Military set to offer large signing bonuses, higher pay in face of unprecedented MD staffing crisis

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The physician shortage in Canada's armed forces has become so desperate that newly minted family medicine residents may soon be offered signing bonuses worth from $75 000 to $100 000 for 4 years' service. In another move, some junior medical officers may also receive pay raises of up to 30%, an increase that would see some of them earning more than brigadier-generals in other branches. This measure is designed to improve retention.

Both moves, which still have to gain Treasury Board approval, have been proposed because the military is being stripped of its young physicians. The situation is already so serious that civilian doctors are working under contract at some bases, earning from $500 to $625 a day with no on-call duties. If current trends continue, the armed forces will be short 43 to 45 junior medical officers by the end of this year, and 99 by 2002. Total strength at the captain and major level, as determined in a recent defence white paper, is only 151 doctors. A shortfall of 99 physicians would leave the armed forces at 34% of assigned strength at this level, well below the minimum operational strength of 75%.

Lieutenant (N) Ron Goldstein (centre) in hyperbaric chamber during flight surgeon training course

The guys at the coalface

It all adds up to a huge headache for Lieutenant-Colonel Henry Flaman, the officer responsible for recruiting and retaining doctors. He says the problem has to be solved or it will create a vicious circle: as more officers leave the ones left behind will have to do more, and then they will also leave because of increasing job stress. He says the medical service is already short 18 majors simply because too few captains are staying long enough to be promoted. "The guys at the coalface are the captains and majors, and that is where we're taking the hit."

Captain Brian Devin tends to a civilian following a riot in Bosnia

The "coalface" means clinical work done at the unit level, and like any good military strategist Flaman is seeking ways to make the work more attractive.

The job will be hard. Not only are dozens of doctors preparing to leave — only 2 of the 41 physicians near the end of their obligatory service have indicated they will sign for further service — but no one is enlisting. By early February only 1 medical student had signed up for the Medical Officer Training Plan (MOTP). In the 1980s and early '90s, MOTP basic training classes typically contained 15 to 25 physicians; the 1992 class at the University of Toronto alone produced 7 military doctors. Not only is the retention rate dismal, but the military is being forced to recruit new medical officers in the face of unprecedented competition in both Canada and the US, where well-trained FPs are in high demand.

Flaman says the signing bonus, which he calls a "recruiting allowance," would save money because it now costs the military $300 000 to support medical students through 5 years of undergraduate and postgraduate training under MOTP. He hopes it will appeal to residents facing heavy debt loads.

At the other end, he wants to retain doctors by bringing salaries in line with the average income of Canadian family physicians. The medical service is seeking a "substantial increase" of between 20% and 30%; a 20% raise would leave junior medical officers earning well over $100 000, but Flaman says the military probably has no choice. "It is a supply-and-demand issue, and doctors are in demand."

He hopes the problem can be solved by hiring 30 new doctors a year — half via subsidized training and half via the signing bonus. "It's not rocket science. We have to solve this."

Away 13 months out of 15

The issues behind the looming shortage, which include pay rates, maintenance of competence and geographic stability, have been festering since the military began shrinking in the early 1990s. Although most government departments have been affected by Ottawa's deficit fight, none has been hit harder than National Defence; since the Liberals came to power, its budget has been cut by 23%, its personnel by 30%. The irony doesn't escape anyone in the armed forces: a government that cut billions from the defence budget as part of the "peace dividend" and bragged about it still loves to bask in the PR glow of sending military units to provide peacekeeping or humanitarian services in Canada and around the globe.

Captain (now Major) Jim Kile delivers humanitarian aid in a camp for displaced persons in the Former Republic of Yugoslavia

And that's a major reason why the popularity of military medicine is declining. Life for doctors while on their bases is reasonable: they usually work from 7:30 am to 4 pm, are free to moonlight, have no office expenses and receive numerous benefits, including paid vacation. However, they must always be prepared to leave this comfortable life at a moment's notice. Captain Brian Devin, who provides medical care for several hundred men in an infantry battalion at Canada's largest army base, CFB Petawawa, is leaving the army in 2 months even though he enjoyed many of the experiences. "It wasn't a hard decision," says the 1993 U of T graduate, who completed his residency at Queen's University. "I've been away for 13 of the past 15 months, either in Bosnia, Honduras or out in the field. My wife wants me to get out."

When Devin and Captain Paul Bradford (see sidebar) were considering whether to remain in the military, they prepared a list of conditions that they say must be met to improve retention rates. These ranged from higher pay and geographic stability to the provision of CME courses, shorter overseas tours for doctors, and family medicine re-entry courses in areas such as anesthesia and emergency medicine. Both doctors say that when the number of military doctors falls, it becomes difficult or impossible to meet many of the conditions. For instance, CME and other courses will be missed because "duty calls."

Although military personnel seldom criticize the government on the record, doctors interviewed for this article said they had a duty to speak out because of the implications a staffing shortfall holds for their patients — Canada's 60 000 military personnel.

Sure, we'll send troops to Kosovo

Lieutenant (N) Ron Goldstein, is worried because the number of military doctors is set to decline when they are needed most. He says "overtasked" military personnel are already facing "higher rates of physical illness and, more obviously, mental illness. Depression among soldiers and their spouses is becoming more common, and suicide attempts and suicide are a great concern. Finally, the family becomes a casualty through divorce."

Goldstein made the comments in a letter to the *Ottawa Citizen* after Prime Minister Jean Chrétien said that Canada would send troops to Kosovo, an announcement that caused more stress for the 5000 troops based at Petawawa. Goldstein says he had an ethical obligation to speak out, especially because he is worried that military personnel will not get the medical care they deserve. "I took the Hippocratic oath," he says.

Even Goldstein, who enjoys military medicine and would consider making it a career, says odds are 60-40 that he will leave when his obligatory service ends next year. A University of Toronto graduate, he signed on with the military as "a patriotic thing. My family came to Canada from Brazil, and I wanted to pay the country back."

Unless something is done, he says, within 5 years the military will be relying on civilian doctors to provide care on its bases and many battalions will no longer have their own medical officers. (The situation is already so bleak in Quebec that medical care at CFB Valcartier is coordinated by a civilian doctor, not a uniformed officer.)

In the future, says Goldstein, military medics may end up referring soldiers to civilian doctors. "So what happens

if the unit goes overseas?" he asks. "Who's going with them? A civilian doctor? I don't think so."

He also says that the retention problem extends beyond medicine, because staffing shortfalls already exist in the ranks of military pharmacists and medics.

Almost all 10 nonadministrative physicians based in Petawawa already work in emergency rooms and walk-in clinics throughout the Ottawa Valley. For instance, Dr. Paul Bradford says he earns more money working after hours and on weekends than in the military. He says he has to moonlight to maintain competence and remain current, since doctors at the base see few pediatric and relatively few female patients.

"You have to moonlight or the brain gets rusty," adds Captain Daisy Vianzon Edora, a UBC graduate who arrived at Petawawa last summer to join her husband, Captain Fil Edora. "The military provides a picked patient population, so the medicine itself isn't that interesting or challenging."

"Three-quarters of it is orthopedic sports medicine, with sore backs, ankles and so on," agrees Goldstein. "You're basically dealing with people aged 18 to 40, and anyone who becomes seriously ill gets released."

A world of hurt

The job of making military medicine more palatable at Petawawa falls to Major Jim Kile, the base surgeon, who is responsible for coordinating care for the base's 5000 potential patients. He says he only has to look at his officers' dress uniforms to see where the major difficulty exists. "You see young guys here with 5 or 6 ribbons [each signifies a different deployment] and you know why there is a problem. [Deployments are] part of the deal when you sign on, but after a while civilian life starts to look awfully appealing."

Kile, who graduated from the University of Toronto in 1992, says the medical service is facing a multifactorial problem that it must solve quickly. "Two of my captains — both unit medical officers — are leaving in May, and to the best of my knowledge no one is coming in to replace them. If we don't do something, and do it soon, we could be in a world of hurt."

So what does the future hold? Ron Goldstein isn't holding his breath. "The way things are going," he sighs, "the last one standing will be surgeon general."

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"I'm outta here"

Captain Paul Bradford should be a poster boy for military medicine. A former air cadet whose family medicine skills were honed in northwestern Ontario's superb residency program, he signed on with the Medical Officer Training Plan in 1989 and currently serves as medical officer with the Royal Canadian Dragoons at CFB Petawawa. Come May, the Dragoons will need a new doctor — Bradford is returning to civilian life and a year's training in emergency medicine. After that, he'll hang his shingle in southern Ontario.

Military life looked reasonably attractive when Bradford joined up — military physicians had just been granted a large raise and there was a chance for attractive postings to places like West Germany.

He probably signed on at the worst possible time. Not only did massive personnel cuts begin early in the 1990s — strength has dropped from 85 000 personnel in the late 1980s to 60 000 today — but the government began asking the military to do more.

During 4 years of full-time duty Bradford did not benefit from a posting to Germany because Canada no longer has bases there. Instead, he was posted to the country's busiest army base and completed a tour in Bosnia, provided 5 weeks of emergency relief in Honduras and spent a month in Winnipeg during the 1997 flood. He also answered the call during Ontario's 1998 ice storm and Toronto's 1999 blizzard, and participated in several military exercises.

"There's more to it than the pay," says Bradford. "My wife wanted me to get out, basically because there's so much uncertainty — they can suck you out of your life any time they want."

Captain Paul Bradford greets young patients at Canadian clinic in Bosnia; a Bison armoured ambulance is in background

As he gets ready to leave, he's worried about the soldiers he's leaving behind. "Brian [Devin] and I are still primaries [to be posted to] Kosovo, DART [the military's disaster response team], an air disaster or to replace a doctor injured in Yugoslavia," Bradford says, "and in a few months we'll both be gone.

"Who's going to replace us?"