CFMS Position Paper
Physician Recruitment and Retention Strategies

Background:

Over the last several years, provincial governments have struggled on how to maintain their physician population in both rural and urban areas. For example, in 2011, the government on Prince Edward Island (PEI) announced a plan to expand physician recruitment on the island. Part of the PEI government's electoral platform included a clause that required five years of return of service from all future PEI students attending Memorial University Faculty of Medicine, upon completion of their training. The government stated that this would ensure four new physicians would return to practice on PEI annually. The details were unclear regarding which medical specialties would be affected by this contract, as well as how it would be enforced. This same standard was not being upheld for PEI students attending Dalhousie University. Memorial University's medical students from PEI expressed that they were not opposed to a return of service agreement, but mandatory contracts would not make effective recruitment strategies for physicians.

Current Status:

In response, the PEI government instituted an optional return of service bursary for medical students that plan to practice Family Medicine on PEI. It is open to students across the country, with preference given to students from PEI. Three bursaries will be given each year, until the province fulfills its recruitment needs for Family Physicians.

The official position of the Canadian Federation of Medical Students (CFMS) on such mandatory return of service programs is that they are ineffective long-term strategies that fail to address the underlying issues, thereby causing inadequate medical service in rural, and other traditionally underserved areas (see the CFMS position statement "Return of Service" for further details).

Problem Definition:

In recent years, ineffective, involuntary physician recruitment strategies have been proposed across the country. These provide a short-term solution to increase the number of physicians in an underserved area, and do not represent a sustainable long-term solution. Such programs would create the illusion of more complete physician coverage, however they reinforce the revolving door of physicians in underserved regions. These strategies typically place physicians in unfavorable work environments; therefore physicians frequently leave the community once their required term of service is complete. Therefore, the CFMS needs a position paper to address the problems as they currently exist nationally with respect to physician recruitment and retention. Ineffective physician recruitment strategies include:

- Mandatory return of service agreements reduce the likelihood that physicians will remain in the underserved region following completion of their contract. This results in a lack of continuity of care and decreases quality of care for patients.
- Acceptance to medical school that is contingent on practicing in a designated specialty after graduation. This may limit the ability for students to achieve job satisfaction when their career is chosen for them before they have been exposed to all areas of medicine.
- The adoption of additional weighting criteria to CaRMS applications, so that students are provided with a competitive advantage, with the purpose of preferentially retaining graduates from that particular school for residency.
- The recruitment of International Medical Graduates (IMG's) into post-graduate training programs in Canada.

Recommendations:

Voluntariness and flexibility are essential for successful recruitment strategies, and are beneficial to both the physician and the underserved region.

Effective physician recruitment and retention strategies include:

- Providing students with clinical rotations in remote and underserved areas will expose Medical students and Residents to experiences that could broaden the scope of their practice, thus potentially favorably influencing attitudes towards practicing in these underserved locations.
- Financial incentives for medical student and residents, including optional return of services bursaries, or funding residency positions.
- Developing new team models for primary care that are supported by appropriate Health Human Resources planning. Access to Emergency response, as well as collaboration with colleagues and interprofessional teams via telemedicine will reduce feelings of overwhelming responsibility and isolation associated with rural and remote practice.
- Accessibility to resources for Continued Medical Education opportunities.
- Clustering of colleagues to ensure workloads that allow balanced lifestyles.
- Availability of locums for accommodation of work-life balance, to ensure that physicians practicing in underserved communities have similar work-life balance to their colleagues practicing in urban settings.
- Spousal employment and family support are positively correlated with long term retention of physicians in rural and remote communities.
- Sliding scale financial incentives for rural and remote physicians that increase according to the number of years a physician practices in an underserved region.

"It is imperative that the government, the profession, and all other stakeholders and communities resist the temptation to allow return of service to become an excuse for doing nothing." – PAIRO
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