

# Nova Scotia hopes to solve recruitment problem with joint effort from MDs, government

Nancy Robb

## In Brief • En bref

The Medical Society of Nova Scotia and the provincial government hope to solve the physician shortage in rural parts of the province with a recruiting effort that includes monetary incentives to fill some positions. A new locum service is designed to improve physician retention by making it easier to take vacations and pursue education programs.

La Société médicale de la Nouvelle-Écosse et le gouvernement provincial espèrent régler le problème de pénurie de médecins dans les régions rurales de la province en lançant un effort de recrutement qui comporte des incitations financières pour doter certains postes. Un nouveau service de remplaçants vise à retenir davantage de médecins en les aidant à prendre des vacances et à suivre des programmes de formation.

Despite scepticism among rural physicians, Nova Scotia's coordinator of medical recruitment says his appointment is starting to pay off.

Frank Peters says he has been receiving two to three requests a day for information about practice opportunities. "That doesn't mean we're going to recruit all of these [doctors]," he says. "But even if we only recruit 25%, I think we'll have been quite successful."

Peters, a former drug-company sales representative and continuing medical education coordinator, hung his shingle at the Medical Society of Nova Scotia (MSNS) in September 1995. He believes he's the first recruiter in Canada to be co-hired by a medical society and a provincial government.

"A lot of areas needed physicians," says Peters, appointed as a result of contract negotiations between the province and its doctors. "What we needed was a conduit — one person who could more or less channel people through communities and help alleviate the situation."

As in other provinces, the shortage of rural physicians here became acute a few years ago when a growing number of doctors, disgruntled over fee and service cuts, started to leave for greener pastures. One of the latest to leave is Dr. Rob Kimball, immediate past president of the MSNS, who moved to North Carolina.

"Rural physicians were . . . overworked with long hours and no backup, and often no specialist backup," says Halifax neurologist LeRoy Heffernan, another MSNS past president. "The remuneration wasn't good, they couldn't get away

for CME, they couldn't get away for vacation. . . .

"We thought if we could make [rural practice] attractive — if we could recruit and help people in rural communities by lessening their workload — we would get new people and the people who were sitting on the fence about wanting to go would change their mind and stay."

Although the departure of specialists is also cause for concern — Heffernan himself is leaving for Saudi Arabia — Peters' present mandate is to find family physicians for Nova Scotia's underserved areas and to help set up and coordinate a rural locum service.

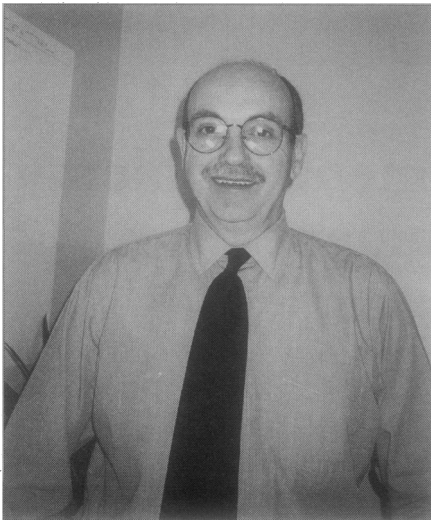
He says the province still needs about 35 general practitioners, depending on "the given day." Seven incentive and 13 nonincentive positions have already been filled, with about five of the physicians recruited directly by Nova Scotia communities. Most of the jobs have been taken by Canadian graduates, although some have been filled by doctors from Commonwealth countries who were already practising in Canada.

Physicians who fill the incentive positions qualify for the province's incentive package, which provides a minimum annual salary of \$138 000, a \$50 000 bonus, moving expenses and other assistance.

"What I have been trying to do is increase awareness that we have jobs available," says Peters, who uses advertising, mailouts and other means to get his message across.

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**Frank Peters: won't solve recruiting problem overnight**

"We've received requests for packages . . . from across Canada and a fair number from the United States as well," he adds, noting that he's also received queries from doctors in other Commonwealth countries. About 100 physicians qualified to practise in Nova Scotia have received the recruiting packages, as have 125 residents training in Eastern Canada.

Some rural physicians say the figures sound too good to be true. Dr. Niall Buckley, chair of the medical society's Section of Rural Practice, is among the sceptics. "We don't know who he's talked to [or] what the status is," he says.

Buckley, one of three family physicians in Barrington Passage, hasn't had a vacation since he opened a practice there in December 1993. He thinks having a recruiter is "in some respects an excellent idea," but he's worried that rural physicians do not have input into the type of person hired or, initially, the development of a recruitment strategy. "Our feeling has been that the incentive package that exists at the moment is not really the ideal tool for Frank Peters to work with."

Early this year his section proposed, among other things, that rural physicians be placed on an alternative payment scheme, compensated for call duty and guaranteed

locum relief for vacation and CME. The section also recommended a larger locum pool and overhead coverage for locum doctors.

"Lifestyle issues need to be addressed," says Buckley. "Bodies are not going to come unless they have guarantees — vacation and CME and a light at the end of the tunnel."

But Buckley, who believes Nova Scotia should step up recruiting outside Canada, concedes that "the number of bodies is scarce on the ground." Indeed, when he was interviewed last spring Dr. Darren Jakubec could think of "few" family-medicine residents graduating from Dalhousie University who wanted "to stay in Nova Scotia at all costs" or had enlisted for rural service.

"I think the people who have signed up would have pursued those areas despite recruitment," said Jakubec, a family-medicine resident who also graduated from Dalhousie this year. "I don't think it's changed anybody's mind one way or another."

Jakubec has been involved in "critiquing" the locum service. Like Buckley, he says "there better be some pretty good incentives" to make "moving every 4 weeks" attractive.

The contract for locum services is now being finalized. The goal is to have two to four full-time locum physicians who would receive a minimum annual net salary of \$100 000.

Meanwhile, Jakubec doubts the recruiting process is going to work. "The market will dictate and personal choice will dictate," he says. "If someone wants to go to an underserved area, chances are they're going to go anyway, or they're going for reasons other than the incentive package. The amount of influence the incentive package has is minimal.

"Ultimately, it comes down to a mistrust of government. If they keep changing things this much, what's going to become of the incentive package 2 years down the road and what's going to become of the obstetrician or hospital in the community?"

Peters and Heffernan have heard those complaints before. "We had

no illusion that this was perfect, [but] the option was to do nothing," says Heffernan, who thinks the "manpower situation" has been extremely difficult across the country.

"I do feel that . . . it's going to show results. That may not be satisfactory for the physicians now groaning under the weight of their responsibilities, but I do think that in the long haul benefits will be achieved from pursuing this approach."

Peters agrees. "Sometimes I wish I could do more, but when you don't have the physicians to work with all you can do is keep advertising and keep the whole process going so that when they are available you're going to get them.

"I firmly believe that there are doctors out there for every community. It's just a matter of finding them."

Peters plans to focus more of his efforts on recruiting residents — he says he came on board too late to have much impact on this year's graduating crop — and if necessary he will look for graduates outside Nova Scotia. He has already travelled to Newfoundland and found "a lot of interest" among residents at Memorial University.

Peters, who spends much of his time on the road visiting underserved areas, intends to build a database of community profiles. He's already expanded his recruiting search to the Internet. However, he knows that marketing is only part of the equation. "Recruitment is one thing, but retention is the next big step for all of us in Canada," he says. He thinks the Atlantic provinces will eventually band together to tackle the region's physician shortages.

For now, he hopes the locum service and education efforts to help reduce unnecessary patient demand will help address retention problems. "This position is new, it's different," he says. "If we all work together and if we work in tandem we can solve it, but it's not going to be solved overnight." ■