Introdução: In Canada, the mortality rate increases with distance from an urban center. The rural-urban divide is highest amongst the younger population under 45 years of age. In 2011, 18 percent of Canadians live outside the metropolitan area and 15 percent of family physicians live in rural communities. Memorial Medical School has a social accountability mandate and focuses the training of rural physicians.

Objetivos: The objective of this presentation is to describe the Northern Family Medicine (Norfam) program of Memorial University and the impact this program has on physician human resources and services.

Metodologia ou Descrição da Experiência: The Norfam program is based in remote community of 7,600 with a catchment population of 15,000 dispersed over an area the size of England. Norfam is involved in the whole pipeline from high school, premed institute, all the 4 years of undergraduate medical school, family medicine and pediatric residencies, PhD training and professional development.

Resultados: Graduates of Norfam allowed us to fill all the physician positions. 90% of Norfam graduates worked in rural Canada. More local students are applying to medical school. The entire 5 Indigenous students from the 1st batch of Premed have entered a health professional training (with 3 in medicine). Three students from the 2nd batch are currently completing their current undergraduate studies and 2 have applied for medical school. Norfam is associated with a drop in infant mortality rate from 3 times the Canadian average to at par. Applied research have addressed previously high prevalence of occupational crab asthma and Hepatitis B. We are working our priorities, suicide and diabetes mellitus.

Conclusão ou Hipóteses: Training physicians in rural settings helps address physician human resource issue and address the disparities in health status. It allows our medical school to be socially accountable.