Physician Recruitment & Retention
Presentation Outline

saskdocs (Physician Recruitment Agency of Saskatchewan)
• Our Challenges (Current Situation)
• Our Goals
• Our Efforts

Recruitment & Retention - Incentives Framework
• Incentives
• Relocation and Stabilization Assistance
• Long Term Strategies
Our Challenges
We are not alone

Revolving door of doctors?

As doctors age, small towns face critical shortage

Wakaw Hospital's future unclear as doctor leaves

Doctor Shortage a Real Problem
Current Situation

• December 2011 CIHI Report

• Number of practicing doctors at all time high
  – Canada – 69,699
  – Saskatchewan - 1778

• While specialist resources may be adequate overall, still short of family physicians, especially in rural areas
Current Situation (continued)

• 2nd fastest growth in number of physicians in Canada from 2009 to 2010 at double the rate of population growth

• Now 169 physicians/100K population – ranked 9th among Canadian provinces (national average 203/100K)

• Highest percentage of IMGs in the country at 47%
  • Rural - almost 75% IMGs
  • 95% from developing countries

• Contrary to the national trend, SK experienced a greater percentage increase in Canadian trained physicians than IMGs. In fact, SK had fewer IMGs in 2010 than in 2006 and that trend continues.

Source: CIHI: Supply, Distribution and Migration of Canadian Physicians, 2010
Current Situation (continued)

• U of S graduate retention rate lowest in Canada
  • 44% at 6 months
  • 45% at 5 years
  • 32% at 10 years

• High turnover rate overall – though improving
  • Canadian trained retention at 10 years 40.1%
  • IMG retention at 10 years 28.1%
  • About 85% of those leaving to elsewhere in Canada
Current Situation (continued)

Physicians per 100,000 population

- South Africa
- Saskatchewan
- Canada
Current Situation (continued)

Doctors per population (Age Adjusted, 2006)
Our Goals
saskdocs’ Role

• Mission: Promote and support an environment that attracts and retains the physicians SK needs:
  
  – Create and deliver programs and services to **ENHANCE** recruitment and retention of physicians throughout the Saskatchewan health care system.
  
  – **ENGAGE** organizations and communities in a collaborative network that optimizes the recruitment and retention of physicians.
  
  – **DEVELOP**, recommend and promote policies and practices that are conducive to the recruitment and retention of physicians.
  
  – **COMMUNICATE** openly and effectively with the public.
Our Goals for 2013

1. U of S medical graduates establishing SK practice by 10%
2. Annual turnover of physicians to less than 8% (revised)
3. Percentage of Canadian-trained doctors by 10%
4. Student and resident exposure to opportunities outside Saskatoon by 25%
5. Practicing physicians in Saskatchewan by 4% (new)
Reaching Our Goals

U of S Graduate Retention Rate

Canadian Trained Physicians


30% 40% 50% 60% 70% 80%


42% 43% 44% 45% 46% 47% 48% 49% 50% 51%

saskdocs.ca
Reaching Our Goals (continued)

Medical Residents Outside of Saskatoon

Physician Turnover
Reaching Our Goals (continued)

Number of Practicing Physicians in SK

- 2007: 1,500
- 2008: 1,600
- 2009: 1,700
- 2010: 1,800
- 2011: 1,900
- 2012: 2,000
- 2013: 2,100

(saskdocs.ca)
Recruitment Needs to 2020

**Family Physicians**

Add: To keep up with population demand 79¹

Add: Equalize access 17¹

Add: Unmet need adjustment 45¹

Add: Projected retirements 74¹

Turnover from, less retirements 734²

Total recruitment needed 949

Source: U of S medical residents 332³

Out of province recruitment needed 617

Annual out of province recruitment needed 56

Annual contacts needed to meet target 561⁴

¹ Ministry of Health, (December 2010), Health Human Resource Plan.
² Total turnover is projected to be 8% per year. Retirements are subtracted as they have already been counted.
³ Assuming a retention rate of 67% in 2012 and subsequent years. 100% would be 466 family physicians.
⁴ Assuming 10% of all out of province contacts result in a new recruit to Saskatchewan.
Our Efforts
Create and deliver programs and services to enhance recruitment and retention of physicians throughout the Saskatchewan health care system.
U of S Students and Residents

• Engaging medical trainees through:
  • SMSS and PAIRS executive meetings
  • PREP – PRAS Rural Externship Program
  • Rural bus tours
  • Medical Practice in Saskatchewan research project
  • Student loan reimbursement
  • Retreat and event sponsorship
Horizons Career Fair

- In partnership with SMA and SMSS
- Saskdocs, RHA & community booths
- 160 U of S students
Canadians Studying Abroad

- 3/4 of highly qualified candidates are not accepted to Canadian medical schools
- 3,500 Canadians study medicine outside Canada
- 80 schools in 30 countries are have Canadian students enrolled in medicine
- 90% want to return to Canada to practice ... very few do!!

CSAs at Ross University, St, Maarten – “by show of hands, how many of you hope to practice medicine in Canada?”
CSA Clinical Rotations in Canada

**NUMBER OF CLERKSHIP ROTATIONS DONE OR CONFIRMED IN CANADA BY MEDICAL SCHOOL REGION**

- **Ireland**: 11.0% Yes, done, 9.9% Yes, confirmed, 79.0% No
- **Poland**: 8.9% Yes, done, 3.8% Yes, confirmed, 87.3% No
- **Carribean**: 1.4% Yes, done, 1.8% Yes, confirmed, 96.8% No
- **Australia**: 13.6% Yes, done, 6.3% Yes, confirmed, 80.1% No
- **Middle East**: 4.3% Yes, done, 0.0% Yes, confirmed, 95.7% No
CSA Pilot Project

- Previous 4 students matched to Saskatchewan
- Nurtured U of S relationship and affiliation with international schools
- Expanded clinical rotation opportunities for CSAs
  - process change;
  - now available year round;
  - no maximum number of weeks.
- CSAs join JURSIIs in January
- Eligible for family medicine in 1\textsuperscript{st} CaRMS iteration
2011-12 Career Events

• Canada
• England and Ireland
• Select United States
• Events are on our website and Facebook page

Number of Contacts

- Canadian Conference of Medical Students
- Working-In Career Fair, Leeds
- Medical Association, Atlanta
- Canadian Rural and Remote FP’s
- Academy of Family Physician Residents
- Family Medicine Forum, Montreal
- Royal College of General Practitioners
- Career MD Career Fair, Syracuse
- Career MD Career Fair, Milwaukee
- Career MD Career Fair, New Haven
- Health Expo, Dublin
- Working In Career Fair, London
- Career MD Career Fair, Detroit
- British Medical Journal, London
Our Contacts – 2011

Enquiries:
- General Public – 65
- Physicians – 317

Contacts Made
- Career Fairs & Conferences – 592
- Medical Learner Events – 392
  - U of S – 213
  - International (CSA) – 179

Web/Social Media
- Website (Returning Visitors) – 892*
- Facebook (Active Users) – 350*
- Twitter (Followers) – 152*

*Interactive statistics, not all physician inquiries
Sask International Physician Practice Assessment

23 SIPPA candidates:
- 18 successful and practicing in Saskatchewan
- eight in January 2012 intake

- Saskdocs role in arrival and settling
- Planning for post-pilot expansion of candidate pool
Global Medics/Calian

- Private international recruitment firm with Canadian partnership
- Office locations worldwide with extensive contact list
- Fixed fee for specified placements
- High priority communities
- Process clarification
- Locum to permanent

![Bar chart showing the process breakdown: Practicing in SK (2), Licensure & Immigration (20), Interview, Site Visit, Contract Negotiation (16)]
Communicate openly and effectively with the public
saskdocs in the News

- December saskdocs Newsletter
  - 1700 distribution

- December COM Communiqué Magazine
  - 6500 distribution

- November SARM Rural Councillor Magazine (possible inclusion in Urban Voice future issues)

- Quotes in rural weeklies

- Formal operational communications plan underway
Newsletter

August 2011 (Inaugural)

December 2011

March 2012 (next issue)
Engage organizations and communities in a collaborative network that optimizes the recruitment and retention of physicians.
Engaging Stakeholders

• Provincial Recruiter Network quarterly meeting
• Stakeholder education day
• CEO Tour
  • Individual CEOs and SMOs
  • Council of CEOs
  • Ministry of Health Senior Leadership Team
• Regular liaison – SMA, COM, CPSS
• Western Canadian collaboration
• Community consultation
Develop, recommend and promote policies and practices that are conducive to the recruitment and retention of physicians.
Medical Research in Saskatchewan Project

- Builds on 1976 study
- Partnership with COM Social Accountability Committee
- Data collection complete
- 100 Communities
- 25 Students, 3 Residents
- Editing of profiles for print
2010 National Physician Survey

Residents' factors influencing having a satisfying and successful practice

Single most important factor
2010 National Physician Survey

Saskatchewan Family Physicians

- Very Satisfied: 16.6%
- Somewhat Satisfied: 37%
- Neutral: 9.5%
- Somewhat Dissatisfied: 19.7%
- Very Dissatisfied: 9.8%

Saskatchewan Specialist Physicians

- Very Satisfied: 19.1%
- Somewhat Satisfied: 27.6%
- Neutral: 11.1%
- Somewhat Dissatisfied: 19.3%
- Very Dissatisfied: 10.1%
Family Medicine Residents preferred practice type

- Solo practice, 1.5%
- Interprofessional practice, 30.5%
- Group practice association, 27.2%
- Group practice partnership, 10.5%
- Other, 2.7%
- Don't know, 27%
Recruitment & Retention

Incentives Framework
Incentives
Incentives

In accordance with our Mission to:

• Create a more efficient recruitment environment that lessens competition among recruiting organizations;

• Develop, recommend and promote policies and practices that are conductive to the recruitment and retention of physicians.
Recruitment and Retention Incentives – Research

BC, Alberta and Manitoba and Ontario were reviewed
• BC, Alberta and Ontario use a points system to assess medical isolation of rural communities
• Alberta offers a variable premium for health services provided and a flat fee payment of up to $60K per year
• Ontario offer $80K to $117K over four years
• BC offers $100K to establish practice in high need area

RHA’s
• Range $0 to $55K
• Average $20K

Communities
• Range $6K to $145K
• Average $42K
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<th>Recruitment</th>
<th>Retention</th>
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<td>Practice Establishment/Relocation Assistance</td>
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<td>Student / Resident Bursaries</td>
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<td>Rural Experience</td>
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<td>Work – Life Balance</td>
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<td>Family Engagement</td>
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<td>Collegial Relationships</td>
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Recruitment and Retention
Incentives – Consultation

• Consultation between April 18, 2011 and May 26, 2011
  – RHAs and with Northern Medical Services representatives
  – Municipal officials
  – Ministry of Health staff
  – SMA board members
  – Saskatchewan Urban Municipalities Association
  – Saskatchewan Association of Rural Municipalities
  – Student Medical Society of Saskatchewan
  – Professional Association of Internes and Residents of Saskatchewan

• Approximately 180 participants
Relocation & Stabilization Assistance
Establishment Supports

• Financial assistance that is designed to support the physician in relocation and establishing a new medical practice.

• supports that facilitated transition, specifically, assistance with site visits and relocation expenses.

• stabilization package that would allow the physician and their families to settle into the community and stabilize their medical practice.

• Stakeholders strongly believe that the level of the supports offered must recognize the rurality of the community and the critical need of the situation.
Establishment Supports

RECOMMENDATIONS

- 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 as described

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<th>Type of Support</th>
<th>Maximum</th>
<th>Ownership</th>
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<tr>
<td>Site Visit</td>
<td>$5K</td>
<td>RHA</td>
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<tr>
<td>Relocation</td>
<td>$20K</td>
<td>RHA</td>
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<td>Housing and Vehicle</td>
<td>$8K – 6 months</td>
<td>Community</td>
</tr>
<tr>
<td>Salary Stabilization</td>
<td>$25K</td>
<td>SMA</td>
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<td>Rural /Regional Practice</td>
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<td>Establishment Grant</td>
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<td>Total supports</td>
<td>$58K</td>
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Total supports $58K
Stakeholders agreed that:

- Recruitment and retention strategies that rely solely on $ will not be successful.
- Competitive remuneration, and strategically placed financial incentives are critical recruitment tools.
- Non-financial factors are the most critical to increase physician retention.

We discussed:

- Return for service bursaries
  - Local youth
  - Medical Learners who have worked in the community
- Fair and adequate compensation
• Medical learners with positive experiences in a community will be more inclined to practice in that community.

RECOMMENDATIONS

• Ensure that regions and communities are aware of all the opportunities when medical learners are in the community.

• Handbook to guide the supports that could be offered to medical learners.

• Stakeholders work together to develop forecasting strategies to address the accommodation requirements.
Long Term Strategies
Recruitment is competitive and expensive – therefore strategies that address all of the motivations of physicians will have a much stronger impact.

- Professional Issues
- Practice Environment
- Lifestyle
Professional Issues

Collegiality, Mentorship and Leadership

• Collegial relationships, mentorship and leadership are not necessarily inherent.

• Many stakeholder groups are working to provide opportunities for learning and exposure.

RECOMMENDATION

• Stakeholders continue to work collaboratively on physician mentorship and leadership.
Practice Environment

*Overhead / Turnkey / Electronic Medical Records and Telehealth*

- Many communities and regions have invested heavily in clinic modernization.
- Stakeholders have expressed resistance to further invest.

**RECOMMENDATIONS**

- saskdocs continue to work with the Ministry of Health and stakeholders to bring the Primary Care Reform Plan,
- saskdocs develop a survey that will solicit feedback from 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

Reasonable Working Conditions and Family Supports

• Workload and flexible work arrangements are critical to retaining physician. Within our own group of medical learners - there is a fear of rural practice because of the current inability to balance work, on call and free time.

• Stakeholders agree that support to the family of rural doctors is critical. When recruiting a physician we are also recruiting the physician’s spouse or partner and family.

• When a community is in crisis – workload increases and pressure is added.
Lifestyle

Reasonable Working Conditions and Family Supports

RECOMMENDATIONS

• saskdocs continue to work stakeholders to ensure physicians are part of a sustainable practice.

• saskdocs continue to work with the Ministry of Health and stakeholders to develop a provincial locum strategy.

• saskdocs develop a survey that will solicit feedback from physicians who have recently established medical practice in Saskatchewan.

• saskdocs develop a Handbook for utilization by all stakeholders to facilitate settlement and retention.
Conclusion

- Focus on Canadian trainees at home, across Canada and internationally
- Direct recruitment
  - Canada and select international locations
  - Ethical recruitment
  - Web and social media
- Influence others
  - College of Medicine programs
  - RHA and SMA recruitment and retention programs
  - Community involvement
  - Physician practice and experience
Thank you

309 4th Avenue North
Saskatoon, SK
933-5000
1-888-415-3627

Edward.Mantler@saskdocs.ca
Brenda.Taylor@saskdocs.ca