

# **What does Newfoundland and Labrador need to do to recruit and retain the next generation of doctors?**

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*“Now, as I find myself amongst the next generation of physicians in this province-my perspective has changed. As I prepared to embark on the next step of this journey my residency begins.*

*Yes, I am leaving. I really never planned it that way. But my passion for oncology has pulled me in a new and very different direction. Now I have started to ask myself what may have made me stay? And, perhaps more importantly what will draw me back to this beautiful place I call home and where my skill set as an oncologist will be needed?*

*It is interesting how a matter of months can change you. Over these past weeks since realizing that the competition for residency spots is over I have started to reflect and ask myself why a feel a certain guilt in leaving?*

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It is the intent of this paper to discuss, from the perspective of a new physician and a Newfoundlander, what is this province needs to do to recruit and retain the next generation of doctors.

## **Introduction**

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In an effort to understand the challenges of both recruitment and retention in this province one must have a unique understanding of the history and challenges faced by rural medicine in Newfoundland and Labrador. Given the nature of this province’s geography, thirty percent of Newfoundland’s population of approximately 568,000, lives in St. John’s and adjoining communities. Others live in 379 smaller communities of varying remoteness and towns scattered throughout the province (Patey, 1995). Rural physicians in clinics and small cottage hospitals are, thus providing a significant amount of medical care, both primary and above. Given the geographical distribution alone, it is a smaller wonder, that any alternation in medical services in this province, including funding, has a direct impact on the delivery and sustainability of medical care in rural areas.

## **Raising the Profile- A Brief Look Back**

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Medical education in Newfoundland and Labrador currently necessitates that all medical students spend a significant amount of time throughout their training in the rural setting.

Through such experiences it is difficult for one to ignore the sense of fatigue, resignation and disillusionment among many rural doctors, particularly by those who have served in out port communities for a long period of time. A brief look back into time suggests that this sense of resignation is perhaps very well engrained in a long litany of events that has defined health care in this province.

The events of 1993, were defined by the provincial government passing legislation restricting the mobility of physicians in the province (O'Maonaigh, 1997) At the same time it established the Needs Assessment Committee (NAC). The committee's existence and restrictive powers were supposed to be of 6 months duration and the mandate was to monitor the new regulation that restricted the mobility of physicians and new graduates. A 50% billing rate was introduced for any physician who established a new practice in St. John's. Of course, the intent of these changes was to encourage physicians to set up practice in rural areas where the need for medical doctors was acute. Interestingly, a look back reveals that nearly five years after its inception the NAC continued its "temporary" measures. This, despite the fact that there was no evidence that it resulted in any influx of physicians into rural areas. The NLMA at that point no longer cooperated with the NAC and its activities.

Following the disillusion of the NAC, a new Physician Advisory Group (PRAG) gained its inception. The new mandate was to "develop a long-term plan for the management of physicians' resources in Newfoundland and Labrador" (O'Maonaigh, 1997). The committee had representation from the NLMA, the Department of Health, the Newfoundland Hospital and Nursing Home Association, the medical school, the Newfoundland Association of Interns and Residents and the medical student body. Over the course of 18 months committee members did a comprehensive review of medical services and physician distribution in the province to determine the appropriate number of physicians required to deliver the services and where and how they should be distributed. This report was presented in November of 1994, by which time the restrictions placed on mobility were lifted, while the minister proceeded to act on the contents of the PRAG report. Ultimately the outcome saw the extension of the NAC restriction and despite the recommendations of the PRAG report, the Ministry of Health has yet to implement or act on the report in any substantial way.

It certainly seems that despite the gallant efforts of multiple committees and valuable reports that to a certain degree the state of rural medical service in Newfoundland has continued to crumble. Problems with physician turnover, consistency, retention and recruitment, specifically in the salaried physician body (which constitutes approximately 300 doctors, the majority of whom make up the core of rural physicians' supply), have continued to plague rural areas.

## **Keeping the Next Generation in Newfoundland- The Difficulties of Retention**

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Inevitably access to high quality health care services for rural Newfoundland will always be dependant upon the adequate supply of rural physicians. Increasingly, in this province there has been growing challenge to maintain speciality services outside the acute care centers. The one certainty is that there are rural areas of our province, and some not so rural areas that need more physicians. It has long been agreed upon that the best way to fill this need is to increase the number of students from rural areas and other students committed to rural and family medicine that are enrolled in medical schools.

But increasing the number of rural-oriented students who enter medical school is not enough in itself, nor is simply increasing the number of physicians who begin practice in under serviced locations. To support students in their commitment and to promote the retention of the next generation of physicians we need to have strong academic departments and rural-based curriculum elements at different phases of medical training that are not just limited to family medicine. We need residency programs that are equipped to teach beyond the clinical, and focus on the social, interpersonal and management skills needed for success in any rural practice outside the acute care setting. Moreover, such residency programs themselves need support. Groups such as accreditation councils and residency review committees must make special accommodation for rural based programs.

More often then not, rural health care services have been haunted by under-reimbursement and threatened viability. While the focus has long been placed on our government and its lack of action-the solutions seem to lie far beyond the need for government action.

In order to effectively address the issues challenging physician retention in this province we must first address and acknowledge those factors which are important to graduating residents in choosing their first practice site.

**Table 1: Factors Important to Graduating Residents in Choosing Their First Practice Site (Cutchin et al. 1994)**

<b>Factor</b>	<b>Rank</b>
Significant other's wishes	1
Medical community friendly to physicians	2
Recreation/culture	3
Proximity to family friends	4
Significant other's employment	5
School's for Children	6
Size of community	7
Initial Income guarantee	8
Benefits plan	9
Weather/geography	10

## **Factors Influencing Retention - What Should We Focus On?**

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Considerable research has been done regarding the reasons physicians stay in rural practice once they have started. While having a rural background may make a physician more likely to take up practice in a rural town or community, it does not seem to affect his or her decision to stay in such a community.

It is the ability to adapt to rural practice and, especially rural life that is a key determinant of retention. A prospective American study by Pathman (2000) focused on 456 randomly selected, non-obligated rural physicians and found that those who indicated that they felt better prepared both medically and socially for practice in a rural area stayed longer than those who felt unprepared or who were initially unaware of the special characteristics of rural practice. Being prepared for rural life in the social sense seems to be more important in this regard than being medically trained for rural practice. Those who felt prepared for small-town living were over twice as likely as others to remain in a rural area for at least six years.

If it is rural life in the social sense that has such a considerable impact on the retention of the next generation of physicians in our province, then it seems timely and appropriate that we focus on finding ways to place emphasis on that which we know best. Newly trained physicians who have lived and known this province as home for so many years, will inevitably have that innate and binding connection that seems to keep our physicians here.

## **Recruitment-How Do We Keep Pace?**

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Although recruitment and retention of physicians is often discussed in tandem, the factors that make a physician likely to choose rural practice are actually quite different than those that make a physician stay in such a practice setting (Hays, 1997). Even a successful recruitment effort may not result in the addition of a physician because the physician may have such a difficult time adjusting to rural life that he or she leaves soon after arriving (Parsons, 2000). Thus, it is quite important to deal with each issue separately.

Two of the strongest predictors that a physician will choose rural practice are specialty and background: Family physicians are more likely than those with speciality training to go into rural practice, and physicians with rural backgrounds are more likely to locate in rural areas than those with urban backgrounds (Cohen, 1998).

**Table 2: Factors Associated with Increased Likelihood that a Physician Will Choose Rural Practice (Cutchin et al. 1994)**

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**A.** Training at a medical school with a mission to train rural physicians. Such schools are more likely to graduate students who go into rural practice than schools that do not have a rural mission. Medical school curricula, by emphasis on tertiary care and lack of respect for generalist, may subvert successful adjustment to rural practice.

**B.** Programs that help rural physicians become successful and stay satisfied with their choice are critically important. Rural based family medicine residencies or departments with emphasis on training physicians for the rural setting also has been proven to have considerable impact.

**C.** Security, Freedom, & Identity

One of the challenges in addressing both recruitment and retention in the province of Newfoundland and Labrador has been striking a balance between the two concepts. The programs and incentives focused on retention intuitively must be different than those focused on recruitment. In times of desperation however, it does seem that instead of both concepts working together for the betterment of the state of health care in the province, there is a disconnect. The province in offering incentives for recruitment must be continually mindful not to undermine the programs and incentives that are established for retention.

### **The Blue Print for Change - What Should we be Doing to Recruit and Retain the Next Generation of Physicians?**

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A blue print for change and future direction would certainly be nice, however the solutions for such a complex problem are rarely reducible to a simple one-page framework. There is without question, much to learn from the challenges faced by both recruitment and retention in this province so far. Perhaps the most logical approach is to examine the success and failures of various types of initiatives used to recruit and retain doctors in rural areas and to examine the **evidence** supporting their use.

The elements of any framework for change must be based firmly on consensus. From the perspective of the next generation of physicians in this province the two issues of most importance will likely be education and sustainability.

#### **Education**

Education will likely have considerable impact on solving the problem of recruitment and retention of rural physicians. Comprehensive training suitable for practice in rural areas

must transition from undergraduate medical school and into practice, in order to meet the needs of rural areas and the educational needs of rural doctors. The office of rural medicine at Memorial University assumes a huge role in coordinating medical training for rural doctors.

### **Sustainable Practice**

If physicians are to continue to practice in rural areas, it is quite important that the working conditions in such settings be conducive to encouraging them to stay. Key to the sustainability of practice is that physicians have a forum to interact in through which they can discuss their problems and their needs. Secondly, adequate CME should be accessible both individually and as a group, through telemedicine and electronic media. And finally rural doctors should have “ready” access to specialist and interventionalist. To facilitate access, communication systems are critical. Mechanisms for remuneration for these services should be in place.

In short, any plan to solve the challenges faced by recruiting and retaining the next generation of physicians in this province must be comprehensive, flexible and amenable to implementation. Most importantly is that such a blueprint be based on the evidence available and outline the range of services that will be needed in all areas of rural medicine. As we the next generation of physicians prepare to embark on our medical careers the struggles of rural medicine are not unlike those challenges faced 20 years ago. The time for temporary measures and fact finding missions is past. Action is required. The need for financial recognition, reasonable call schedules, quality education aimed at the needs of rural medicine and support for rural physicians in both their private and professional lives must be met to solve the chronic problems of recruitment and retention in this province.

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*“I do feel a certain guilt in leaving but I also feel a special joy in my commitment to return”*

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