

Forum

Evaluating Financial Supports for Medical Students

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Forum

This section, new to the *UTMJ*, presents a current issue facing the medical community. Following an objective presentation of the issues, individuals involved in the course and resolution of the problem are invited to voice their perspectives. The ultimate aim is to stimulate discussion.

In May 1998, Ontario set a precedent in Canadian post-secondary education with policies deregulating tuition. This gave universities the discretion to set fees for undergraduate training in professional programs, including medicine. Despite students' best efforts, tuition fees have since escalated at a profound rate. Now concerned over the future consequences, the Ontario Medical Association, the provincial government and medical schools have developed support systems to assist students. While there are various "strings" attached to these strategies, the efforts should be acknowledged and made aware to students who may benefit.

The current first year tuition at the University of Toronto stands at \$14,000. Only one year ago, the average tuition for first-year Ontario medical students was \$10,387. Even this was a steep 108% increase over the preceding 1997 average. For example, at the University of Western Ontario, tuition rose from \$5,489 in 1997 to \$10,000 in 1998. Many medical graduates can anticipate debt loads of nearly \$100,000 by the time they enter practice.

This brings to question why an undergraduate student would pursue the challenge of applying to medical school in the first place? In a University of Ottawa survey, 27% of medical students said that annual tuition fees of \$10,000 a year would have deterred them from entering medicine had they been aware of such costs. A survey at UWO showed that the proportion of students whose parents earned \$60,000 or less fell from 40% to 27% when tuition doubled in 1998.

To the detriment of the medical profession, talented undergraduates may choose other career paths, viewing a medical degree as unaffordable. It is also feared that students will soon enter medicine based on their ability to pay rather than their potential to become good physicians. Medical education in Canada has traditionally been relatively affordable and accessible to individuals from a wide range of socioeconomic and ethnic groups who later serve an equally diverse population. High tuition fees may close this door for some.

Once in medical school, the predicted consequence of high tuition fees is a resulting "brain drain" in two respects: (1) A pull to the U.S. or large urban Canadian centers to maximize earning potential, and (2) students seeking specialties with the shortest training or highest earning potential, in order to pay off debts quickly. These consequences may result in shortages in rural and/or under-served areas and specialties already faced with staffing problems.

The Canadian Medical Association position paper on this issue¹ recommends: (1) increased government funding, (2) regulated and reasonable tuition increases by universities, and (3) financial support systems developed to meet the needs of medical students.

Hence the OMA developed the Ontario Medical Student Bursary Fund earlier this year. Originally chaired by Dr Albert Schumacher, the present OMA president, the sources of the funds are the Ontario Medical Foundation, MD Management and corporate donations. Directed within the medical community, they also solicit various Ontario physicians for a tax-deductible contribution of up to \$150 quarterly over 5 years (\$3,000 in total). It is designed to provide a minimum of \$2,000 to medical students in financial need, a criterion estimated to be met by a third of Ontario's medical students.

The provincial government is also following an election promise to provide tuition assistance to medical students willing to relocate to under-served areas. Four million dollars are now available in tuition grants and incentives to help alleviate chronic shortages of physicians in areas of Ontario. Medical students will be eligible for a \$10,000 per year grant for a minimum of 3 years and maximum of 4 years. In return, a year of service in an under-served area is required for each year of assistance received. This offer is not open to first-year undergraduate medical students, who are more likely undecided as to where they would like to practice in 6 to 10 years time, and thus asking for a commitment from them was deemed unfair.

Many argue that this system is not a long-term solution to the problem of physician shortages. It is also seen as a "tied aid" package

to students. However, it is an effort by the government to recognize a potential disaster in the delivery of health care services in years to come and attempt to remedy it.

Tuition increases have become a reality to which student opposition has had limited impact. Instead, the success of their lobbying may lie in the creation of financial supports that enable students to cope with these changes. Stipulations attached to these programs may be considered unfair to some. Yet, those not sharing this view will undoubtedly benefit by being able to continue their studies and build a rewarding career practicing medicine.

References

1. Canadian Medical Association. (2000). CMA position paper: Tuition fee escalation and deregulation in undergraduate programs in medicine. Website: http://www.cma.ca/advocacy/tuition/position_paper.htm
2. Canadian Medical Association. (2000). Ontario MDs asked to support financially strapped medical students. Website: http://www.cma.ca/cmaj/cmaj_today/02_24.htm

A Response from the Provincial Government of Ontario

The Honorable Dianne Cunningham,
Minister of Training, Colleges and Universities

The Ontario government is committed to two key priorities in the postsecondary education system: ensuring every willing and qualified student has access to high quality and relevant education programs; and ensuring the system is responsive to the needs of our communities.

To meet these commitments, we recently announced the largest capital program in 30 years that will see the creation of 73,000 new student spaces in our colleges and universities. We have also introduced a number of initiatives to increase the supply of critical professionals in the health care and education systems.

We are firmly committed to ensuring that Ontario's universities have adequate funding to offer a quality education. These costs must be shared appropriately by students and taxpayers. Beginning in 1996-97 universities were allowed greater discretion in fee setting to ensure they had the resources to maintain a leadership position in professional fields. However, where fees were deregulated, institutions were required to set-aside 30 per cent of the increase to help students in financial need. The remaining 70 per cent of the additional revenue is to be allocated to improve the quality of the students' programs and for investing in additional educational program improvements.

In the area of healthcare, this government believes people must have access to high quality services wherever they live in Ontario and that an appropriate supply of physicians and other medical professionals is crucial to maintaining a high standard of patient care throughout the province. The Ontario government is investing almost \$1 million to add 40 new undergraduate positions at the province's five medical schools this fall. In addition, we will invest \$22.6 million to ensure capacity for 2,000 students to graduate from the new four-year baccalaureate degree in nursing by 2005. These programs will be offered collaboratively by colleges and universities.

As part of our government's continued commitment to improving access to health care services, we are carrying out our promise in the Blueprint and the Budget 2000 to offer tuition grants to medical students willing to practice in an underserved area. In

exchange for agreeing to practise medicine in a designated underserved area for a minimum of three years, medical students will receive \$10,000 for each year of undergraduate medical training. Undergraduate medical students in their last year of medical school and postgraduate medical students will be able to apply to the program.

With these and other policies, the Ontario government is shaping a health and education system that is responsive to the needs of the people of Ontario.

A Response from the University of Toronto Medical Alumni Association

Jay Keystone, M.D., President

"No student will have to discontinue his/her studies because of financial need". This bold promise by former University of Toronto President, Rob Prichard, was a welcome response to those who questioned the dramatic increase in tuition fees at our great University. However, since the statement applied only to those already enrolled in university programs, it did not address the impact that increased tuition would have on the demographics of applicants to our medical school and on the future provision of health care in our province.

It doesn't take the financial wizardry of former Dean Aberman (not to say that Dean Naylor isn't savvy in this regard) to figure out that tuition of \$14,000 per year will be a prohibitive factor for students from lower income families to apply to medical school. These are the very students, from rural areas and varied backgrounds, that we want in our medical schools, to become a physician population that represents a range of socioeconomic and cultural groups which can best serve the needs of our diverse communities. Furthermore, as Steve Singh pointed out above, medical students entering residency programs with \$80-\$100,000 of debt are most likely to seek out the shortest or most lucrative routes to licensure and subsequent debt relief. This may have an additional impact on the provision of health care in our province.

And, what has our provincial government and the Ontario Medical Association done to assist our students in their neediest hours? The Ontario Government, almost wholly responsible for this nightmare when it cut educational funding, is now "bribing" our students through a return-of-service program to encourage them to relocate to under-served areas. What the Ministry has failed to mention is that historically return-of-service programs do not work, and are most unsatisfactory for those who are served by them. Nice try — but no cigar!

On the other hand, the OMA has instituted a highly publicized campaign (the Ontario Medical Bursary Fund), to raise money for Ontario medical students by soliciting funds from Ontario physicians who graduated out of province (the least likely to respond) and by utilizing Medical Alumni Association fund raising campaigns from all 5 provincial universities. Unfortunately, at the University of Toronto, the impact of such a campaign will almost certainly be a significant reduction in funds available to support student activities, such as our Undergraduate International Health Program, summer research scholarships, and innovative extracurricular programs through our newly formed partnership with the Office of Student Affairs. Worrisome!

Finally, what are we at the MAA doing to provide financial assistance in these difficult times? We have, after much deliberation, joined the OMA Bursary Fund campaign on the understanding that we will endeavor to raise money for bursaries while attempting to maintain our financial support of student programs and activities. Through the outstanding support of our medical alumni, the OMA recently raised nearly \$60,000 in bursary support from approximately 90 generous donors; these results were achieved during a pilot project in which only 250 alumni were contacted. Also, we have created a large endowment for interest-free loans, and thanks to a significant contribution from the Kurdyak family, will be able to further increase our loans this year. Do remember that our loan repayment policy is extremely generous! In addition, through a close collaboration with the Faculty of Medicine Development Office, the MAA is in the process of increasing its fund-raising capability, with the aim of generating additional revenue for student aid. As well, the Faculty has established student support as a fundraising priority.

Not unlike Rob Prichard, the Medical Alumni Association has made a promise of its own: "To oppose any tuition increases so that applicants to our great medical school will be accepted on the basis of merit, not on their ability to pay."

A Response from the Medical Student

Irfan Dhalla, B.A.Sc. (OT3), Second Year Medical Student, University of Toronto

A decade ago, a first-year medical student at the University of Toronto paid \$2,084 for a year's tuition and could look forward to receiving \$5,172 as a stipend during clerkship. Today, a first-year medical student at U of T pays \$14,000 in tuition and receives no compensation for the countless nights and weekends spent on-call. Is it any wonder that more Canadian students than ever are writing the United States Medical Licensing Exam?

Tuition is not the only expense facing medical students. Like everyone else, medical students need shelter, food, clothing and transportation. Unique to medical students are outlays for travel to clinical electives and residency interviews. Yet between the Canada Student Loan and the Ontario Student Loan, medical students can borrow just \$11,000 per year. Obviously this is insufficient for many students.

The Ontario government has recently been trumpeting a program claimed to provide 'free tuition' to medical students willing to practice in underserved areas. By offering up to \$10,000 for every year of service (a figure that is less than tuition at most Ontario medical schools), the government believes it is improving medical school accessibility and increasing physician supply in rural Ontario. The first claim is hypocritical, since the government allowed tuition to skyrocket in the first place. And the second claim is a fantasy – for years the Canadian military has had trouble signing up recruits for its far more lucrative return of service plan. Some students will benefit from the government's offer, but the majority of those who sign up would have chosen to practice in underserved areas anyway.

Although student lobbying has not been effective in halting medical student tuition increases, some efforts have been moderately successful. Residency tuition at the University of Toronto was staved off for a year and then dropped entirely. Due in large part

to a massive student-led campaign, medical student tuition at the University of Western Ontario has been frozen for two years. Two years ago, medical students asked the Ontario Medical Association to launch a bursary fund, and the OMA, in partnership with the medical schools, is doing so. At U of T, the Medical Alumni Association has responded to increased student need by ramping up its student aid programs.

Earlier this year, the Ontario Medical Association attempted to negotiate a clerkship stipend on medical students' behalf, and though that effort failed, a new program to provide \$1,500 per month for students on rural electives was the result. Program details are still being worked out, but this program should ensure that medical students who want to experience rural medicine will be able to do so at little or no cost.

The many programs being put in place are much needed, but they do not directly address the fundamental issue of increasing barriers to post-secondary education. Ultimately, we as a society need to answer a simple question. Do we believe that a medical education should be paid for up front, and therefore made relatively inaccessible to the poor, or do we believe that education should be paid for mostly through taxes, after graduates have begun reaping the fruits of their labour?

A Response from the Ontario Medical Association

Albert Schumacher, M.D., President

Tuition increases without available financial support will ultimately change the face of those who practice medicine in this province. The medical care system needs individuals from different socio-economic, cultural, rural and urban backgrounds to serve an equally diverse population of patients. The OMA firmly believes it is in society's interest to ensure that medicine remains a rewarding and affordable career accessible to students based on their passion and academic performance, not their financial status.

The Ontario government's plan to offer medical students tuition grants to work in underserved areas will not significantly address the serious problem of physician shortage. According to Ontario's medical students, one long-term solution is to cap escalating tuition fees, which government deregulated. Programs to teach medical students about rural medicine and increase placements in these areas are essential. And there must be an increase in medical school enrolment to train physicians to care for an aging and growing population."

Although results to date are promising, the Ontario Medical Student Bursary Fund requires continued support and participation from physicians to be successful enough to make a significant difference to financially challenged medical students today and in the future. So far, the OMSBF has reached nearly half of its \$4 million goal. Future fund raising initiatives will include contacting all non-Ontario physician graduates for their support, developing an annual campaign to accommodate the large number of one-time gifts received, and approaching corporations and foundations for their financial support.