



REPORT: CANADIAN STUDENTS STUDYING MEDICINE IN POLAND

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Table 1.0 - Acronyms and Abbreviations

Acronym	Meaning
CMSPA	Canadian Medical Students in Poland Association
CaRMS	Canadian Resident Matching Service
CSA	Canadians studying abroad
IMG	International Medical Graduates
CMG	Canadian Medical Graduates
NAC	National Assessment Collaboration
NBME	National Board of Medical Examiners
OSCE	Objective Structured Clinical Examination
USMLE	United States Medical License Exam

With state of the art facilities and leading experts, Poland prides itself on world-class medical universities. There has been a significant increase in its popularity among students from Canada. With the increase in number of Canadian students choosing to study medicine in Poland, the establishment of a unifying body was inevitable. Established in 2013, the Canadian Medical Students in Poland Association – CMSPA was launched for the sole purpose of serving the large and growing number of Canadian medical students in Poland, and casting the spotlight on their academic achievements.

According to a study published by CaRMS in 2010, “the applicant pool for medical school remains unchanged in the last decade with four qualified applicants for every admitted medical school student in Canada”¹. With this being one of several factors, Canadians have begun to go as far as abroad to pursue their dream of studying medicine. With the recent increase in their number abroad, and lack of organizing bodies, limited information is available on these students. With their desire to come back home after graduating, we at the CMSPA have taken the initiative to make our students’ voices heard, to assist them with accomplishing that desire, and to elaborate on their statistics and situation.

In this study, statistical information is provided about students ranging from the average age of their first years to their reasons for studying abroad. The aim is to make a comparison between students in Poland and Canada in some areas, and to discuss what is believed to be a flawed medical school and residency training selection process in Canada².

The following data was collected from 76 respondents to the survey, out of 171 CMSPA student members.

¹ CaRMS, CaRMS Report: 2010, Canadian Students Studying Medicine Abroad, 2010

² *Did you know that the surgical team that successfully completed the first face transplant in the USA was lead by Polish surgeon Dr. Maria Siemionow, who is a graduate of Poznan University of Medical Sciences?*

Polish Medical Universities:

Number of Canadian students based on 171 CMSPA members:

Medical University	Number of Canadian students
Poznan University of Medical Sciences	78
Wroclaw Medical University	23
Medical University of Warsaw	21
Jagiellonian University Medical College	18
Medical University of Lodz	9
Medical University of Gdansk	8
Pomeranian Medical University	6
Medical University of Lublin	4
Medical University of Silesia	3
Medical University of Bialystok	1

Provinces:

Based on the 76 respondents to the survey, it was concluded that the students came from the following 5 provinces, arranged from the highest to the lowest number of students: Ontario, British Columbia, Alberta, Quebec, and Saskatchewan.

Number of students from provinces based on the 76 respondents to the survey:

Home Province	Number of students	Percentage of the CMSPA members
Ontario	56	73.68%
British Columbia	12	15.79%
Alberta	6	7.89%
Quebec	1	1.32%
Saskatchewan	1	1.32%

Hometowns:

Canadian medical students in Poland come from all over Ontario, British Columbia, Alberta, Quebec, and Saskatchewan. However, the top four cities from which they come are Mississauga, Toronto, Vancouver, and Edmonton.

Top 4 cities that the students come from based on the 76 respondents to the survey:

Hometown	Number of students
Mississauga	18
Toronto	15
Vancouver	11
Edmonton	4

Majors:

The Canadian students in Poland major in one of three fields: Medicine, Dentistry, or Pharmacy. Based on the respondents to our survey, the majority, 88.16%, study medicine.

Number of students per field based on the 76 respondents to the survey:

Field	Number of students
Medicine	67
Dentistry	5
Pharmacy	4

Age:

Average age of 1st year medical students based on the 76 respondents to the survey: 20.75 years old

The average age of Canadian students entering medical school varies from Canadian medical universities and medical universities abroad. According to a

study done by the CMSPA, the average age of first year students from medical schools in Poland was approximately 20.75³, whereas studies have shown that the average age of medical students across Canadian universities was between 20 and 24 years (the average can be described as 22). This statistic was determined by a study at Queen's University and revealed in an article titled "Passionate High Achievers"⁴. This article outlined how the entering age of Canadian medical students into domestic universities is dropping, furthering how youth are determined to begin their medical studies as soon as possible, and are determined to finish school at the age of approximately 26 (after a four year program).

Another article from Maclean's for McGill University titled "A Doctor by Age 24?"⁵ showed how a new program at McGill could offer medical students the ability to graduate by the age of 24 with an entry age of around 18. Although this may be a new idea for North American schools, it appears that international, and especially Polish universities are already offering medical degrees by age 24 with an average entry age of 20.75, with some students entering as young as 17 years old. It is crucial to understand that it is becoming more and more admirable for youth to pursue medicine, since it shows passion, determination and maturity: all qualities that could describe younger medical students aspiring to be doctors. The advantage of entering medical school earlier means more time to think of a specialty, more energy and ability to multitask, more creativity associated with youth culture, a different perspective of medicine, less responsibilities associated with adulthood, or more time to study, and the ability to take student loans. Finally, the decreasing entry age of medical students is characteristic of Polish medical universities and a real advantage for students choosing to study in Poland.

Practicing in Canada:

When asked whether or not they will be returning to practice in Canada, the following data was obtained:

³ For this study, CMSPA used data from the respondents of Polish universities studying medicine (not including dentistry and pharmacy students)

⁴ McLoeod, Kirsteen. "Passionate High Achievers" . *Alumni Review* #1. Web. December 18, 2013

⁵ Dehaas, Josh. "A Doctor by Age 24?" *Macleans*. Web. December 18, 2013.

**Responses to whether or not they will be returning to Canada to practice
(based on the 76 respondents to the survey):**

Yes	74	97.37%
No	2	2.63%

There is no doubt that more Canadian students have decided to outsource their medical educations due to (personal) reasons that will be outlined. However, there are also numerous educational benefits to their international studies, including those in Poland. Polish medical schools offer more hands-on experiences with more opportunities to apply theoretical knowledge to clinical practice. Hospital rounds begin briefly in the second year of the 6-year program, and increasingly become the focus of studies as the years progress. By the end of the 6th year, the students have had excellent exposure to a clinical environment, which is not always the case in Canadian medical schools. The examination and testing method in Poland is also thorough, and can in some regards be considered even more extensive than that in Canada as most Polish institutions administer NBME exams to ensure their standards of education are up to North American standards. The multiple choice system is much more specific as well; for example, in the multiple choice answers there are usually multiple correct answers and the student must choose all correct options, rather than just one. This ensures that the student has a vast amount of knowledge on the subject and can recognize not only a correct answer, but rather can pick out all of them.

A vast majority of the students surveyed (97.4%) intend to return to Canada for clinical practice. This, of course, is if they are able to meet the requirements put into place by the Canadian government.

Canada could highly benefit from an influx of newly educated medical graduates from abroad, as many studies point towards a continuing shortage of medical professionals. The physician-to-populations (MD/patient) ratio in Canada is ranked 26th (tied with Slovenia and USA) out of the 32 nations in the OECD (Organization for Economic Co-Operation and Development), with 2.4 physicians per 1000 population, compared to an average of 3.1/1000 among the other nations⁶. Although there has been a substantial increase of medical professionals entering the field in recent years, it is obvious that there is still room for improvement and growth.

Studies conducted by Statistics Canada and funded by the Government of Canada predict Canada to have a long-term shortage of medical professionals. The profession grew from 2008-2010 but unemployment remained stable and very low at

0.6%. Also, over the period from 2011-2020 there will be a projected number of over 57,000 job openings (as a result of expansion demands, an aging population, retirements, emigration and other replacement demand) and only approximately 46,000 job seekers available to fill positions (the occupational group used was physicians, dentists and veterinarians, which general practitioners and specialists fall under)⁷. Employment expansion for physicians is predicted to be one of the highest among all occupations. What will further exacerbate the situation is the implications of a continuing shortage in the USA. The Association of American Medical Colleges has projected a shortage of 90,000 or more physicians by 2020⁸.

Considering this projection, Canada can be expected to continue experiencing so called “brain drain”, which is defined as the departure of professionals from one country or economic sector for another due to better pay and/or living conditions. More IMGs can be expected to avoid the arguably unfair residency matching system that Canada offers when they have the US alternative that matches all applicants by the same criteria, differentiating them by medical knowledge and skill set, and less so by where they earned their degree, which the Canadian matching system draws very high focus on.

The NAC OSCE has been introduced for international medical students as a means of additional testing to maintain the high standards of Canadian physicians. The NAC OSCE is currently only mandatory in British Columbia; however, in 2015 it will become obligatory in the rest of Canada. It is important to note that in British Columbia, as well as other provinces, a significantly low percentage of the available residency positions are offered to IMGs. While one of the NAC’s objectives and reasons for implementation is to ease the process of residency matching for IMGs, it does not seem that the process has made it any easier to compare graduates educated domestically with ones educated abroad. If anything it has exacerbated the issue and created a 2-tier system, where IMGs are given unequal opportunity to access medical residencies in Canada, even if they are qualified.

Although the intention of the NAC OSCE is to ensure the qualifications of international medical graduates, there are various downsides to this new examination process. In the 2012, for the first and second iteration of the R-1 match, there was a total of 4920 applicants, of which 3060 were matched. Of the total applicant pool, 2717 people were CMGs, 2622 of which were matched, a 96.5%

⁶ Sullivan, Patrick. “Canada’s MD/patient ratio improves but low international ranking continues”. Canadian Medical Association. Web. February 24, 2012.

⁷ Government of Canada. General Practitioners and Family Physicians. “National Outlook’ 10 Year Projection (2011-2020)”. Web. December 23, 2013.

successful match rate. The rest of the 2203 applicants were IMGs, 438 of which were also successfully matched, amounting to 19.9% success rate⁹.

The low success rate is accounted for by limited opportunity to compete. Medical school graduates who graduated from international schools are not allowed to compete against their Canadian and American school counterparts regardless of how excellent their qualifications. IMGs must compete in a separate stream called the IMG stream, which has a very limited number of spots. Many of the rejected IMG applicants are just as qualified as their Canadian counterparts who did indeed match, but did not have the opportunity to be assessed and compete on the grounds of individual merit under equal consideration. The ratio of available residency positions for CMGs to the total number of CMG participants has historically remained approximately 1:1. This proportion is significantly lower for the IMG pool. Due to these systemic circumstances, CMGs consistently have a match rate above 90% in the first iteration, whilst in 2012, 18.2% of IMGs were matched¹⁰.

The only time when IMGs and CMGs compete with each other for residency positions is in the second iteration of the R1 main residency match, which are all the leftover positions that had not been filled during the first iteration (91% of the total positions were filled in the first iteration in 2012¹¹). The competition here is quite fierce due to minimal available spots. In 2012, 1370 IMGs participated in the second iteration, 76 of which were matched, with a 5.5% success rate (down from 12.7% in 2005)¹². The success rate for IMGs getting matched in the second iteration has been steadily decreasing every year since at least 2005, as there has been a significantly larger increase of applicants in proportion to spots available.

The CaRMS match process is quite different than the match system in the United States, where all students that apply (whether they are domestic or international students) have the same requirements- the NBME/USMLE Steps. These standardized exams guarantee that all applicants have the knowledge and practical skills required to become a physician in the United States. This system ensures that international students are equally qualified, and that their English proficiency and medical knowledge are adequately tested using the same standards as domestic students.

⁸ Association of American Medical Colleges. "GME Funding: How to Fix the Doctor Shortage". Web.

⁹ CaRMS. "Summary of Match Results 2012 First and Second Iteration R-1 Match". Web. 2012.

¹⁰ CaRMS. "Match Results by School of Graduation 2012 R-1 Main Residency Match - First iteration". Web. 2012.

By having a uniform standardized process for all residency applicants, the American system differs from Canadian standards. Although Canadian medical schools are held in high regards and without a doubt are well respected worldwide, it would be ethnocentric to label the graduates from these schools as being undoubtedly better than medical graduates from anywhere else in the world. All graduates and residency applicants should be held to the same standards and go through the same licensing process to ensure equal qualifications and skill set. Doing otherwise would be discriminatory towards international graduates who have gone to internationally recognized institutions. Canada, as a country that fights for equal rights, should be quick to adopt a standardized system that ensures equality among all applicants. An applicant should not be discriminated against because of where he or she received their education, but should be tested according to true merit and knowledge in the field. An equal process such as this would ensure the most educated and most highly qualified doctors are practicing in Canada. Imposing an unfair two-tier system is not acting for the benefit of Canadians in the long run. In fact it is an affront to the principles of a free and democratic society.

The American system is implemented in many Polish schools, namely the NBME exams held in Poznan, Lodz, Lublin, Katowice, and Warsaw, and so forth. Not only is the United States reaching out to international students and allowing them to have equal opportunities as domestic students, Kaplan courses are also offered in order to aid the students in preparation for the USMLE. Many Canadian students have a difficult time attempting to navigate the Canadian application system with very little guidance.

The set national standard should be the implementation of a single competitive stream, having the same positions available to both CMGs and IMGs. Currently there are various streams present, depending on the province, including CMG streams, IMG streams, and combined competitive streams (only in Quebec). This sort of landscape, with separate, exclusive streams, encourages a biased initiative that gives priority to individuals educated within Canada as there are significantly more available spots in the CMG stream in comparison to the IMG stream. Although Canada has a high standard of education that produces a multitude of

¹¹ CaRMS. “Number of Participants and Available Positions by Medical School 2012 R-1 Main Residency Match - First iteration”. Web. 2012.

¹² CaRMS. “IMG Match Results R-1 Main Residency Match - Second iteration 2005-2012”. Web. 2012.

highly qualified medical professionals, it is incorrect to make the assumption that the only intelligent and highly educated individuals come from the Canadian system.

From 2003-04 the number of first year trainees (in postgraduate residency programs) has consistently increased every year. Reaching 3040 in 2012-13, the number of first year trainees is 72% higher than it was in 2003-04. IMGs increased in both number and as a percentage of all first year trainees until 2009-10. In 2003-04, approximately 10% of first year trainees were IMGs and by 2009/10 the proportion reached its highest point, 17%. The following year, the numbers decreased and IMGs represented only 15% of all first year residents in 2010-11. In 2011-12 and 2012-13, the percentage of IMG residents remained the same at 15%, while 85% of first year residents graduated from Canadian medical schools¹³. This indicates a clear slowdown in the penetration of IMGs into the Canadian system. The proportion of IMGs entering practice in Canada is in a state of stagnation. Furthermore, in 2010-11 international medical graduates reached a ten year high of 21% of the total practice entry cohort, which is comprised of physicians who have finished their residency training and can legally work in Canada. The fraction of IMGs in 2011/12 decreased to 19%, and in 2012/13 was 20%¹³. These numbers further confirm the recent slowdown and decrease in IMG access to the Canadian residency system. An interesting point to consider from this information is that a larger percentage of IMGs finish residency and enter the practice entry group in comparison to the ratio of IMGs that entered those postgraduate training programs several years before. This indicates that proportionally, a larger amount of CMGs quit or are dismissed during the course of residency programs, leading to a higher retention rate among international medical graduates. From this it can be interpreted that IMGs are performing better in their residency programs than their CMG colleagues.

Polish medical schools have a strong reputation, and educate stellar graduates. Due to their high standards and education methods, it is unjust and discriminatory for a system to be imposed on their graduates that essentially punishes the graduates from these schools by making it very difficult to be matched in Canada, even with impressive credentials.

¹³ Canadian Post-M.D. Education Registry. “2012 – 2013 ANNUAL CENSUS OF POST-M.D. TRAINEES Recensement annuel des stagiaires post-M.D.”. Web.

Future Specialties:

When asked what specialties they plan on pursuing, the students responded with the following:

Specialties based on the 76 respondents to the survey:

Specialty	Number of students	Percentage
Undecided	21	27.63%
Pediatrics	9	11.84%
Surgery	8	10.53%
Family Medicine	7	9.21%
Internal Medicine	4	5.26%
Orthodontist	4	5.26%
Pharmacist	4	5.26%
Neurology	3	3.95%
Emergency Medicine	3	3.95%
OB/GYN	2	2.63%
Anesthesiology	2	2.63%
Cardiology	2	2.63%
Military/Disaster Medicine	1	1.32%
Dermatology	1	1.32%
Geriatrics	1	1.32%
Physiatry	1	1.32%
Infectious Diseases	1	1.32%
Psychiatry	1	1.32%
Anatomical pathology	1	1.32%

- *21 students (27.6%) responded with “undecided” due to being early in their studies.*

Reasons for studying abroad:

When asked to state what their reason(s) was for choosing to study abroad rather than a traditional domestic medical education, the following responses were given:

**The majority of the students responded with more than one answer*

Reasons for studying abroad based on the 76 respondents to the survey:

Reason	Number of times this reason appeared	Percentage
Save time (High quality and time efficient medical programs in Europe)	31	40.79%
Explore the world (experience different cultures, languages, etc.)	21	27.63%
Didn't want to waste time and take the risk of going through the Canadian medical school system	21	27.63%
Low tuition fees	16	21.05%
Polish origin	13	17.11%
More hands on experience than Canadian medical school programs	3	3.95%
Didn't get accepted by a Canadian medical school	2	2.63%

More and more Canadian students are beginning to realize that there are MD programs abroad that are both high quality and time efficient. With several accusations being launched at Canadians studying medicine abroad as to why they

chose to do so, the number one false assumption is that “they were not good enough to study medicine in Canada”. In the following discussion, the aim is to investigate the real reasons behind the students’ decisions to study medicine abroad.

With medical education dating back as far as 800 years, Europe is the place most sought after. MD programs in Europe are generally 6 years long, with the possibility of acceptance after high school. While some medical schools have several requirements for acceptance, getting accepted is generally solely based on high grades. With the prospect of becoming a physician as early as 24 years old, there has been an increase in the number of Canadian high school students leaving to study medicine in Europe. This reason was cited thirty-one times as a response to why Canadian students in Poland chose to study abroad rather than a traditional domestic medical education. At 40.79%, it was the number one reason.

The second most common reason stated was that the students aimed at broadening their experiences by exploring the world. With a huge array of languages and cultures in Europe, one is definitely tempted to indulge in them. Students not only see this as an opportunity to learn about other countries and their people, but to grow as a person living in a multicultural world. This is viewed as an essential development for a future physician to go through. Future physicians will need to deal with different patients from different backgrounds. The value of an international education resides within the many opportunities to engage in language programs in addition to the likelihood of developing skills that are embedded with a global perspective. This reason was cited twenty-one times, making 27.63% of the reasons. Furthermore, one of the objectives in the BC Ministry of Advanced Education’s 2013/14 – 2015/16 service plan advocates that we accept international graduates. The following is an excerpt from the service plan:

“Objective 2.2: Develop a highly internationalized education system.

Strategies

· Implement British Columbia’s International Education Strategy to:

o expand opportunities for B.C. students to participate in study and work abroad experiences to gain knowledge and build relationships that will enable them to be successful in an increasingly global society;

o promote B.C. in key target markets to encourage international students to pursue further learning in B.C.; and,

o encourage all educational institutions in B.C. to develop a stronger international outlook within B.C.'s educational system."

*"The province is also becoming more culturally diverse. We need to expand our international focus in B.C. to remain competitive in an increasingly globalized world. This will lead to greater understanding and tolerance, enriching personal connections between British Columbians and other people around the world. It will also help create and maintain key international pathways for commerce, research and innovation."*¹⁴

The Canadian medical residency system operates in direct contradiction to this sound public interest policy.

Finally, the third most common response was that the students did not want to waste valuable time that could be efficiently spent somewhere else, taking the risk of applying to Canadian medical schools. With a requirement of a bachelor's degree or a minimum of 3 years of undergraduate studies, medical schools in Canada have students jumping through many hoops only to have an unknown chance at getting accepted. Students have seen or heard of friends or family that were highly qualified candidates get turned away. The ability to get right at pursuing their dreams after high school is very alluring.

Only two students responded that they chose to study medicine abroad for not getting accepted in Canada, making that the least common reason. With many unjustified claims being made at Canadian students studying medicine abroad, the CMSPA hopes to clarify misconceptions and shed light on relevant information.

¹⁴ British Columbia Ministry of Advanced Education. "Revised 2013/14 – 2015/16 Service Plan". Web. June 14, 2013