

Position Papers

Double Jeopardy: The CFMS Position on the Threat of Escalating Medical School Tuition Fees Limiting access to Medical Education in Canada

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As with any profession, the motivations for choosing a career in medicine are as unique as the individuals themselves. The experiences that each physician has prior to entering medical school, and undoubtedly the choices that have built their career since then can be credited for the diversity of the Canadian physician pool and the reason why Canadian doctors are known for their commitment to excellence in research, care and contributions to the community.

Sadly, the changing times on the national economic and political front are having an effect in the medical realm as well. An increasing resource crunch is forcing universities to do more with less - and driving a skyward trend for tuition that, due to differential fee schedules, is hitting professional schools particularly hard. The aging of the population combined with an inadequate physician supply is making equitable delivery of health care to all Canadians a near impossibility. As well, the growing acknowledgment of Canadian doctors' need for wellbeing and the adoption of a healthy lifestyle is making it more difficult to fill the gaps that a dwindling workforce is leaving behind. All of these factors are contributing to a downward spiral for workforce morale, impacting on the attitudes of health care professionals and ultimately affecting the delivery of health care to Canadians.

Despite this strikingly evident need to rejuvenate and renew the MD population in Canada, it is becoming more apparent that the current trends are limiting access to many potential future physicians. Rising tuition fees and an insufficient number of medical school seats are robbing Canadians of a diverse physician workforce, and slamming the door on a very talented group of people. "Return of Service" programmes offered by governments, while well intentioned, are not a solution to this crisis - they only serve to impose onerous restrictions and conditions on physicians and do nothing to improve accessibility to medical schools. The Canadian Federation of Medical Students believes that something can be done to stop this dangerous trend and make medical education more accessible to the deserving Canadians who are slowly being shut out.

Immediate Effects

The immediate effects of the recent changes are already being seen: the population of medical students has changed to reflect the new economic reality. A study at one school revealed that the average parental household income of the classes changed significantly: the percentage of students whose family incomes were \$60 000 or less decreased from 40% to 27% in one year after tuition deregulation - illustrating that the population who can access medical education is narrowing. As well, studies show a polarization of students' financial situation: students are either forced to carry heavy unmanageable debt loads, or are financially positioned such that no debt-assistance is required. With government assistance programmes sagging far behind need, increasingly only those who are financially capable of shouldering large tuition costs or who are prepared or able to incur enormous amounts of debt are being admitted into medical schools - a worrisome comment on the effect that increasing fees is having on the admissions process.

Another predominant phenomenon is the migration of students to schools outside of Canada. Currently, the ratio of applicants to positions in Canada is much higher than for most other comparable nations: for example, 1:19,300 in Canada, compared to 1:12200 in the UK and 1:13500 in Australia. Hence, talented young Canadians are forced to enroll in non-Canadian institutions to be trained, and accept conditions where re-entry into Canada is not assured, simply because there are insufficient numbers of medical school training positions available in this country. This could be compounding the normal migration attributed to "Brain Drain" by

driving out talented young Canadians prior to their achieving professional status. And by making re-patriation cumbersome, we are in fact barring Canadian physicians from practicing in Canada.

Further concern surfaces when reviewing the shift in applicants to the specialty versus general practice pool. The Canadian Residency Matching Service results for the 2000 match show that less than 30% of the matriculating class was matched to family medicine residencies. This is the lowest ratio ever in Canada. The reason for this shift is debatable, but certainly as the graduating debtload of students rises, it will have a measurable effect on career choice.

Long-term ramifications

The long-term ramifications of decreased access are even more disturbing. The most publicly feared of these is the effect that it may have on location of practice for new doctors. As the physician shortage in remote and rural communities becomes more profound, practice location is becoming an integral component of the career decision. Given that the cost of medical education is higher for students studying further from home, higher tuition will only compound this burden. Students hailing from rural communities are a commodity, because they are more likely to return. Thus, limiting their access will have an impact on the future rural physician supply. Governments contemplate employing coercive measures to lure young physicians to remote locales, but have proposed very few initiatives that would provide financial assistance for students from rural communities.

As the physician shortage is exaggerated by this diminished accessibility, Canada may be forced to rely on International Medical Graduates to continue the adequate provision of health care. Although this source of medical professionals has always been important to the Canadian landscape, increasing reliance on these individuals poses an ethical dilemma. As internationally trained physicians are lured to Canada, we face the ethical problem of poaching creative MD's from the health care systems that have trained them, and are relying on them to remain. As its future guardians, we cannot permit this intrinsic injustice to be built into the health care system.

A final consideration of the long term effects of decreased accessibility is that, by decreasing access to medical education, we are, as a profession, distancing ourselves from the Canadian population. As the gap widens, our patients may find it harder to relate, and our role as compassionate caregivers will be filled by other non-physician clinicians, leaving MD's to serve only as cold, unattached databanks.

The Solutions

The CFMS believes that it is critical to measure the effects of the accessibility crisis, and take action before more harm is done. We propose the following steps be taken:

- All Canadian Universities impose a moratorium on differential tuition fee increases until such decisions and their effects are fully evaluated;
- Provincial and Federal Governments increase financial, needs-based assistance to become at par with tuition increases;
- A nation-wide expansion of the number of seats in medical school and residency to both increase flexibility for career choice and meet the demands of the Canadian population accessing care;
- Ensure that the current accreditation process guarantees that the admissions procedures for entry into Canadian Medical Schools, and the environment in which candidates are making these choices, selects students on the basis of academic merit, not financial status;
- Fund curricular activities fully (i.e. rural electives) to help maintain the cultural diversity of the classes, as opposed to having students absorbed by tertiary care settings and urban learning environments. Evidence supports the exposure of medical students and to rural environments during medical school as a successful recruitment technique;
- Discourage coercive measure for recruitment of students both prior to and after completion of their Medical Degree, recognizing that Return of Service programmes, in a climate

of escalating tuition fees, are involuntary and coercive;
Study methods for fair, ethical re-patriation of Canadian physicians trained outside of
Canada until Canadian schools establish a self-sufficiency with the requirements of the
health care system;
Encourage medical students to continue to develop a healthy interest in extracurricular
activities and to maintain a link to their communities.

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