

With a staff of one director, one full-time doctor and team of part-timers, the medical centre recorded 10,500 visits in the 2007-2008 school year. The number of visits has increased each year since then, Teo said.

“The medical centre needs space to have more physicians, to have consistent physicians,” Teo added. “If you have a little more money, it’s easier to attract people.”

At the University of Windsor, full-time undergraduate students pay \$18.70 a semester for their health services. In return, they receive a clinic just for them, with two full-time doctors, two part-time doctors and two nurses.

Without a designated health fee, Ryerson can’t afford the perks that make doctors flock to jobs.

From the outside, the medical centre could almost be mistaken for a chemistry lab, just another door among a row of lockers with a table out front.

“When you’re able to charge anywhere from \$3 a student, and this is the higher range, \$150 a student for a health fee, then you have some dedicated funding to make sure that you’re also... improving the service or dealing with space or more physicians,” said Teo.

Like any department, salaries take the largest portion from the medical centre budget. At Ryerson, doctors also receive benefits as union members, which costs money as well.

Even organizational tasks like filing charts could change with an influx of cash. Making health records available electronically would mean the centre could give up paper charts that have a habit of disappearing.

At one point, Teo had to hire new doctors every semester. Even now, the average doctor only stays for two to three years — shorter than an undergraduate student’s stay at Ryerson. These physicians tend to be at the beginning or the end of their medical careers since they’re the groups willing to work very little over summer break.

“It might not necessarily be the money itself that is what attracts the better doctors,” she said. “But the money can help provide resources to the physicians that



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