: VACATION
- August: VACATION

Internal Medicine, Surgery, Pediatrics, OB/GYN, Psychiatry, Emergency, Orthopedics, Anesthesia, Dermatology, Ophthalmology.
Clerkship students spending 12 months in a regional setting
Collaboration between health care delivery system and academia

- “slow OR’s”
- Academic infrastructure (teaching space and libraries) in underserved areas
- Collaborative recruitments
Thank you