

Regional Medical Education Campuses: An innovative Approach to the Development/Deployment of Medical Human Resources

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HHR Ottawa**



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Medical workforce: Canadian situation

- **Overall shortage**
- **Suboptimal development/deployment**
- **→ Lower accessibility to health care (more important in northern, rural and remote areas with underserved populations)**

HHR development: Key partners/stakeholders

Federal Government

Health Professions

Provincial Government

Regional Health Authorities

Communities

Health Administrators

Researchers

Academic Health Centres

HHR Planners



Health Care Institutions

HHR: Development/deployment factors

- **Personal/family issues**
- **Professional practice**
- **Organization of services**
- **Administrative/legislation issues**
- **Social environment**
- **Medical education training**

All complementary and intertwined

Canadian Faculties of Medicine responses

-  **nb of admitted students**
 - **From 30% to 115% since 1999**
 - **Globally in Canada ~ 50 % since 1999**
(from ~ 1650 to > 2500)
-  **of community-based education (CBE) activities called as “Distributed Medical Education” (DME) activities**

DME in Canadian Faculties of Medicine

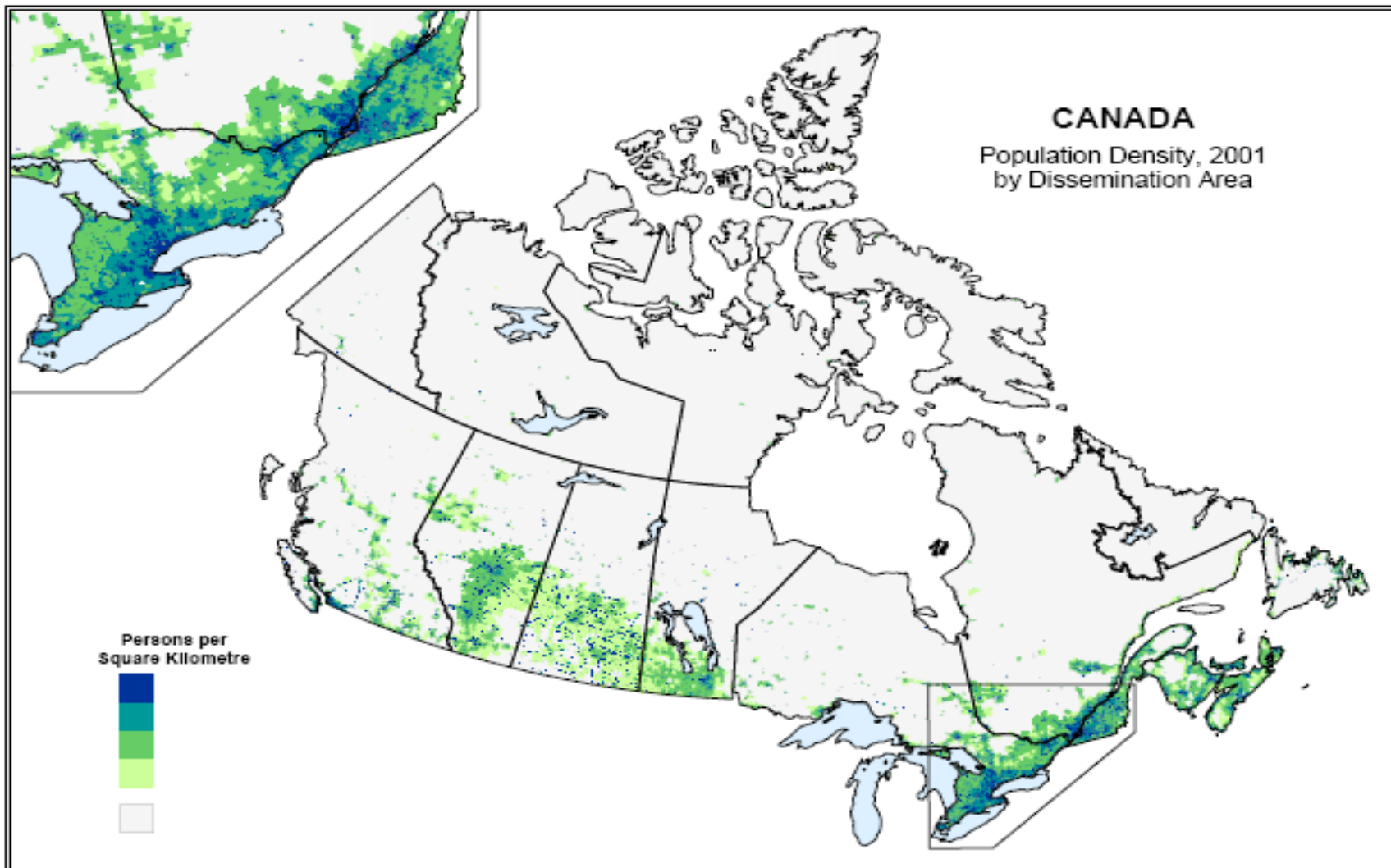
- **To bring closer students and communities**
- **To better prepare future physicians to serve communities' needs**
- **To contribute to the response to the workforce suboptimal development/deployment**

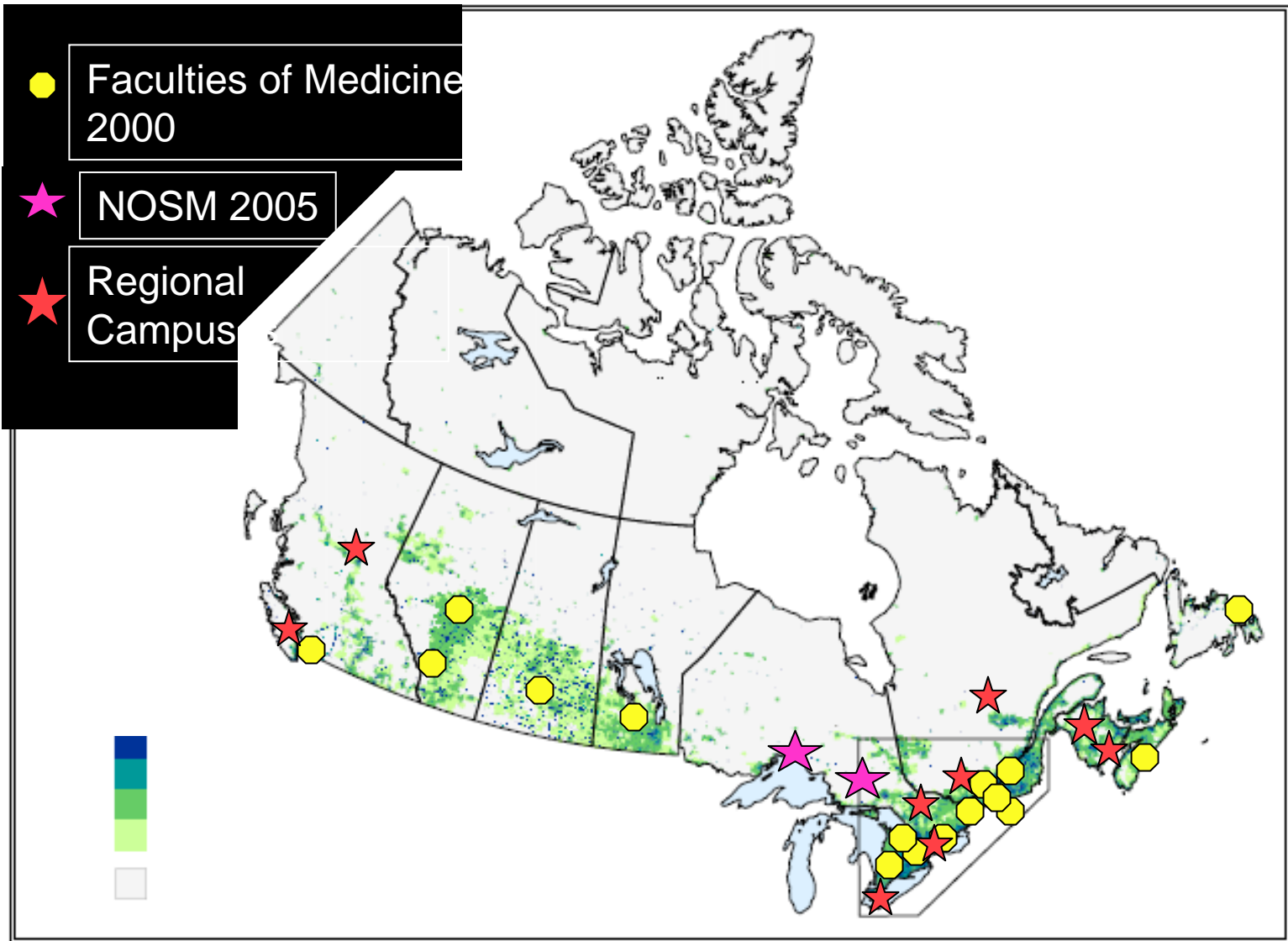
DME in Canadian Faculties of Medicine

- **In UG and PG programs**
- **Wide variety in:**
 - **Breadth**
 - **Position in the curriculum**
 - **Duration**
 - **Student objectives and involvement**
 - **Types and location of communities**
 - **Distance from main campus**
 - **Types of health centres**

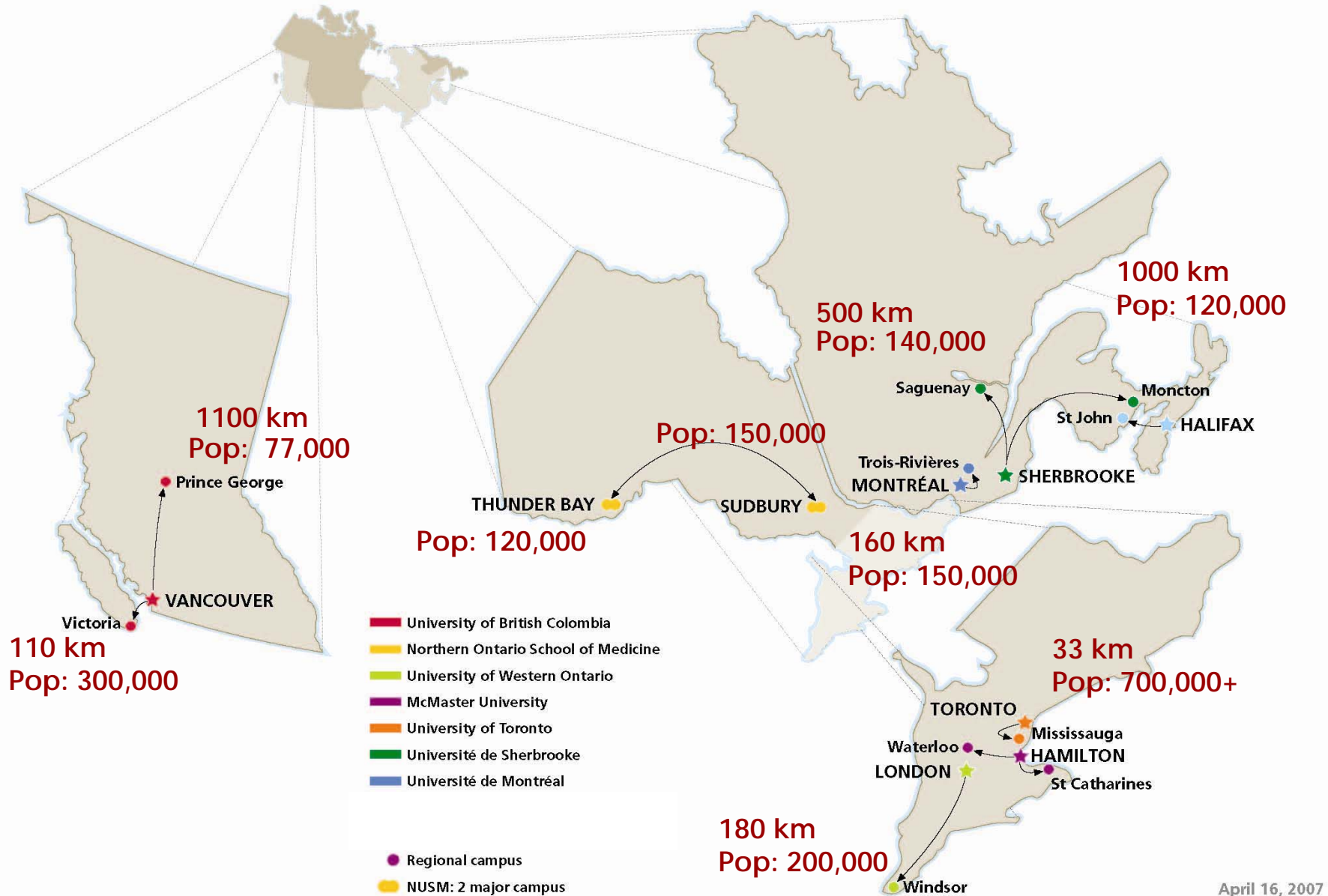
Regional Medical Education Campuses

- **DME at the end of the spectrum**
- **Fully distributed whole 4-year M.D. program (FDME)**
- **In regional campuses**
- **Cohorts of 15 to 32 students added to the school's initial nb of students**
- **8 out of the 17 Canadian medical schools by 2010**





Faculties of Medicine with FDME in regional campuses



RME Campuses: Why Now?

- **Need to train more MDs**
- **New resources for training physicians**
- **Social accountability context**
- **Technology as an enabler**
- **Service/experiential learning theories**
- **Political forces and support**

Note: numerous challenges to overcome

Partners in RME campuses

- **Faculties of medicine**
- **Government**
- **Regional hospital (and others)**
- **Regional university**
- **Regional health authority**
- **Physicians**
- **Students**
- **Community/population**

Challenges

- **Community choice and engagement**
- **Select/prepare/support students**
- **Select/prepare/support teachers**
- **Impact on health care services**
- **Communication**
- **Similarity versus innovative specificities**
- **Development of student specific skills**
- **Partnership, collaboration, governance**
- **Evaluation of process and outcomes**

RME Campuses: Expected outcomes

- ↑ **relevance and quality of training**
- ↑ **% of “generalist” physicians**
- ↑ **recruitment/retention in communities**
- ↑ **sustainability of communities**
- ↑ **access and quality of health care and services in regions**
- ↑ **population health**

Evaluation of impact

- **A need for evidence-based informed decisions on RME**
- **What is the ROI of RME campuses in Canada?**
 - For whom (involve all partners)
 - Short, mid, long term effects
 - Site/community specificities or interests

Evaluation of impact

- **Anchored to workforce outcomes:**
 - **Graduates: number**
types (“generalists”)
location of practice
recruitment and retention
 - **Health care and services**
 - **Health of the population**
- **Other impacts:**
 - **Social**
 - **Economic**
 - **others**

RME campuses research program 2006-07

- **UBC, UdeS, AFMC colaboration re: process and impact evaluation**
- **Retrospective study on 1999-2006 graduates: Profiles of student and program characteristics versus their choice of types and location of practice**

Research program: Long term prospective studies

- **Impact of RME programs/campuses on development/deployment of workforce (expected collaboration of other partners)**
- **Impact of RME programs/campuses on community development, stability, resilience, problem solving and health care (UBC-UNBC and UdeS-UQAC + community partners).**

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