



Northern Ontario
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Recruitment into Rural Practice through Distributed Education



Professor Roger Strasser
Northern Ontario School of Medicine



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Recruitment & Retention Strategies

- education and training
- regulatory initiatives
- financial incentives & rewards
- personal & professional support
- sustainable service models



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& RETAIN



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Recruitment Facilitators for Rural Practice

- rural upbringing
- positive undergraduate
rural clinical experiences
- targeted postgraduate training
for rural practice



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Retention Factors

- academic involvement
- recognition and reward
- support from “the system”
- active community engagement



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Academic Outcomes

- Residencies - 100% matched
1st round Match, 3 of 5 years
- Medical Council of Canada Part 1
 - above national average
 - highest clinical decision making
- Medical Council of Canada Part 2
 - NOSM residents top total score
in Canada 2008 & 2010



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Career Directions

- 62% family medicine, mostly rural
- 33% general specialties
- 5% sub-specialties
- 37% residency with NOSM
- “deep roots” in Northern Ontario
- 70% of NOSM residents stay
- MD graduates now practising doctors in Northern Ontario



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Socioeconomic Impact

- \$67-82M new economic activity
- 245 new jobs
- economic development

- host universities' status raised
- improved HHR recruitment
- communities feel empowered



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Essentials for Success

- Context counts
- Community participation
- Standards and quality
- Definition of success
- Challenge conventional wisdom
- Vision, mission and values
- Program blueprint



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Those of us in universities and academic institutions resolve to:

- Have communities guide us in the implementation of health professional education that addresses their needs
- Strengthen communities to address their own health needs through participative research and evaluation
- Develop programs and new methods of education that maximise the immersion of students in communities throughout their training
- Ensure that students are properly prepared and supported and their progress evaluated during the implementation of new educational models and programs
- Teach an understanding of human rights, equity, including gender equity in communities
- Work together internationally to share education resources and research tools openly
- Provide generalist training
- Facilitate interprofessional learning for interprofessional practice
- Provide transformational educational opportunities that maximise the length and strength of relationships with patients, supervisors and communities and create authentic workplace learning and identity formation



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