

Armed forces worried as physicians flee from military life

Nancy Robb

The Canadian Armed Forces, which has already been forced to take steps to retain its highly trained pilots because of stiff competition from civilian airlines, is now fighting to keep its uniformed family physicians. The decline in retention is so serious the military has been forced to eye new strategies to recruit and retain medical officers. Lieutenant-Colonel Henry Flaman, second-in-command of the Health Care Personnel Training and Development Division, says the armed forces needs 236 uniformed family physicians and specialists to support rescue, combat and peacekeeping operations. By this summer there was a shortage of 23 family doctors, and that number could double by next June. Canada currently has slightly more than 60 000 military personnel. "We see the problem being to bring in enough [doctors] to replace those who leave," says Flaman, who has been a military GP for 21 years. "In the past, recruitment has kept pace with attrition."

He says the armed forces is now considering clinical, geographic and pay incentives to make military service more attractive. The air force recently offered pay raises in an attempt to retain some pilots, who were leaving in droves for better-paying positions with airlines as soon as their obligatory service ended.

Since the 1960s, the armed forces has enlisted family physicians from among second-year medical students and then subsidized their education. In exchange, newly minted medical officers agreed to serve for a set number of years once their residency was completed. Flaman says several factors have affected recruitment since the early 1990s. The introduction of 2-year licensure for family doctors meant the military had to increase the length of obligatory service, and then residency restrictions discouraged some medical students from limiting their choice to family practice. As well, unflattering media coverage of the military, such as recent allegations of sexual harassment, hasn't helped matters.

Flaman says family medicine residents, who were surveyed in 1996, and medical officers have cited other reasons for declining interest in military medicine. They say that multiple moves involving far-flung bases, limited clinical activity and fear of the loss of professional autonomy make military service less appealing than civilian practice. And, he adds, "those individuals have a lot of available options."

Flaman says the military is considering several initiatives to make service more attractive. To broaden clinical activity, it is developing a policy that will require health care personnel to work outside the military for a set amount of time. Family physicians, for example, will be expected to work shifts in local emergency departments. "We want to be part and parcel of the total medical community," explains Flaman. "Our employer happens to be the military, but we are also part of the medical profession."

He says the armed forces, which has reduced the number of personnel transfers in the past year to save money, is also rethinking its tendency to transfer doctors who wish to stay put.

Moreover, medical officers, who haven't seen a salary increase since 1992, may be in line for a raise. In order to retain personnel, he says, "we have to close the gap somewhat" between military salaries and fee-for-service income. Flaman says the difference in pay ranges will be studied to develop a palatable range. Finally, medical officer recruitment will be broadened to target current residents in family medicine.

Flaman hopes location and financial incentives that are under development, such as elimination of student debt, will help draw recruits. "We have to compete for the hearts and minds of residents," he says. ?



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