Memorial University, Faculty of Medicine, was established in 1967, graduating its’ first M.D.’s in 1973. Our mission: “Our purpose is to enhance the health of the people of Newfoundland and Labrador by educating physicians and health scientists; by conducting research in clinical and basic medical sciences and applied health sciences and by promoting the skills and attitudes of lifelong learning.” This is encapsulated in our vision “building a healthy tomorrow by providing the best health care, educating tomorrows doctors, and doing research makes a difference.” We are a rural leading small community based medical school responding to the needs of Newfoundland and Labrador within a national and global context.

This context drives our mission and mandate. The people of Newfoundland and Labrador are scattered throughout a large province with 60% living in rural areas compared to 20% of Canadians. Much of the area of Newfoundland and Labrador is remote and difficult to access. The population of Newfoundland and Labrador is aging rapidly with declines in the number of high school students combined with increasing proportion of population over 65 particularly in the rural areas. By 2020, Newfoundland and Labrador is projected to have the highest proportion of population over 65 of all of Canada’s provinces. This has enormous implications for health and human resources including medical work force planning. As in the rest of Canada, the rural population has a lower economic and educational level and students face large barriers in accessing and attending post-secondary education. In Canadian medical schools, rural origin students comprise only 11% of Canadian medical students compared to 22% of the population. Those with parents of low economic or educational status are under represented in Canadian medical schools. Even St. John’s / Mount Pearl is small and isolated compared to most other Canadian medical school cities. These unique contextual factors are particularly important to the role and function that the Faculty of Medicine plays in Newfoundland and Labrador.

The current medical workforce in Newfoundland and Labrador is unique in several ways. Sixty-one percent (61%) of fully licensed family physicians and 49% of fully licensed specialists in the province are MUN Medical School graduates. If we add in the physicians who have trained elsewhere and done their residency training programs at Memorial Medical School, the proportions increase to almost ¾ of the province’s fully licensed physicians. As is shown in the power point slides, MUN M.D. graduates are distributed all over the province. Also notable, is the high proportion of international medical graduates that make up the provincial medical workforce. In fact 40% of the province’s physician workforce are international medical graduates compared to 22.5% in Canada as a whole. Many of those have provisional rather than full licensure. As well, it is notable that 13.7% of the Newfoundland and Labrador medical work forces are uncertified specialists compared to 1.8% in Canada. Foreign medical graduates have and will continue to make an enormous contribution to the health of the people of Newfoundland and Labrador. Many provide exemplary long-standing service; however the turnover or flow through rate is very high and will likely increase within the national global context of increasing shortage of physicians and increasing competition from richer provinces for qualified physicians.
The Faculty of Medicine, CSAT (Clinical Skills Assessment and Training) program is actively involved in the process of recruiting, assessing and training IMG’s (International Medical Graduates) for medical workforce needs in Newfoundland and Labrador.

In summary, the critical role the Medical School has played in physician work force production, will be even more vital to the securing a healthy future for the province. This is highlighted by comparison with other cities such as Windsor or Kitchener for example, both of which are larger, and more affluent than St. Johns, and much more easily centrally accessible and yet have far more serious physician shortages than St. John’s. This is mainly due to the success of the Medical School producing graduates from Newfoundland and Labrador who want to return back to the province to practice and provide care not only to the population of St. John’s and Mount Pearl, but throughout the entire province. As well the Medical School and the Health Care Corporation of St. John’s partnership provides an academic / hospital setting which has been a powerful magnet of attracting the necessary people to provide the advanced health care services for the entire province. This strong partnership is vital to the function of both our integrated institutions.

Medical workforce production and stabilization is a long and complicated process. Every part of this long production pipeline, up to and including the appropriate employment opportunities with facilities, staff and information technology support must be intact. The students that we have admitted this fall will be able to begin practicing as family physicians in 2010 or 2011. Those who train to become specialists will be able to start practice in 2013 or 2014. In fact, our production pipeline begins even earlier with our Med Quest Program that takes twenty high school students every week over the course of the summer from all over the province to get them interested in health sciences career possibilities. The Med Quest students I met this summer may not enter practice until between 2015 to 2020. This requires a very forward thinking plan that includes both elements of stability and flexibility to adapt to changing societal needs and medical advances. It is vital that we do not fall behind in this process. While Canadian Medical Schools admit on average only 10.8% of students from a rural background, at Memorial we have worked hard to have geographic social diversity in our student group, and 40-50% of our Newfoundland and Labrador students are from outside the St. John’s / Mount Pearl area reflecting the geographic diversity and social and economic diversity of the province.

Even though our students have the lowest Medical School tuition in English Canada, they graduate with a higher average debt than other Canadian medical students because of several factors. Because so many of our students come from rural backgrounds, they have already incurred a significant living cost because of living away from home while attending a first University degree. In addition, many come from limited family economic resources to fall back on. There are only a relatively limited amount of scholarships at the Medical School. The experience of other medical schools in raising student tuition has had a dramatic effect on their social economic composition of their medical student body. Any increase in tuition would need to be offset with an increase in scholarships and bursaries support particularly for financially needy students in order to maintain our ability to have the best students in medicine, not only the well to do.
Reflecting the Provincial context and needs, MUN medical program provides students with learning opportunities in all parts of the province in all years of medical school. This past year, a second year rural component was added. The anticipated budgetary support for this program was not forthcoming with the budget cut-back. Vital rural region medical education initiatives are in jeopardy unless the appropriate but small amount of program support required can be funded.

Goose Bay provides a good example of the M.D. production pipeline working. Each year we have a small number of students from Labrador. Students have the opportunity to do undergraduate medical training centered in Goose Bay and Labrador City. As well family medicine residents train in Goose Bay. Goose Bay, located in Labrador, is one of the more difficult and remote parts of Canada to provide medical care; it is at full M.D. complement now because the M.D. production pipeline extends from admissions through medical school and postgraduate education experiences in a proper facility with appropriate information technology and staff and support for physicians. We partner with communities and Health Boards throughout the province and will continue to build those partnerships within the context of the new health boards’ restructuring.

MUN is the smallest and (the most cost effective) medical school in Canada. MUN’s class entry, class size of 60 is the same as the University of Saskatchewan. We have far fewer full-time basic science and clinician physician faculty. In fact, we have too few by any benchmark in each of these categories to provide the necessary clinical care, teaching, and research. A small increase in the number of basic science and clinician (physician) faculty is needed and a commitment to this is particularly important and timely giving our up-coming full Medical School Accreditation in May 2005.

Repairs and renovations to the Medical School are desperately needed to provide appropriate space for faculty, students, and academic educational activities. The development of an e-learning / e-curriculum will require a necessary investment of funds, but will be so important to our ability to provide the appropriate up to date medical education in appropriate sites throughout Newfoundland and Labrador.

Our research has been increasing steadily over the past five years to over eleven million dollars in 2003/2004. Most of this represents external funding coming to the province. This funds research that makes a difference to the people of Newfoundland and Labrador as well as advances in medicine that are valued around the world. Research is an important integral part of the Medical School’s activities as well as a significant economic benefit to the province. A small increase in our faculty, combined with additional research space, and some matching provincial funds for external grants when required, would make a huge difference in our ability to bring in more external funding and do more research to make a difference for the people of Newfoundland and Labrador in the general advancement of medicine.

The Medical School is committed to building a healthy tomorrow by providing the best medical care, educating tomorrow’s doctors, and doing research that makes a difference. To do that effectively, Memorial’s Faculty of Medicine needs:
1. Key education program development support
   (a) expansion of and increasing support for rural and regional medical programs
   (b) e-learning / e-curriculum program development and implementation
   (c) Standardized patient program expansion
2. New Faculty positions – add over time
   (a) Ten new Basic Science faculty positions
   (b) Twenty four clinician (physician) full-time faculty positions, a mix of specialists and family physicians in St. John’s and provincially distributed.
3. Medical School Building update / renovation / repair
4. Research Space and funding
   (a) primary health care research unit director and support
   (b) Provincial health research fund to match external grants when required
   (c) Janeway Research facility expansion

Funding:

(1) Government commitment to restore the base budget funding (cancel the cutback) and also provide specific base incremental funding over time to reflect faculty and program needs.

(2) Medical School Building update / renovation / repair funding required urgently.

(3) Janeway Research facility approval for funding arrangements

(4) Tuition increase could be considered, if appropriate increase in scholarships and bursaries combining fundraising campaign with provincial bursaries to offset costs for financially disadvantaged.