

An Approach to Medical Professionals Recruitment and Retention

3 June 2010

Origin:

Recent articles in the national press have highlighted the growing physician shortage and its impact on physicians in rural communities that they serve. The Creston Valley is part of this mosaic in medial service shortages. This region of the country has been feeling the impact of these issues for several years. The communities low success rate in recruitment and retention of physicians resulted in a reduction of service levels in the emergency room at the local hospital due to the shortage of ER general practitioners. The local doctors would only respond to ER calls for life and limb (level 1 and level 2) injuries from 8:00 PM to 8:00 AM.

While recruitment has not normally fallen to municipal and regional governments, the recent shortage of physicians in the Creston Valley was felt at all levels of the community. Local leaders felt strongly that they had a role to play in ensuring the economic health of the community through retaining health services.

Through leadership of the Town Manager, a working group was formed consisting of representation from the following:

- Town of Creston
- Regional District of Central Kootenay
- Interior Health Authority
- Creston Valley Development Authority
- Creston Valley Hospital
- Local Doctors

Historically there had been tensions between the players with low collaboration, some mistrust and even well intentioned independent action. Unfortunately the pervasive lack of mutual solution seeking further exacerbated the original problem: a critical shortage of healthcare professionals in the Creston area especially the ER at the Creston Valley Hospital (CVH).

The purpose of this discussion paper is primarily to outline leadership of the Town Manager in the context of providing the background and key issues of the shortage of ER doctors at the Creston Hospital. It is also the intention to highlight other recruitment issues in this context. This shortage while urgent has implications for attracting and retaining other medical practitioners such as nurses, pharmacists, physiotherapists and related healthcare professions/positions. Finally, discussion of options/alternatives and

suggested priorities, financial commitments and partnerships with a direction forward will also be reviewed.

Background:

In 2006 the departure of yet another doctor that covered the ER at the CVH further reduced service levels in the ER. This action prompted those GP's left covering ER to fall below a sustainable level and resulted in only "life and limb" emergencies covered between 8:00 PM and 8:00 AM. The CVH ER requires a minimum of ten physicians to staff the ER 24/7. A further two to four physicians are needed to ensure sustainability of ER coverage.

Spring 2006, pressure was mounting on local governments to assist in some manner on resolving the GP shortage. The CVH had a reduction of service where there were seven doctors in the area left to cover the ER and the remaining doctors in the valley were not in a position to assist ER for different personal and professional reasons.

The physicians in the ER call group together with the Interior Health Authority (IHA) tried a variety of approaches to attract GP's to the area and improve critical ER coverage. Unfortunately none of their considerable efforts were sustainable. Given the urgency of the situation, local governments were asked to participate with funding. The Town of Creston concluded a strategic planning process that identified physician recruitment as a core economic and community development top priority. The RDCK/Town of Creston committed to three years of funding and \$ 47,000 in seed funding to move this issue forward.

Chief Administrative Officer Challenges:

The challenges dealing with the shortage of doctors in Creston amounts to an issue that is decidedly not directly within the purview of a local government Council nor a Chief Administrative Officer. There is no provision in the *Community Charter* or *Local Government Act* that deals with healthcare policy or legislation issues. Furthermore this issue falls within the *Canada Health Act* albeit under the administration/management of the Province of British Columbia. The challenge is dealing with an issue that stems from a lack of policy and resources without any framework to deal with the impact of the loss of physician services. The Province is not able to respond quickly and does not have the dynamic mechanisms in place to realise results for rural communities in a timely manner. The local governments do not have any direct framework to deal with healthcare human resources either. Complicating this process is that physicians are independent businesses for the most part and work outside of the provincial recruiting programme. In addition local government ought not directly

interfere in the day-to-day recruiting/retention operations of a private business especially related to the limitations placed on it in provincial legislation preventing them from assisting private ventures.

Trends in Physician Recruitment

Currently IHA is engaging new staff to review practices in physician recruitment across this jurisdiction. This would include looking at marketing, candidate visits and tours, physician resources and planning, and budget review.

Other trends occurring include changes in medical schools and other related healthcare professional schools in Canada and the United States. These schools are not turning out enough doctors and healthcare practitioners. It has been estimated in the US alone they will need 200,000 doctors and 800,000 nurses over the next twenty years. For whatever reason health care while having a high overall rating for trust, respect and confidence as careers by the general public, is not attracting enough young people.

Today there is a considerable shift in demographics vis-à-vis the workplace, purchasing and investment patterns. For the first time there are four generations working in the same organizations, communities and companies. This would have been unfathomable to a generation ago, as people just did not work as long in the same vocation and location. The values and expectations of these different generations are understandably not always converging in a positive manner. Groups today are just identifying this trend and communities wanting to be on the cutting edge in terms of attracting and retaining investment need to be thinking in a very different way. It is what is being termed the "conceptual age".

To put this issue in context the two generations born between 1922 – 1945 and 1946 – 1964 are known as "traditionalists" and "baby boomers" respectively. The first baby boomers turned 60 in 2006. Twenty years ago the average life expectancy was in the low 70's for males and high 70's for females, today people are living to 100. This has far reaching implications for the Kootenay area particularly the Town, as forty-eight percent (48%) of its population is older than 50 years of age (Source: Statistics Canada 2001 Census). These generations fostered values such as sacrifice, optimism, personal fulfilment, harmony, conformity and hard work/process orientation. What was pushed in society and institutions was very logical, sequential and computer-like reasoning – thus the "information age". In Daniel Pink's work *A Whole New Mind: Moving from the Information Age to the Conceptual Age*, organisations/communities that continue to work in this same way without changing will decline and fail in areas of investment and employment. What

people like Pink are finding is that subsequent generations while few in numbers - those born after 1964 – are having a bigger impact on shaping families, institutions and societies than previously thought. Pink goes on about these changes as follows:

“The two sides [of the brain] work in concert. But the contrast in how our [brains] operate does yield a powerful metaphor for how individuals and organizations navigate their lives. Some people seem more comfortable with logical, sequential reasoning. Other people are more comfortable with holistic, contextual, intuitive and nonlinear reasoning.”

Pink goes on to make the case that these attributes of logical sequential reasoning were highly prized by organizations belonging to traditionalists and boomers but the focus is shifting very rapidly to a more conceptual approach. The upcoming generations replacing the boomers and traditionalists are different. This does not negate the importance of the former but rather those communities/organisations that look to embrace values (e.g., empathy, meaning in work, balance, long term views as well as sequential logic) consistent with expectation of older and newer generations will succeed. This has far-reaching implications for local government as well as communities such as the Creston area in attracting new doctors out of medical school or nurses from university.

To put things in a BC/Creston area context it is an “employee market” for medical practitioners especially doctors whereby the most cutting edge places in terms of lifestyle and professional environment will be the place that attract doctors and investment. Add the economic multiplier of relocating highly paid individuals and a growing population of seniors with money; the benefits for the economy are considerable. In addition there is a shift in genders graduating from medical schools from male to a majority of female graduates. This shift also has significant implications for how they choose where they want to be and what a location offers families. The days of the doctor available on-call 24 hours a day are gone. There is a desire for younger generations wanting balance and meaning in a career and quality of life. In discussion with medical recruiters, the valley has a lot going for it but it needs to stand out as unique and desirable to new generations to invest money and stay to raise families.

Economic Trends – Creston Area

The direction of investment globally is changing. With the advent of the computer age (high speed, digital media, etc.), people can do business from anywhere. They no longer have to be in the urban setting, closeness to market is just the click of the mouse. Some manufacturers, particularly small to medium, are located in smaller communities because they can still market globally and maintain a quiet, safe, and relatively affordable quality

of life for employees. A place such as Creston, with certain infrastructure requirements, could be a great place to invest. When one looks at economic development and investment into a community, infrastructure needs such as power, water and Internet access are all very important. Once those basic items are in place then human needs of potential newcomers become more of a focus. Business providers state their priorities are reasonable healthcare, good education systems, shopping amenities etcetera. Despite other Creston lifestyle offerings, investment is highly unlikely without a sound healthcare system. Having a hospital manned by good doctors and nurses is as essential to investment as utilities, roads and infrastructure.

Discussion and Approach:

There are a number of ways to approach the issues of how to attract medical investment and doctors. A review of a variety of models including remote areas that have set up medical clinics was undertaken in 2006 under the Town Manager's leadership. The former models isolated the problem of doctor shortages and addressed it by building clinics and assumed the employees would come. Steady employment became the incentive without an eye toward expectations of younger generations for lifestyle and the competitive healthcare job market. To date many of these clinics do not have any continuity and continue to find it difficult to place doctors. The issue is also very much an investment, quality of life and economic development challenge. The process of connecting the doctor and the community through exceptional personal attention and assistance facilitating his or her assessment of a proposed community is critical for placement success.

Hospital and Service Area

The service area of the CVH is approximately 14,000 residents. Under the current service model and with pending population growth and aging, it is expected that the strain on the healthcare system will increase due to the aging population. In attracting and filling the need for ER coverage the CVH is currently reviewing the concept of hospital privileges for new doctors including mandatory participation in the ER call group. Somewhere in this initial review, there needs to be an awareness component to inform the public of the true impact that physician attraction and recruitment has on the community and economy.

A Comprehensive Approach

Any comprehensive approach to addressing the shortage of medical professionals in the Creston area consists of three components to address this urgent situation.

Firstly, ensuring there are suitable amenities in the Creston Valley is fundamentally important to younger - especially female - doctors. Attractive, up to date recreational facilities as well as a vital and thriving business community are critical to attracting and maintaining a stable core of professionals in our town. In recruiting physicians to our community we must factor in the needs of their families and spouses/partners.

Another important aspect in attracting physicians and their families to this area is that of welcoming them to our community. A program or package available to new physicians as well as contact people to help them settle in the community would greatly facilitate their arrival in Creston. It is very much a matter of first impressions of the town, area and people that make a difference to healthcare professionals and investment.

The financial implications of this component are not significant. They include making up information packages and minor costs of having cars and accommodations available with small budgets to entertain the prospective doctor and family. The ongoing cost per annum would likely be in the \$5,000 - \$10,000 range.

The second component would be a comprehensive recruitment plan and partnership that would include the consideration of a facility in which new physicians would be able to practice. This could be approached by a combination of private individuals/business or possibly IHA/Private/Public sector investment in a partnership model.

Newly graduated physicians are often burdened with a high debt load due to student loans and initial expenses when beginning their careers. It is a further burden for them to invest in and set up their own practice. Group practice allows an individual physician greater flexibility with respect to working hours and vacation time in addition to allowing them to share costs and expenses associated with practice. Currently the group practices in Creston are filled to capacity. To make it feasible and more attractive to another physician to settle in this area a new group practice model is being considered as outlined above. This model can be used to share costs between the associates and cover the overhead expenses; thus negating the need for ongoing investment by the initial sponsors.

By setting up such a practice it would facilitate the relocation of interested physicians to our valley and would allow them to begin practice here without an initial investment, which can be seen as a deterrent to choosing Creston.

The financial implications include the potential cost of a different service model to include either a public partnership or joint venture/public - private

partnership in establishing a medical clinic. This option would require further research. It would be safe to say that start-up capital for equipment and location renovations are in the \$50,000 to \$80,000 range (e.g., one examining table costs \$7,500). One Medical Office Assistant position is in the \$35,000 range and a clinic would likely need 1.5 FTE's to support two or three doctors for administrative support, billing etc. The existing physicians as previously discussed would finance these support positions.

Political advocacy for financial assistance from the provincial or federal governments are also avenues for rural medical practices to find possible start-up dollars.

The third component and, arguably, the most crucial part of a comprehensive approach involves the retention of the services of a medical recruiter. There are two approaches to this problem. One would involve the hiring of a local recruitment person. The advantage to this approach would be to have an individual who is knowledgeable about the Creston area and who can act as a liaison between incoming doctors and the services available to them. The duties of this recruiter would include identifying potential physicians for Creston, introducing them to the area and its services and facilitating their move to Creston once they have committed to relocating. One could envision this role continuing with allied health professions that also experience manpower shortages such as nursing, physiotherapy, pharmacy etcetera, as well as potentially non-health care professions. Such recruiting could be done on a contract basis.

An alternative recruiting option would involve the hiring of a physician recruiting service. These services are in existence already and for a fee will conduct a recruitment drive for our valley. This would provide a more rapid response to the current shortage potentially but would provide only a reactive response to each manpower crisis rather than a proactive one that would hopefully prevent such future crises from occurring.

Costs involved in either of these two options would be in the \$80,000 range over a one to two year period.

Although cost estimates have been presented in each component, it is essential that all parts of the approach be undertaken within a coordinated overall plan. Other attempts by a number of communities to deal with this issue has resulted in trying limited success as they do not bring all the component parts together. No one component will result in any significant improvements to recruitment and retention of health professionals. It is a combination of them all that will likely see successful results.

The Longer Term

It is hard to put a dollar total *per se* as it depends on many external factors but research indicates the range of dollars needed and commitments from public (Ministry of Health, local government, IHA) and private (especially, local doctors and major employers) revenue sources are in the range of \$140,000 to \$160,000 to sustain program initiatives. The Ministry of Health has some program dollars to make it easier for physicians to set up rural medical practices. There is a fund up to \$40,000 in reducing medical student loans and up to \$40,000 for each physician in setting up a shared clinic.

Issues such as welcome and recruiting packages continue to need attention; amenities within the community, as well as identifying impediments to retention of physicians in the valley are critical for this initiative to go forward. Long-term political advocacy and financial investment for sustaining medical practitioners will be critical for more rural locations within British Columbia.

In the foreseeable future the best route to follow for doctors and medical professionals' recruitment include better positioning and profiling of the area as a place to "live, work and play". The loss of healthcare professionals will negatively impact other businesses such as logging, the brewery and agriculture as the investment dollars will find a climate that is stable and secure with sound healthcare services and staffs. Business does not like an environment of change and uncertainty especially if the expectations of the community keep changing. Put another way it is a lack of community focus and commitment.

Implementation Process

The Physician Recruitment Pilot Project was designed to work within the existing provincial and regional recruitment programs, and aims to increase the success of these programs.

In the past, these recruitment services were provided directly to clinics and physicians within the community. Municipal or regional governments were not involved in the recruitment process. However, the physician shortage in the Creston Valley was felt at all levels of the community. Part of the success of this project has been in recognizing that health professional recruitment is important to economic development, and that municipal and regional governments have a role to play.

A contract recruitment advisor was hired by the Health Group on an as-needed basis, which has meant low overhead for the program. When there

are no candidates being recruited, or when there are no vacancies in the community, costs are kept to a minimum.

The Recruitment Advisor is now the main point of contact between the Health Match BC and the IHA recruiters and the local clinics. The community recruiter acts as an ambassador for the community to candidates, answers questions and provides information about the community.

Some examples of activities that the Recruitment Advisor has been involved with include:

- Investigating job possibilities for spouses and family members;
- Arranging itinerary for visiting doctors;
- Mailing recruitment packages to referred candidates;
- Building positive relationships with the IHA recruiter and Health Match BC contacts;
- Connecting visiting and locum doctors with others in the community who share similar interests;
- Building a contact list of potential candidates;
- Maintaining on-going contact with potential candidates;
- Finding rental accommodations for relocating physicians;
- Developing marketing materials;
- Welcome packages of local products to visiting physicians, residents and students;
- Promoting the Creston Valley at regional medical conferences.

A Flexible, Transferable Program

This community-based approach could be used by other rural communities to proactively address their physician recruitment needs. Rural communities can benefit from identifying and promoting the unique lifestyle amenities that their community can offer physicians. This approach helps to fit the physician to the community, and increases not only the chance of a successful recruitment, but also of physician retention.

The model is adaptable to communities of any size, and to small and large budgets. The potential exists to operate a similar program on a volunteer basis, with representatives from local government, business, economic development and health care. The program could be adapted equally well on a larger scale to encompass advertising, promotion at medical conferences, recruitment bonuses and sponsored candidate visits.

Conclusion:

Changing Dynamics and Contributions

From a personal perspective, this initiative really pushed abilities and skills out of the usual local government context. This whole program was uncharted territory. It required great personal tenacity to sustain a broad, and at times somewhat fractious, collaboration of groups with highly competitive interests. The most significant group to deal with was the local physicians. Being doctors, they had many demands placed on them already and were at the point of almost complete "burnout". Over-stretched medical practice resources along with overloaded ER demands combined with working and supporting an as yet untested recruiting programme was a real challenge. As the Town Manager, it was incumbent upon this role to balance political/financial pressures with increasing demands on the local medical care system and liaising with local community groups on a regular basis as well as business interests to maintain and enhance excellent working relations. For example there are regular meetings with the local doctors as well as profiling local doctors in print media to show appreciation and raise public awareness. Often there would be conflicting priorities from any group that would potentially diminish the program. What won the day was to keep rallying the groups to focus and commit to the end goal of sustainable recruitment and retention. It was felt that very strong political acumen and being able to read the increasingly partisan political field these days was the tipping point between success and failure of this program.

The personal attributes brought to the project include the perspective of being an outsider. Looking at the issues without local history/connectivity to the Town helped give a view of the community with fresh un-biased eyes to look at strengths and weaknesses of what would attract a physician and family to the area. This perspective helped look at what a professional from another part of the country would look for in a community such as Creston. It also helped define the kind of physician that would fit with Creston. There is no value in trying to attract all the medical student graduates that have no desire to live in a rural town.

There are a number of lessons learned in undertaking such a project including:

- Ensure a clear understanding of the landscape (political as well as stakeholder)
- Respect agency and participant roles and responsibilities
- Harness the best from all groups and organisations
- Focus on the art of the possible and the positives
- Celebrate success

- Link in with Health Match BC early in the process
- Build strong relations at all levels of government
- Build the local champions (political, community, provincial etc.)

The key value added component of this initiative is to fill a gap that no provincial or local agency provides. In discussing this issue with physician recruiters in the Interior Health Authority and at Health Match BC, there is a significant role to be played by the community and local government, in recruiting health care professionals. In the words of Dr. Joseph Kotlarz, East Kootenay Medical Services Director for the IHA:

"I strongly believe that physician recruitment is no longer a Health Authority or Health Ministry only responsibility – it needs to be a partnership with the community at large, including the people themselves, town councils, municipal leaders, school boards and Chambers of Commerce. Physicians and their families need to be welcomed into the community, given a sense of belonging and supported during their stay – I think the more community support they are given, the longer they will commit to staying."

Positive Results

Prior to establishing this program, Creston patients were driving over 1 hour to Cranbrook or Trail B.C. in the middle of the night to seek emergency treatment, as an unsustainable call rotation was causing physician burn out. The leadership of the Town Manager and involvement of the community has helped to stabilize this volatile situation, and was a contributing factor to the return to 24-hour call at the Creston Valley Hospital.

Again success in Creston was not great. Health Match BC had referred 24 physician candidates to Creston, over a period of 18 months with meagre success. These resulted in only two permanent recruitments for the community. These results have been vastly improved upon over the course of the project. The goal of the project is to place 1-2 permanent and 2-5 locum physicians per year. The community recruiter has worked with Creston clinics to successfully place two of the five locums referred by Health Match since August 2007. Of the 10 referrals for permanent candidates received in the first year of the program, two have permanently relocated to Creston.

While the primary goal of the project is to recruit new physicians, a positive benefit has been that the increase in community support has helped with the retention of physicians. Clinics feel they have support in their recruitment efforts, which eases the burden on physicians, who previously had to recruit on top of all of their other tasks. This has helped stem the flow of the loss of doctors within the community.

A New Role for Local Government

This project has given Creston Town Council and the Regional District of Central Kootenay Board of Directors an avenue for influencing health care in the community, and has raised the profile of how local governments can work within their mandates and make a contribution to health care. It is one strategy in the implementation of the Town of Creston's Corporate Strategic Plan, which identifies both health care and economic development as key priorities.

The Physician Recruitment project in the Creston Valley is an excellent example of how communities can work cooperatively within an existing system, to proactively solve a community issue at the community level. This project has used creativity and innovation to apply new solutions to a growing problem in many rural areas. Local Government executives can easily adapt this model to other communities throughout Canada to sustain increasingly scarce medical services.

Today this program is now a permanent initiative for the Creston Valley. It is now taking on a more sophisticated role in developing a self-sustaining funding model. In addition the program is now moving to establish a Medical Practice for physician associates. The outcome of this next phase will make it even easier to attract doctors without any complications of practice set-up or time-consuming business logistical issues. As discussed elsewhere in this paper, doctors are increasingly seeking balance. The majority of graduates from medical schools in Canada are increasingly female family oriented professionals. This is a marked change from the 24/7 male physicians that dominated the profession one generation ago.

This discussion paper is an attempt to frame up the issues and possible approaches to moving forward with physician recruitment and retention in the Creston area. It has covered trends in healthcare recruitment and considered a comprehensive approach to dealing with the realities of the current situation in the context of the existing healthcare services, agencies and available professionals. The issues are not easy to deal with as no one agency be it IHA, local government or indeed even the doctors have had success dealing with this issues in isolation. It takes a collaborative effort to have an impact to sustaining rural physician recruitment and retention.