Physician Recruitment and Retention Incentives Framework
Recommendations Following Stakeholder Consultations

Schedule: PRAS 78/2012

Physician recruitment and retention is a long standing and complex issue, particularly in rural areas, not only in Saskatchewan but across Canada and worldwide. In Saskatchewan, incentives are currently offered by numerous parties, including: the Saskatchewan Medical Association (SMA), the Regional Health Authorities (RHAs), Northern Medical Services (NMS) and individual communities. There is considerable lack of parody between the various participants, which has created provincial competition. saskdocs mission is to promote and support an environment that attracts and retains the physicians Saskatchewan needs. One of the pillars of saskdocs' mission is to create a more efficient recruitment environment that lessens competition among recruiting organizations.

In March 2011, the saskdocs Board reviewed the Framework for Recruitment and Retention Discussion Paper that detailed:

- the types of programs and the level of incentives in British Columbia, Alberta, Manitoba and Ontario;
- the types of programs and the level of incentives that are prevalent in Saskatchewan.
- a framework that considered short-term and long-term strategies as well as financial and non-financial supports in the following three categories:
    1. establishment supports for physicians home and practice,
    2. incentives, and;
    3. investment opportunities and strategies.

The goal of the discussion paper was to determine the level of incentives offered within the province and in other Canadian provinces, assess the effectiveness of these incentives and develop a framework to enhance and coordinate the recruitment and retention of physicians in Saskatchewan.

The discussion paper was presented to stakeholders. Community consultations were held between April 18, 2011 and May 26, 2011 in each of the ten RHAs and with Northern Medical Services (NMS). The invitation was extended to approximately 600 people including: health region representatives including the Board Chairperson, CEO and the regional recruiters; municipal officials, and community recruitment committees. Several other stakeholder groups including: Ministry of Health staff, SMA board members, Saskatchewan Urban Municipalities Association (SUMA), Saskatchewan Association of Rural Municipalities (SARM), Student Medical Society of Saskatchewan (SMSS) and the Professional Association of Internes and Residents of Saskatchewan (PAIRS) were also consulted.

Approximately 180 participants engaged in facilitated conversations that asked participants to provide comments on the effectiveness, feasibility and barriers of each of the suggested strategies as outlined in the discussion paper.

This recommendation paper:

- incorporates stakeholder feedback and presents recommendations for saskdocs board consideration; and,
- provides a suggested strategy for implementation and communication.

Summary of Findings as Outlined in the Discussion Paper:

Research confirmed that financial incentives assist in attracting physicians to rural areas, however, in the long term research has confirmed that efficacy of financial incentives is limited.

Rural and remote programs in British Columbia, Alberta and Ontario have provincial incentive programs that are heavily based on financial incentives. At the time of the research, these provinces all used a point system to assess the medical isolation of rural communities and thereby determine the level of financial support available to physicians. Within Saskatchewan, RHAs and NMS offer a wide range of financial incentives. A total package value provided to a rural family practitioner for the first year of service range from zero to an estimated $55,000 with an average RHA package at approximately $20,000.

In addition, Saskatchewan communities offer a wide variety of incentives. A survey was sent to 38 community contacts and responses were received from 23 communities. Based on reported communities, the total package value to a family practitioner, for the first year of service can range from $6,000 to an estimated $145,000 with an average community package at approximately $42,000.

While incentives and financial supports play a role in creating an environment that will attract physicians, incentives and financial supports alone will not address all of the recruitment and retention issues. The results from the 2007 National Physician Survey (NPS) provide a comprehensive look at the way physicians selected their current work location. The top reasons, in order of priority, included: availability of a practice opportunity, appealing location, family reasons and availability of medical/support system resources. Financial and recruitment incentives ranked eighth overall. The 2007 National Physicians Survey asked medical students to respond to factors that would be most important to having a satisfying and successful medical practice. The number one answer for all undergraduate medical students, receiving 59.7% of the vote was the ability to achieve work life balance. The number one answer for second year family medicine residents, receiving 51.7% of the vote, also confirmed the priority for work life balance.

A solid recruitment package and an integrated recruitment and retention strategy combined with the collective synergy of the saskdocs strategies and goals will work in tandem to address the broader recruitment and retention needs. Creation of programs and services to support recruitment and retention, establish best practices to inform and support communities, engage Saskatchewan medical graduates, expatriates and international graduates to promote careers in the province will all serve to improve the

ability of Saskatchewan to attract and keep the doctors it needs.

Stakeholder Feedback:

Stakeholders were appreciative of the opportunity for consultation and participated freely in the discussion of issues around recruitment and retention of physicians in the province. Stakeholders were open to the suggestions that were outlined in the Framework to Guide Recruitment and Retention Discussion Paper presented by saskdocs. There was consensus amongst the stakeholders that the physician shortages in the province have lead to the development of many initiatives that have been implemented without adequate integration and consideration of their impact, and therefore, they have been unsuccessful to address the mounting pressures.
There was also widespread recognition that supports and incentives address the symptoms, but a much broader integration and alignment of the overall health system would be required to effectively grow the number of rural physicians and address the competition. Stakeholders strongly recommend that supports be scalable and allow for the recognition of rurality and the specific conditions of each community that may make it more challenging for a physician to practice.

The feedback from the stakeholder consultation has been synthesized and will be presented in the same three categories as previously presented in the Discussion Paper:

- establishment of supports,
- incentives, and
- investment opportunities and strategies.

<u>Category #1 – Establishment Supports:</u>

Stakeholders recognized how critically important it is to provide assistance to support a newly recruited physician to relocate and establish a medical practice in their communities. Stakeholders agreed that financial incentives presented by our neighboring provinces have forced communities, RHAs and NMS to become more competitive. There was further recognition that current disparity in the type and level of supports offered by communities, RHAs and NMS has further fueled an already competitive environment and has become damaging to the sustainability of health services in rural Saskatchewan.

While participants indicated a need to provide financial supports to facilitate recruitment and stabilization, a significant amount of time was spent discussing the management and ownership of the costs associated with these supports. Stakeholders strongly believe that the level of the supports offered must recognize the rurality of the community and the critical need of the situation. A centrally managed program that utilizes a points system for assessing the medical isolation of a rural community and provides distributed assistance accordingly received considerable support. There was support that this program be managed and funded provincially, however this

recommendation also received opposition. Community representatives were quite vocal that healthcare is not a municipal responsibility; however, there remains a desire to allow communities the ability to individualize offerings based on the urgency of their need. The recommendations therefore attempt to establish a balance of centralization and decentralization.

Transitional and Relocation Support

The Discussion Paper presented recommendations that a physician should be offered financial supports that facilitated transition, specifically, assistance with site visits and relocation expenses. Stakeholders agreed that these supports were standard expectations of many recruits. Many stakeholders indicated that private clinics, communities and municipalities were ill prepared to continue the current level of funding and would certainly be unable to increase levels of supports that would be required to level the provincial playing field. Regional programs that provide coordination and funding for site visits and relocation expenses received widespread support. Stakeholders agreed that the funding be provided in accordance with the suggested provincial maximums (as outlined in the Discussion Paper) using the individualized points system for assessing the medical isolation and urgency.

Stakeholders reviewed the programs of other provinces, as described in the Discussion Paper. Generally speaking, other provinces do not provide the funding associated with transition and relocation assistance; however, some provinces provide grants to communities to assist with recruitment costs. This was appealing to many of the community recruitment members that participated in the consultation.

Establishment Support

The Discussion Paper presented a suggestion to provide a stabilization package that would allow the physician and their families to settle into the community and stabilize their medical practice. It is suggested that a stabilization package include: housing and vehicle supports, salary stabilization and supports for overhead expenses.

Stakeholders agreed that assistance with housing and vehicle supports are necessary in rural Saskatchewan, and further agreed that communities are often well equipped to provide assistance in this area because of the local connections. The Discussion Paper suggested that housing and vehicle supports be provided for a maximum of six months to a maximum of $8,000. Community participants explained that housing and vehicle allowances are often supported by locally owned businesses and do not actually “cost” the community and agreed that the maximums were reasonable.

Since the time of the stakeholder consultations, the SMA has amalgamated the four Practice Establishment Grants into one grant titled the Rural/Regional Practice Establishment Grant. The grant will provide $25,000 to an eligible family physician that establishes a practice for a minimum of 24 months in a rural or regional Saskatchewan community. The first disbursement of $15,000 is available upon commencement of

employment. This grant addresses the suggestion made in the Discussion Paper, to provide supports for the first three months of employment to allow time to establish and stabilize the medical practice.

RECOMMENDATION

- saskdocs develop a provincial points system that can be used to assess the medical isolation of a rural community and thereby guide the distribution of supports within the parameters of:
    - Actual cost of the site visit to a maximum of $5,000.
    - A relocation package to provide reimbursement for actual expenses associated in the move to a maximum of $20,000.
    - Housing and vehicle supports for a maximum of six months.

- Recommend the RHAs assume coordination and funding of site visit and relocation expenses in accordance with the rurality index and maximums suggested.

- Recommend the communities consider assuming the coordination and funding of housing and vehicle supports in accordance with the timelines suggested.

- saskdocs develop and implement a *Handbook* that contains a summary of the *Saskatchewan Relocation and Establishment Supports.* This Handbook will be utilized by all stakeholders to guide recruitment, relocation and retention of physicians.

Category #2 – Incentives:

Stakeholders agreed that non-financial factors are the most critical determinant to increase physician retention in the province, however, because of the vast number of opportunities provincially, nationally and internationally, financial supports serve to entice physicians to consider rural and remote opportunities.

Bursaries and Return for Service Contracts

Research indicated that, return-for-service contracts that obligate medical trainees to work in under-serviced communities in exchange for financial supports are generally ineffective, however, when provided to physicians who already wanted to stay in their home province/community, these contracts may provide extra incentive. Since the stakeholder consultation, the SMA has analyzed the effectiveness of the SMA bursary programs and decided that the resident bursary will continue, however, the undergraduate bursary has been discontinued. The SMA will redirect funds toward a broader rural engagement strategy. Part of the SMA rural engagement strategy will include a Medical Career Road Map which, amongst other things, will offer medical

students increased exposure to rural Saskatchewan.

The Discussion Paper suggested that the communities, RHAs and NMS consider the provision of return-for-service financial supports to local youth who pursue medical education and to medical students who do externship placements or residencies in the community and appear to have a commitment to the community. Stakeholder groups considered the suggestion and agreed that this is not financially feasible in most areas of rural Saskatchewan and therefore expansion of such an initiative at a community, RHA or NMS level would be cost prohibitive. Communities and regions indicated if government and/or RHAs were to offset more of the cost of transition, relocation and establishment it may present an opportunity for communities and regions to redirect money and invest in Saskatchewan learners.

The increased exposure that will occur as a result of the SMA rural engagement strategy and the saskdocs Rural Externship Program will provide communities more opportunities to connect and build relationships with candidates. The implementation of supports associated with establishment support, as previously mentioned, may allow for communities to redirect some of the supports that they provided to settling a new physician and redirect those funds to learners with connection to the community.

RECOMMENDATION

- saskdocs continue to work with the University of Saskatchewan College of Medicine to develop a strategy to ensure that RHAs and communities are aware of all the opportunities to engage with learners.

- saskdocs develop a *Handbook* that will provide guidelines that may be considered when establishing return-for-service financial supports to candidates who are pursuing their medical education.

Competitive Remuneration

The Discussion Paper suggested that competitive remuneration, to reflect the realities of rural practice and rural isolation, was a key factor in both recruitment and retention. Since the time of the stakeholder consultation, the provincial government and the SMA ratified a four year agreement. The agreement includes an eleven per cent increase in fees paid for physician services, along with a two per cent market adjustment. The agreement also includes $33 million in special programs that recognize the realities of rural practice and rural isolation. The SMA has advised that this adjustment has placed Saskatchewan rural physicians near the top of the Canadian remuneration scale.

Category #3 – Investment Opportunities and Strategies:

Stakeholders widely agreed that recruitment and retention strategies that identify longer term investments are critical and that stakeholders must be strategic to make significant

impact.

Physician Experiences

The Discussion Paper suggested that medical learners with positive experiences in a community will be more inclined to practice in that community, than a medical learner that has a negative experience which will discourage them from returning to that community or discourage them from remaining in their home province. Medical learners that we met with a part of the stakeholder consultation strongly supported this theory. Regional and community stakeholders shared strategies and techniques that they have used to welcome and integrate the learners into their communities. This topic presented significant opportunity for discussion as stakeholders shared techniques. Communities expressed a willingness to become engaged and requested improved coordination and communication so that they could be aware when a learner was in the community. They were also eager to learn from each other and to expand on current practice to ensure that they were prepared to welcome and integrate the learners into the community and remain in contact with the learner throughout the duration of their education.

RECOMMENDATION

- saskdocs continue to work with the University of Saskatchewan College of Medicine to develop a strategy to ensure that regions and communities are aware of all the opportunities when medical learners are in the community.

- saskdocs develop a *Handbook* to guide the supports that could be offered to medical learners:
    - integration of the student/resident into the community while they are learning in the community; and,
    - ongoing community contact with the candidate for the duration of their education.

Stakeholders agreed that with the current provincial boom, accommodation is a significant concern and agreed that RHAs and communities needed to work together to develop forecasting strategies to address the accommodation requirements for medical learners, international medical graduates in assessment periods, newly recruited physicians and their families, and locum physicians.

Professional Issues:

Collegiality, Mentorship and Leadership

The Discussion Paper drew attention to the need for a high quality medical environment that would provide opportunity for collegiality among colleagues and enhanced leadership and mentorship opportunities. There is widespread recognition amongst all stakeholders that collegial relationships, mentorship and leadership are not necessarily

inherent. These skills must be trained and nurtured to ensure success. Stakeholders shared many situations in which adversarial relationships with colleagues and administration drove physicians out of the community. While aware of the situations, communities and regions often feel ill equipped to manage and resolve the issues in the current environment. Stakeholders also shared stories about new physicians (new grads or international medical graduate recruits) who feel unprepared to assume practice in a rural area where they may be on their own with minimal consultation and support.

An effort to address the issues of collegiality, physician leadership and mentorship is gaining momentum in Saskatchewan. The SMA, along with the College of Physicians and Surgeons (CPSS), the College of Medicine; the Senior Medical Officer (SMO) community, the Ministry of Health (MOH) and the Health Quality Council (HQC) have come together to form a very unique partnership, not seen in other provinces. The Champions for Quality Improvement group, serves to develop and recommend strategies that promote physician engagement and leadership in health system transformation. The partners are working collectively on a wide variety of strategies.

On May 6, 2011, SMA membership participated in panel presentations and facilitated discussion to consider the effects of the erosion of collegiality and the steps that could be taken to facilitate working together in a supportive collegiums. The SMA has committed to continue to work with membership. Collegiality is an essential part of the art of leadership and mentorship. Developing the model for a mentorship program for primary care physicians in Saskatchewan is a multi-phase approach that is on the radar of many of the stakeholder groups and is being further enhanced by a new College of Medicine (COM) initiative. The COM will initially focus on mentoring medical trainees through the challenges of choosing a specialty and establishing a practice, and to provide faculty with opportunities to share professional experiences and expertise. As the COM mentorship program further grows, it is intended to offer support strength to local, national and international doctors new to practice in the province. The COM mentoring program is intended to support the retention of COM faculty, support the recruitment and retention of our Saskatchewan medical trainees and support the retention of practicing physicians in Saskatchewan.

To initiate leadership development, the SMA has developed a Physician Leadership Development program providing an in-house Physician Management Institute (PMI) series, as well as providing access to the Canadian Society of Physician Executives (CSPE) which is a formal credentialing opportunity. Many of our Saskatchewan physicians have had the opportunity to take leadership training and develop skills that are critical to support regional and provincial initiatives. The formal learning offered by the SMA is further augmented by the focus of the MOH to provide opportunities for experiential learning and alignment with administrative leadership development. The primary care framework development is bringing together stakeholders to re-engage in broader community health care alignment and providing administrative and physician leaders with opportunities to build leadership. The primary care reform will present an opportunity for a paradigm shift.

Regions and communities recognize that a physician's involvement in leadership and mentoring work takes them away from clinical work and this in turn further complicates existing capacity issues. There was significant discussion about the ability to create capacity to enable physicians the opportunity to participate in learning opportunities and in leadership initiatives when clinical services are in jeopardy.

RECOMMENDATION

- Stakeholders continue to work collaboratively on physician mentorship and leadership.

Overhead/Turnkey/Electronic Medical Records (EMR) and Telehealth:

Medical learners that participated in the consultation confirmed that when presented with several opportunities, with all other factors being equal, a modern clinic with electronic medical records becomes the decisive factor. The new medical student is looking for a center that is equipped with the necessary medical equipment, has access to support services, has implemented full utilization of the technologies available and uses modern and efficient processes. They often do not want to be business owners or practice managers, and therefore joining a turnkey practice is very appealing.

Many communities and regions have invested heavily in clinic modernization and the development of turnkey clinics. In several instances communities have assumed ownership of the facility and/or management of the facility and staff. Several communities have gone one step further and entered into significant tax generating exercises to offset overhead for the practice with the hope of retaining practitioners or enticing new recruits. While overhead offsetting has been a short term solution for some, there is significant concern with the sustainability of this approach.

Community and regional stakeholders have expressed resistance to further invest in clinic modernization until there is a clear understanding how local plans align with the provincial primary care plan.

RECOMMENDATION

- saskdocs continue to work with the Ministry of Health and stakeholders to bring the Primary Care Reform Plan, that is currently underway to realization, and continue to work with stakeholders to ensure successful transition.

- saskdocs develop a survey that will solicit honest feedback from University of Saskatchewan medical learners to determine the practice needs of our new medical graduates. This feedback can then be shared with our communities, RHAs and NMS.

Lifestyle:

An inordinate demand on physicians, especially with regards to onerous on-call time and administrative responsibilities, is a significant challenge to retention in rural communities. Stakeholders are hopeful that the implementation of the Saskatchewan Primary Care Reform Plan will assist to address these issues. An understanding of the future would allow communities to form the intercommunity relationships and practice networks that would in turn create collaborative on-call coverage. Stakeholders shared examples of communities that had formed viable networks; and the level of satisfaction of both the physicians and the patients involved.

The Discussion Paper suggested that communities RHAs and NMS may wish to consider offsetting the loss of the physicians' salary for the time spent in leadership development, time spent building collegial connections and for vacation time. While stakeholders recognize that a loss of income may mean that the physician is unable to embrace opportunities, stakeholders were unable to support income offsetting. The understanding of stakeholders is that these factors are considered in the fees allocated to services and therefore physicians are already remunerated. Stakeholders did suggest that the ability to take time away from the practice was likely a larger deterrent than the loss of earnings.

RECOMMENDATION

- saskdocs continue to work stakeholders to ensure physicians are part of a sustainable practice with formal links to support professional collegial relationships and reasonable call rotations.

Locum:

Stakeholders highly support the development of improved/expanded locum strategies to facilitate more flexible conditions of service and to offset crisis situations. Several regions discussed the possibility of local locum solutions however prohibitive factors such as administrative requirements and the costs associated with the transportation and lodging of the locum relief were considered prohibitive at the local level. Currently the SMA provides locum assistance via the Rural Relief Program. The program is intended to provide relief for periods of four to fourteen days for practices in rural communities in which there are fewer than five physicians. A physician may request the services of an SMA locum to participate in a learning opportunity, vacation relief or to ensure medical coverage to the community while attending to personal/family matters. Nine full time and two part time physicians currently work for the SMA locum program. Stakeholders suggested a provincial locum strategy to complement the existing program. The candidates could provide short-term temporary relief to practices with current or potential service disruptions while a permanent recruit completes their medical training or the licensing and immigration process. The Saskatchewan Party election platform committed to working with the (SMA) and saskdocs to build a rural locum pool of 20 new doctors. These doctors will provide relief for rural physicians for

extended periods (up to a number of months if required) in addition to the current locum pool which focuses on short relief periods.

RECOMMENDATION

- saskdocs continue to work with the Ministry of Health and stakeholders to develop a provincial locum strategy that would offset the areas of clinical crisis and allow short term temporary relief to practices with current or potential service disruptions while a permanent recruit completes their medical training or the licensing and immigration process.

Family supports:

Stakeholders agree that support to the family of rural doctors is critical. Many communities have lost physicians for family and social reasons. Several recruitment teams shared stories where they were unable to land a physician because they were unable to provide spousal employment. Medical learners that participated in the consultation confirmed that in many instances they would like to establish practice in rural Saskatchewan however spousal employment is a barrier. Suggestions of the Discussion Paper were discussed and it became apparent that some communities had more experience in the area of spousal and family support and were therefore more successful with retention. As the learnings were shared it became evident that there was a need to capture the experiences and share them broadly for the benefit of all.

RECOMMENDATION

- saskdocs develop a survey that will solicit honest feedback from physicians who have recently established medical practice in Saskatchewan The survey should ask questions related in the area of family and spousal supports. The findings can be further used to develop best practices to guide all those involved.

- saskdocs develop *a Handbook* for utilization by all stakeholders to facilitate settlement and retention that will include the following:
    - facilitate meaningful employment opportunities for the spouse,
    - provide opportunities for the physician and family to connect with the community, and
    - access to provincial leisure and cultural activities and events.