

# Foreign physicians might be answer to shortage

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Doug Nelson, Director of Development and Communications for the Faculty of Medicine and Dentistry, echoed the need and indicated the U of A plans to increase the number of seats in their undergraduate medical class.

"This is the first year of four years of increases. There will be five additional students every year. Currently, the class is at 134 and there will be at 150 in the end, so there will be more doctors graduating, and a similar effort is underway at the University of Calgary," he said.

Buick explained that the problem not only refers to the number of doctors, but also the amount that they work. He described what he saw as a trend developing in younger doctors who work less hours than physicians did a decade ago.

"It's an issue of changes in the whole next generation of younger physicians. More encompassing studies have found that today's younger physicians overall, men and women, are working around a fifth less as measured by the

number of patients they see. They are seeing about a fifth fewer patients per nominal full-time position than physicians of the same age did ten years ago," he said.

The U of C also has a Family Medical Clerkship, which allows students in their third-year of medical school to work in a rural hospital or doctor's office, under the supervision of experienced physicians. Nelson explained that the U of A was tackling the issue of rural doctor shortages in a similar manner.

"We're in the process of developing a rural clerkship, which will allow a number of our third-year students to do some of their clerkship in a rural community. Hopefully, it will encourage them to stay and practice in those areas, as well some of the physicians in our extended undergraduate medical class will draw students from a rural background," Nelson said.

Buick indicated that aboriginal medicine and the need for the recruitment of aboriginal doctors are

also important issues that need to be looked at.

"[T]here's certainly a concern to engage Aboriginals particularly," Buick confirmed. Nelson explained that the U of A sets aside two of the expanded spots each year for students with an aboriginal background.

"We have the largest aboriginal medicine program in the country," he said.

In addition to training new young doctors, the U of C and U of A also credit foreign doctors through the Alberta International Medical Graduate program.

Historically, the training and crediting of foreign doctors has been one of the strategies used to address Canada's rural doctor shortage, according to Nelson.

"In Alberta now, we're seeing a lot of South African doctors—people who are coming from South Africa and getting their credentials. They typically do a rural rotation as a part of their qualification to practice medicine in Canada. Our post-graduate medical education program helps in the cred-



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**PAGING DR ... ANYONE?** Physician shortages are bringing a new meaning to the term "waiting room." The U of A plans more seats for medical students.

iting of those individuals so we can get them credentialed and practicing as soon as possible," Nelson said.

Buick provided two different reasons for Capital Health's recent recruitment success rate.

"There are more local grads and more jobs for them locally and better recruitment. That cycle has to continue out into the future if we are going to avoid shortages and access problems," he explained.

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