

Province of Nova Scotia

*Physician Recruitment and Retention  
Action Team Report*

*July 2014*

# *Physician Recruitment and Retention Action Team Report*

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# *Physician Recruitment and Retention Action Team Report - July 2014*

## *Introduction*

### *Is there a doctor in the house?*

For some Nova Scotians, the answer is no. Despite having more physicians per capita than anywhere else in the country, many Nova Scotians do not have timely access to a family doctor. The resulting impacts can be felt across the system. With no family doctor, patients often seek the non-urgent care they need in Emergency Departments, putting more pressure on an already taxed system. Those with chronic disease aren't able to manage their illness as well as they should--affecting both quality of life and health outcomes. Yet, if we have more doctors than any other province, why is it so hard for some Nova Scotians to find one and why do we need to recruit more? These are important questions that deserve considered answers, which is one of the reasons why the Physician Recruitment and Retention Action Team was created.

On January 20, 2014, the Honourable Leo Glavine, Minister of Health and Wellness, announced the creation of the Action Team for Physician Recruitment and Retention with Dr. Celina White as Chair.

The team was given a clear mandate:

*To provide advice to the Minister of Health and Wellness on the recruitment and retention of physicians to meet the health needs of Nova Scotians. Specifically, to develop details for a Tuition Relief Program for Medical Graduates and to outline the programs and strategies to recruit and retain physicians in Nova Scotia communities.*

The team met over several months, building on the work that had begun with the Physician Resource Planning initiative. The objective of this work is to reshape the physician workforce over time to achieve the right mix and distribution of medical practitioners to meet the health care needs of Nova Scotians over the next ten years.

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## *Deliverables*

The key deliverables of the Action Team included:

- Immediately develop details for a Tuition Relief Program for medical graduates for implementation in 2014/15.
- Review Nova Scotia recruitment and retention initiatives for physician resource planning, including those specific to international medical graduates (IMGs) to identify and analyze gaps and opportunities that will support recruiting and retaining physicians.
- Undertake a national scan of physician recruitment and retention initiatives in Canadian provinces.
- Provide advice and recommendations on physician recruitment and retention programs and approaches.
- Provide input into physician recruitment and retention initiatives, in the context of broader health human resource (HHR) planning and current competitive environments.
- Collaborate with Communications Nova Scotia to develop a marketing plan for the recommended recruitment and retention initiatives.
- Develop partnerships to support recruitment and retention efforts at the community level.

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## *Background*

The Action Team had the benefit of the comprehensive research completed by Social Sector Metrics Inc. and Health Intelligence Inc. Their research provided a snapshot of the physician workforce in 2009/10 which indicated that Nova Scotia had fewer family doctors and more specialists than the Canadian average, with almost 60 per cent of physicians located in Halifax. To address the issue, they recommended changing the mix and distribution of doctors over time by making more strategic decisions when recruiting and replacing them to better align supply and demand.

The plan was further articulated with the release of *Shaping Our Physician Workforce* in May 2012. Working in partnership with Doctors Nova Scotia, the Dalhousie Faculty of Medicine, District Health Authorities and the IWK Health Centre, and the College of Physicians and Surgeons of Nova Scotia, working groups were formed to implement the recommendations contained in the report of May 2012. One of which was to realign the number of family physicians being trained at Dalhousie to better match the needs of Nova Scotians.

The recruitment and retention working group reviewed best practices nationally while examining existing recruitment and retention efforts. As well, the Royal College of Physicians and Surgeons of Canada study completed in 2013 noted that one in six medical specialists across Canada experienced difficulty finding work in their chosen field, supporting the realignment towards family physicians providing primary care services within collaborative interdisciplinary teams.

The Action Team was able to build and further enhance the work that had been started by the recruitment and retention working group. The challenges to be addressed by the Action Team were clear. Timely access to family doctors continues to be an issue for some Nova Scotians, while many others face long waits for specialty services. With one of the highest rates of chronic disease in the country, access to primary health care is critical if health outcomes are to be improved.

The Action Team also had the benefit of the results of the 2012 Membership Study conducted by Doctors Nova Scotia and Corporate Research Associates. Approximately 3,500 questionnaires were distributed with 880 returned, for a response rate of 25 per cent. The survey asked members to rate the importance of various factors in attracting and retaining physicians. The results show that compensation and work-life balance are most important (93% and 92% respectively).

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Members also felt that the location a physician works in should match their personal/family lifestyle (83 %). As well, the ideal practice environment described by students and residents as part of the survey is a group practice, with physicians and other health care professionals. The team also examined the results of a survey of physicians who recently started practicing in Nova Scotia to better understand what attracted them to the province.

### *Current Programs*

Like other provinces, Nova Scotia faces challenges when recruiting physicians for rural communities. The physician workforce is mobile and it's a very competitive market. The province spends \$800 million annually on physician services, or about 20 per cent of our overall health care spending. To ensure we're recruiting doctors where they are needed, the province has to better align planning activities and become more coordinated provincially. Progress has been made, and it's helping us to recruit doctors where they're needed, integrating them into our communities and health care system.

The average age of physicians in Nova Scotia is 50, which is comparable to the national average. We expect about 31 per cent of our physician workforce to be retired or considering retirement by 2021. That's why it is so important to take a long term view of what's needed, ensuring we can achieve the right mix and distribution of physicians for the short and long term. Naturally, there are a number of programs currently offered by Nova Scotia to support recruitment and retention.

The Debt Assistance Program (DAP) provides between \$20,000 and \$45,000 in debt assistance for up to three years for those practicing full time as a specialist or family physician in rural Nova Scotia. The province also offers a family medicine bursary of \$60,000 to residents who agree to practice in rural areas for three years. To help those considering a practice in rural Nova Scotia, a site visit program is available. Costs for a physician and partner are reimbursed for a visit to a potential practice site.

The Clinician Assessment for Practice Program (CAPP) offers support and funding for international medical graduates who are ready to enter family practice in Nova Scotia and do not need any residency training in Canada. Nova Scotia also funds residency positions within return of service agreements for international medical graduates who do require residency training in Canada. By 2013, return of service agreements had been signed with 49 residents, 26 of which were family medicine residents.

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As well, Nova Scotia funds positions through the Med 3 Clerkship program to prepare individuals for residency training by allowing international medical graduates to enter third year medicine at Dalhousie University.

Since 2004, the province has funded 3 medical school/residency seats each year for Nova Scotia francophones. By 2013, approximately 25 were in medical school/residency and six had completed and established a practice in rural Nova Scotia. The Nova Scotia Start/Vie Nouvelle-Écosse offers immigrants a single point of entry for access to free pre-employment, language and settlement services, both before and after they arrive in Nova Scotia.

To help offset relocation costs, up to \$5,000 for moving expenses is provided for physicians relocating outside metro Halifax.

Additional resources have been provided through the Physician Master Agreement (2008-2015) to expand the provincial rural locum program as well as other programs that are attractive to new physicians. This locum program provides funding for a locum physician to replace one who is on leave due to illness, vacation, parental leave or continuing medical education. The Master Agreement has also supported alternative funding arrangements, electronic medical records, and competitive compensation rates for Nova Scotian physicians.

Nova Scotia has also been focusing on creating more collaborative practices. Four new collaborative primary care practice teams were created in 2012/13. Eight Collaborative Emergency Centres (CECs) have been opened across the province, providing enhanced access to primary care with same and next day appointments as well as more reliable access to emergency care.

A new family medicine residency training program was established in the Southwest District Health Authority earlier this year creating five new family medicine training spots at Dalhousie Medical School. The province has also invested \$80 million each year in medical education at Dalhousie.

The Department contributes funding jointly with Dalhousie, Doctors Nova Scotia and the District Health Authorities for the summer preceptor program. This program provides work experience in rural communities for first and second year medical students during their summer months. Dalhousie also provides a one week rural experience for first year medical students.

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### *Tuition Relief*

One of the key deliverables expected of the Action Team was the development of a tuition relief program. As outlined in the Speech from the Throne in May 2014, “up to \$120,000 in tuition relief to 25 new doctors for four years in exchange for a five-year commitment to practice in under-serviced communities in Nova Scotia.”

After examining programs offered across the country to the country, the Action Team is proposing the following additional details around the tuition relief program to further supplement provincial recruitment and retention efforts.

Graduates of Canadian Medical Schools will be eligible to apply for a reimbursement of up to \$120,000 if they plan to practice in rural Nova Scotia. The specific amount will be determined by the actual tuition paid by the physician during medical school. The program will also be offered to IMGs for the tuition they paid during medical school, up to the maximum tuition level they would have paid at a Canadian Medical School.

An additional payment of \$30,000 will be available to family physicians willing to practice in a community that does not have a regional hospital, where an approved vacancy exists, and where deliverables have been agreed upon with the health authority. As well, specialists who practice outside of what is the current Capital District Health Authority, will also be eligible for an additional payment of \$30,000 based on the same guidelines.

All physicians/residents (family physicians and specialists; graduates from both Canadian and international medical schools) are eligible to apply. They can apply during residency or during the first seven years of practice if they are moving to Nova Scotia to establish a practice. If the number of eligible applicants exceeds the number of positions available, priority will be given to Nova Scotians and to family physicians.

Physicians moving from one area of the province to another, or those with other Return of Service obligations for the same period, are *not eligible*.

Payments will be based on return of service agreements. Physicians who do not complete at least three years of service will have to repay all monies paid. If the physician provides a minimum of three years' service, they will be required to repay 50 per cent of all monies paid.

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### *Additional Recommendations*

The Action Team understands that the province plays a key role in recruiting and retaining physicians. However, partnerships are the key to success in helping to foster welcoming communities. The additional recommendations are being put forward to help place Nova Scotia as a destination of choice for health professionals.

*Develop a formalized first year transition to practice program which would address skills development requirements and/or mentoring needs with a focus on the unique needs of the community.*

While the team understands that additional details would need to be developed and resources will be required, physicians rate mentoring very highly as a deciding factor in choosing a practice site. Those physicians willing to serve as mentors would be identified and could help with succession planning for retiring physicians. Compensation needs of those willing to become a mentor would need to be addressed.

*Consider reallocating current recruitment/retention positions to ensure one position per management zone.*

The areas that have had the most success recruiting physicians have dedicated resources devoted to the work. The partnerships and linkages that are required with the community can only be built through sustained and focused efforts. This position could include coordinating the appropriate orientation for new physicians at all levels (community, institutional, regional and provincial) including culturally competent care delivery training.

*Develop a best practice toolkit which could be used by all communities in their recruitment efforts.*

Community and municipal leaders can have an important influence on recruitment. Taking the time to build those collaborative relationships is important, and has a big impact when new physicians can connect with engaged community members. In fact, the importance of the community and its leaders in fostering a welcoming environment cannot be understated. Based on best practice, the toolkit could ensure information for spouses is also included, which could encompass everything from employment opportunities to lifestyle and community features.

*Support the development and functioning of primary care/collaborative care teams.*

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Enable these teams through investments in physical infrastructure. With team members working under one roof, they're able to more easily consult with each other and offer a broader range of services for the patient. Many new physicians are no longer interested in solo practices. Rather, the ability to be part of a collaborative inter-disciplinary care team is much more attractive. Investments are also needed in technology so that health records can be more easily shared electronically.

*Develop a comprehensive framework to address recruitment responsibilities at the provincial, regional, municipal and community levels.*

Understanding clearly the roles and responsibilities of key players in the recruitment effort can ensure efforts are focused, coordinated and strategic.

*Increase the relocation allowance to ensure competitiveness with the Atlantic Provinces and review/update the guidelines for this program to make it less restrictive for physicians.*

Currently, costs up to \$5,000 that may be reimbursed include one-way airfare, moving expenses, meals and accommodations for up to three days. Transportation and other costs are rising and it's important that incentives remain competitive. Streamline the processing of the relocation allowance to make it easier for physicians to access.

*Expand and enhance the Nova Scotia Locum Program.*

Physicians need to know where and how to access a locum when they are ill or need time away. More must be done to increase understanding of the program, how to participate and how to access.

*Support and expand distributed education programs throughout the province.*

Distributed medical education programs provide opportunities for medical students and residents to train outside of an urban setting. Evidence has shown that physicians who have trained in rural settings are more likely to choose to practice in these areas. The ability of new physicians to continue to learn, to develop and practice their skills is integral to job satisfaction and creates a connection to the community and centre of practice.

*Continue to support post-graduate return of service commitments to attract International Medical Graduates from Nova Scotia.*

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There are many talented individuals who were born or have settled in Nova Scotia. Provide opportunities to practice in Nova Scotia with return of service commitments comparable to other provinces.

*Encourage Dalhousie Medical School to give preference to International Medical Graduates from Nova Scotia (who are equally qualified) for return of service residency positions.*

Evidence has shown that a prior connection to a community usually results in a desire to live and work there. Nova Scotians, and those who have settled here, should be encouraged to establish a practice here.

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*Appendix A  
Presenters to the Committee*

The College of Family Physicians of Canada/Nova Scotia College of Family Physicians  
(Dr. Robert Boulay, Cathie W. Carroll)

Primary Health Care Branch, Department of Health and Wellness  
(Ian Bower, Lisa Grandy)

Dalhousie Physician Pathways Approach  
Aboriginal & African Nova Scotian Initiatives  
(Dr. Preston Smith, Michelle Patrick, Shawna O'Hearn, Sharon Davis-Murdoch)

CanAm Physician Recruiting  
(Written submission from John Philpott)

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*Appendix B  
Members of the Committee*

Dr. Celina White, Chair

Dr. Mahmood Naqvi (Doctors Nova Scotia)

Dr. Rex Dunn (VPs Medicine for DHAs and IWK)

Dr. Tony Armson (Academic representative)

Dr. Bill Lowe (College of Physicians and Surgeons of Nova Scotia)

Mrs. Shirley Watson Poole (Physician Recruiter, Southwest Nova DHA)

Mrs. Shirley Symes (Physician Recruiter, Cumberland County DHA)

Mrs. Janet Newton (Member of Public)

Mr. Bob Taylor (Union of Nova Scotia Municipalities)

Dr. David Gass (Department of Health and Wellness)

Ms. Lynda Campbell (Department of Health and Wellness)

Support provided by:

Ms. Katie Mallam (Doctors Nova Scotia)

Ms. Joanne MacKinnon (Department of Health and Wellness)

Ms. Sandy Goodwin (Department of Health and Wellness)

Ms. Michele McKinnon (Department of Health and Wellness)