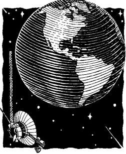

Features

Chroniques

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"Take some action, take some risk," conference on rural recruiting told

Michael OReilly

In brief

PHYSICIANS ATTENDING A RECENT CONFERENCE on the retention of physicians in rural areas proposed more than 40 recommendations for dealing with recruitment and retention issues. The conference was organized by Ontario's residents, who have been feeling the impact of attempts to encourage physicians to move to rural and underserviced areas.

En bref

LES MÉDECINS QUI ONT PARTICIPÉ À UNE CONFÉRENCE RÉCENTE sur la rétention des médecins en milieu rural ont proposé plus de 40 recommandations sur le recrutement et la rétention des effectifs. La conférence a été organisée par des résidents de l'Ontario qui ressentent les retombées des efforts déployés pour encourager les médecins à s'installer dans les régions rurales et mal desservies.

The problems facing rural medicine in Canada have little to do with recruiting physicians but everything to do with retaining them, a recent conference on health services in rural and remote Ontario was told.

"Retention, not recruitment, that is the problem," said Graham Scott, a lawyer and former deputy health minister in Ontario who wrote a watershed 1995 paper on the problems facing rural medicine that became known as the "Scott Report."

"The whole debate appears to have gone on too long with little in the way of concrete results," he told the conference, which attracted about 100 people to Valley East, a town just north of Sudbury. "It is time for all sides to take some action and to take some risk."

Across the country, rural residents have long been forced to cope with inadequate physician services. Nowhere is the uneven distribution of doctors more apparent than in Ontario. Physicians who step away from the major centres in well-populated southern Ontario enter a world in which too few physicians are doing too much with too few resources.

In an attempt to confront the issue, the Professional Association of Internes and Residents of Ontario (PAIRO) sponsored the 1-day conference earlier this year, which attracted physicians from across the province. The goal was to find ways to end the vicious cycle that marks medical recruiting in Canada's rural areas.

In the end, participants produced more than 40 recommendations during 7 workshops. Among the suggestions:

- Redefine the term "underserviced" to better reflect community needs and the long-term health of rural physicians
- Increase the number of residents in rural family medicine training programs.
- Increase the number of locum physicians by removing funding and eligibility restrictions.
- Invest more resources into keeping rural physicians healthy and happy.

Dr. Michele Miron, a PAIRO executive member and family medicine resident, explained that her organization is taking a lead role in the rural health care issue because it has no choice.

She criticized both the provincial Ministry of Health and organized medicine for their roles in recent contract agreements affecting young physicians. The January 1997 agreement between the Ontario Medical Association and the ministry

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did include some improved incentives to attract doctors to northern and rural communities "but unfortunately [it also] included discriminatory measures toward new physicians." These included billing limits on new physicians who set up practices in areas judged to be overserviced.

PAIRO sees these as Band-Aid solutions to complex problems. "The solutions are to be found through work with the communities, the physicians and by changing policies and directions of the Ministry of Health," said Miron.

Scott agreed: "If we only had 1 or 2 more provincial organizations putting the same level of effort into [dealing with rural health care issues] I think we would get the solution we all seek much quicker."

Scott outlined the findings from his 1995 report on emergency physician services in small or rural communities. The report chronicled a crisis in rural and northern health care that is centred on the unsustainable work environments and workloads facing physicians in these areas.

Scott pointed to a need for rural-specific education, improved financial incentives and appreciation for the challenges facing physicians in the rural setting. "Rural medicine is simply different from urban and suburban practice, and that has to be recognized," he said. "Is a rural doctor someone who couldn't cut it in Toronto? This is how it is viewed now in the medical profession. In fact, a rural doctor is someone who does 3 times as many procedures. They make tougher decisions and tougher calls and have to work much harder for the same financial rewards as their urban counterparts."

Graham Scott: too much debate, too few results

Scott said the time for study of the issue is past, and provincial governments and medical associations must move forward and offer some possible solutions. Medical schools must also get into the act by changing the way they educate new physicians. As Scott put it, "it is time for everyone involved to show some courage and leadership, and take some risks."

Scott argued that the current fee-for-service billing system is both unworkable and unsustainable. He supports the introduction of some form of globally funded group practice in which physicians work together to meet a community's needs.

These group practices could be created using many different models, such as rostering systems, community-sponsored contracts and globally funded clinics. Scott said it will take time and effort to find the best methods and methods chosen may vary for each community. He said such moves will require courage from both organized medicine and the government.

"It's going to be impossible to find a single policy that will work for everyone," said Scott. "There has to be flexibility and some risk-taking regarding structures. But it seems to me that everyone wants the same thing: healthy and happy physicians."

The answers are available, he concluded, and the time to act is now.

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