

Head-hunting in the health care jungle

When a mining town in northern British Columbia recently found itself in need of an occupational health physician, it faced a tough job. Although a shortage of health care professionals is a headache across Canada, in remote communities the headache becomes a migraine. That's why the BC town, despite the 6-figure cost involved, hired a headhunter to fill its vacancy. Within a few weeks, a new physician arrived.

So how did the headhunter do it? He decided that the town's strongest selling point was that it was one of the only locations in Canada where a fisherman can land a 20-kg salmon, so he cross-tabulated lists of occupational health physicians with membership lists of sport-fishing associations. And he landed his catch.

Although the hot market for physicians has been a boon for medical journals — the Mar. 20 issue of *CMAJ* contained 30 pages of classified job ads, the most in its 90-year history — it also means that employers must be more systematic and strategic if they are going to

fill vacancies. However, few administrators have time to conduct thorough searches, so they turn to search firms. Many of the searches are conducted by Francis Brunelle, who for the past 14 years has led the health care search practice at Caldwell Partners International Inc. More than 40% of his time is spent looking for doctors to fill senior posts — deans of medicine, chairs of academic departments and the like. Brunelle is the only Canadian headhunter whose work is devoted exclusively to health care.

The tools used by recruiters have moved far beyond a Rolodex filled with the names of potential recruits. Today's headhunters use databases that include, for example, the names of all physicians with an MBA. Headhunters also rely on "e-cruiting." With sites such as Monster.com, physicians in Iran or South Africa can look at job opportunities in Canada without leaving their offices.

Brunelle says headhunters see themselves as honest brokers whose conversations with the employer and the potential

candidate can be more candid than if the 2 parties speak directly. "We're in the marriage-brokerage business," he says, "and we want a successful marriage."

A major challenge for headhunters is overcoming bad publicity. In recent years Brunelle has filled top jobs at both the Canadian Red Cross, in the wake of the tainted-blood scandal, and at the Faculty of Health Sciences at Pakistan's Aga Khan University, at a time when martial law had been declared and both India and Pakistan had started testing nuclear weapons. It is all a question, he says, of focusing on the appointment's attractions and finding candidates at the right stage in their career to take on the job.

The names of many senior Canadian physicians already reside in Brunelle's Rolodex, but many doctors remain unaware of the shifting face of health care recruitment. If headhunters call and introduce themselves as executive search professionals, many doctors still respond: "You're a *what*?" — *Charlotte Gray, Ottawa*

Medical school enrolment growing too slowly?

The Association of Canadian Medical Colleges says enrolment at Canada's 16 medical schools attained its highest level since 1987 during the 2000/01 academic year, with first-year enrolment reaching

1776 students. This compares with 1656 students in 1999 and 1576 in 1995 — the low-water mark set after provincial governments implemented enrolment cuts during the 1993 academic year. In 1987, first-year enrolment stood at 1786 students.

However, even though the additional 120 students accepted this year represent a 7.2% increase in enrolment — this is equivalent to the annual output of the University of British Columbia medical school — an expert on these issues says the growth rate is too slow. "The only province that has been moving quickly is Alberta," says Toronto cardiovascular surgeon Hugh Scully, the CMA's immediate past president. He praised Alberta for the increases it announced on both sides — undergraduate and postgraduate — of the training equation.

Two years ago Scully cochaired a Canadian Medical Forum task force that called for a 20.7% increase in undergraduate enrolment, to 2000 first-year posi-

tions, by the start of the 2000 academic year. The task force said the increase was needed to deal with Canada's aging population, aging physician workforce, physician migration and a worsening physician shortage.

Alberta's 2 medical schools have enjoyed the largest enrolment increase. First-year undergraduate enrolment now stands at 227 students, up 25% from a year earlier. Enrolment in Quebec's 4 medical schools now stands at 541 students, a 20% increase since 1998, while enrolment in Ontario's 5 schools rose by 9% this academic year, to 586 students. No increases worth noting were posted elsewhere.

Scully, who is cochaired the Canadian Medical Forum task force that is currently developing a human resource strategy for physicians, says staffing issues are going to dog most health care professions for the foreseeable future. "The reality," he adds, "is that nursing is in an even worse way than medicine." — *Patrick Sullivan, CMAJ*

