

FORCED TO STUDY ABROAD

More young Canadians than ever want to become doctors, but limited places at home universities mean many are flying off to medical schools in Europe and Australia

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Like the doctor says, there's good news and there's bad news. First the good: More young Canadians than ever want to become doctors, and they're going to the ends of the Earth to do it.

Literally. That's the bad news. Rejected by their own universities despite A averages and knockout resumes, our best and brightest are leaving the country in droves to get medical education in Europe, Australia, the Caribbean, Latin America -- wherever the standards are high and the admissions open.

In fact, they're doing it precisely because they're so smart. They've done the math and figured out that if they wait around for a Canadian spot to open, it could take two or three or more years -- if they're lucky, and willing to continue honing their pre-med resumes, working in labs, doing community service. Add that to the four-plus years they've already logged in college followed by the minimum six-year standard medical training (four for the MD plus two for a family practice residency and up to five more for some specialties) and they could be halfway to retirement before earning their credentials in Canada.

"After I was rejected by UBC, I sat down and thought about my options," says Magali Buffet, a 24-year-old North Vancouver native. She failed to make the cut at UBC two years ago and, although it encouraged her to reapply -- most students do, some two or three times -- she felt it was pointless. The rejection came just a few months before the next year's application was due, which meant she would be filing basically the same material.

Stellar material, I might add. Perfectly bilingual, Magali had an A+ average coming out of her B.Sc. at the University of Northern B.C. in Prince George, where she spent her free time shadowing a family physician and volunteering at camps and after-school programs for underprivileged kids. These are the things you need on your resume if you want to get into UBC's medical school, which this year had close to 1,800 applicants for 224 first-year spots.

No matter what UBC does -- in the past four years it has raised tuition 375 per cent to \$14,280, and added 100 first-year spaces -- the number of applicants just keeps growing and the odds of admission keep shrinking. Fewer than 16 per cent of applicants were accepted last year.

"It seemed totally unattainable," Magali says. "There are just too many hoops to go through. I mean, what else could I have done?"

Her next round of applications included two internationally accredited medical colleges in the Caribbean, where they admit students four times a year, "so you're not stuck waiting an entire year to hear if you've been accepted," she says. "It just makes the process run that much faster. You can get on with your training."

Getting on with it is a theme I heard again and again in interviews with globe-trotting medical students. You could say this is a good sign: that so many young Canadians are clamouring to get into a field where chronic stress and burnout has many older doctors clamouring to get out. But then students -- especially good, well-rounded students -- tend to be optimists by nature. They're going to change things, they say. Find a cure for our ailing system and our troubled world along with it. All they need is the chance, which is a very tall order in a chronically under-funded system.

Though most provinces, like B.C., have increased enrolments in recent years, Canada still has a long way to go to remedy the disastrous budget-slashing of the 1980s and '90s. On the faulty

premise that we could dramatically cut health costs by producing fewer doctors, almost 1,000 undergraduate seats were lost in Canadian medical schools between 1982 and 2000.

As a result, Canada now ranks the lowest among OECD countries for medical school spaces per population, and for decades B.C. was the worst offender, with admission stalled at 120. The provincial Liberals have vowed to raise it to 256 by 2010, and they're well on their way, with a bold program that involves distributing resources across the province to new training facilities at UNBC and the University of Victoria. Still, there's an air of almost hopeless desperation to the catch-up efforts, given the rate at which our population is aging and our doctors retiring.

According to the B.C. Medical Association, the province needs 400 new doctors a year to maintain current levels of supply, never mind address the shortage (about 100,000 British Columbians don't have family doctors). Which is why we should be thankful when students like Magali Buffet don't take no for an answer, and take to the road instead. We can only hope a good percentage of her peers will eventually return to practice in B.C., having saved the province \$60,000 a year for the four-year degree -- that's the public's share of undergrad medical training.

As it turned out, Magali didn't have to go nearly as far as the Caribbean to get on with it. Last year she accepted a \$100,000 scholarship to do post-graduate work in biochemistry at the University of Alberta, and has since been accepted to med school in Edmonton. Their gain, and hers:

"Maybe it was all for the best," she tells me. "I got to go to Alberta, where they're putting massive amounts of money into medical research. I got to do my masters, which opened a lot of doors and broadened my thinking. I think it will be helpful in my medical career to have a better understanding of the chemistry that goes into the drugs and the vaccines."

By staying in the country, she will also have a better chance at getting a residency position in the post-grad specialty of her choice -- a major challenge for international medical graduates (IMGs). There are approximately 12,000 IMGs currently looking for residency matches in Canada, according to the Association of International Medical Doctors. Magali's older sister Chosica will soon be one of them.

Chosica Buffet is in her fifth year of study at the University of Chile in Santiago. Next year, following internship, she plans to return to Canada to take her medical qualifying exams and enter the stiff competition for a post-grad "match" through a program called the Canadian Resident Matching Service (CaRMS).

"It's definitely going to be challenging," says Chosica. "You have to apply province by province, and the regulations are different in each place." She knows she'll be looking at little choice but family practice, which is where the vast majority of IMGs end up because the popular specialties are quickly scooped by top-ranked Canadian grads. She's also prepared for the possibility of rural or northern service as a precondition to specialty training in some provinces.

"It's a steep price to pay, considering how badly Canada needs more doctors," she says. Indeed, Chosica admits she might not have gone the international route had she known how steep. She chose Chile after spending an exchange year in Santiago during her undergrad studies at Simon Fraser University, having fallen in love with the country and language. With high marks and fluency in three languages, she scored one of only three spaces the state-funded med school reserves for international students (tuition is equivalent to CDN \$5,000). She's not at all sorry for the "great adventure" of her past five years, but is frankly worried about her future.

James Byrne, on the other hand, couldn't be more confident about leaving Canada for medical training. At summer's end the 24-year-old Vancouverite will be heading for Trinity College in Dublin to start a five-year MD program, after which he will seek out a residency wherever (in the world) he can find the right one. James, whose father has Irish and Canadian passports and whose mother has done academic work in Greece, clearly sees himself as a citizen of the world. Which made last year's rejection from UBC a little easier to handle.

"More than anything I've ever done in my life, I know this is what I want," he says. After earning an engineering/science degree from Queens University (final year's average: 89) James spent the past year working in a lab at Vancouver's Cancer Research Centre, where his commitment to medicine solidified.

"I feel if you really want something you can work your tail off and get there," he says. "For me, I'd sooner do a residency in the area I want in the States than compromise on what I really want to do in order to come back here."

His confidence is bolstered by the research from the Atlantic Bridge Program, a California-based agency that recruits North American students for Ireland's five medical schools -- that's right, five for a population just over four million. Indeed, Ireland appears to have hit upon a lucrative formula for balancing its books, charging non-EU students tuitions of \$30,000 and more to offset the virtually free training they provide to Irish students.

Standards in Ireland are high enough to net medical grads top residencies all over the world, except of course in Canada. Which is a pity considering the high calibre and rising number of Canadians being admitted there: more than 100 this year, according to Atlantic Bridge director Peter Nealon. Close to 400 of the 650 North American students enrolled in Irish medical programs are Canadian, and they're "an immensely talented group," he notes. In his 17 years of operation, Nealon has seen most of the Canadians proceed to post-grad training in the U.S.

In fact, this is the route Atlantic Bridge advisors recommend to Canadian students, though they also offer best-case-scenario strategies for scoring a residency in Canada. It helps to take an elective rotation in Canada during the fifth year of Irish study, they say, and to plan well ahead for the Canadian evaluation exams and match competition. But in the end, the Irish-trained Canadians are advised to hedge their bets with applications to both Canada and the U.S., and to take a good American spot if it comes up:

"The benefit of this option is the medical student's reassurance of a timely American match in lieu of an ideal Canadian match."

It's a tough bargain, and one familiar to virtually all Canadian med students abroad. Next to Ireland, Australia trains the greatest number of them - an estimated 150 Canadians are now enrolled at Flinders and Sydney medical schools combined. In fact, the University of Sydney has admissions staff in Vancouver this month interviewing a large crop of new prospects willing to spend as much as \$45,000 in tuition and living expenses annually in order to get on with it down under.

Dr. Jeremy Fry, the son of Vancouver physician and MP Hedy Fry, did just that six years ago. "I made the decision to take my chance while I had it," he told the Ottawa-based University Affairs magazine. Although he was unavailable for comment this week, his brother Doug told me Jeremy is now working in Sydney as an ER doctor, a specialty that not one IMG has ever managed to score through the Canadian match program.

The recent changes at CaRMS are likely to open a few doors -- too late to help Fry get the training he wanted here, but well timed for the next crop of IMGs. At least Ilana Winrob hopes so. The 24-year-old Vancouver student, a high school friend of James Byrne from University Hill, is also heading to Ireland this summer with the help of the Atlantic Bridge Program. But unlike James, Ilana is determined to return to Canada, hopefully sooner than later. While James has full financial support from his parents, Ilana has secured \$150,000 in loans and credit to carry her through five years at the University College Dublin, and she'd be perfectly happy cutting the adventure and the debt short by returning to UBC.

In fact, she is preparing to reapply for UBC's 2007 admission even while packing for Dublin, and expects she'll try again for 2008 if necessary, and will forfeit up to two years of Irish course credits to start again if and when she makes the cut. That's the other part of the bargain students accept when they go abroad. Transfers are almost never approved because the programs are too dissimilar.

"It would still be worth it for me to get in to UBC," she tells me. "It's such a long process, I can hardly see my way to the end of it at this point anyway, so what's another year or two? At least now I'll be studying medicine and I'll know for sure I can end up a doctor."

An A student like the rest, with a BSc/psychology from the University of Victoria and extensive community service and leadership work under her belt, including AIDS outreach in Vancouver and volunteer work at a Honduran eye clinic, Ilana has already tried and failed twice to get into

UBC, which is not unusual these days. But what distinguishes Ilana is her clear-sighted goal: to practise family medicine in B.C. -- and not just with "the walking well," as she puts it, but with disadvantaged communities. She's passionate about social justice. She thinks she can help reform Canadian medicine. Hopefully from the inside.

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