

Briefing Note: Physician Recruitment and Retention in the Atlantic Provinces

The following briefing note summarizes the toolkit development by the Atlantic Task Force: Physician Recruitment and Retention project. Read the full toolkit [here](#).

Participating institutions for the development of the full toolkit:



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Issue

Atlantic provinces have some of the highest proportions of older adult populations in the country. With that comes higher need for health care system use as the likelihood for development of chronic conditions and other diseases increase. The current shortage of physicians in the Atlantic provinces, critical need for health care providers in rural areas, and lack of recruitment and retention efforts, poses a threat to keeping pace with the increasing trajectory of health care needs of the population.

Key Takeaways

This briefing note summarizes the work of the Canadian Federation of Medical Students – Atlantic Task force. Atlantic provinces are deploying physician recruitment and retention strategies for rural areas to attract candidates in every stage of their medical careers. These strategies include efforts at the pre-medical school stage, medical school, residency, and the post-residency stage. Provincial efforts should be geared toward taking advantage of the evidence that exists and upscaling these initiatives as much as possible at every stage to not only recruit but also to retain physicians in rural communities.

This summary highlights the recommendations from the toolkit developed for policy decision makers at the regional and provincial levels.

Communication and information access:

- Nova Scotia implemented an Office of Health Care Professionals Recruitment. Community navigators, recruitment consultants and other positions have been established as well. Ensuring that these contacts are available to medical students paired with resources and improved connections.
- In Newfoundland and Labrador, it is recommended to create a platform for students to share information and experiences in rural NL.

Support for rural regions:

- In New Brunswick (NB), it is recommended that a network of physicians be created to reduce pressure and isolation of physicians who practice in rural areas and further incentivize new practitioners. Additionally, it was noted that personal and social factors play a role in placement decisions. Information on activities outside of medicine, and the implementation of a life-partner hiring system would attract physicians and their partners.
- For NS-based clinical rotations, more information and assistance is needed to incentivize students to choose rural placements over placements within Halifax.
- Identify research areas and project opportunities to attract physicians, residents, and students to rural areas in Newfoundland and Labrador.
- Create more opportunities for medical students from other provinces to complete placements in rural NL. Additionally, summer research programs and shadowing opportunities may further incentivize medical students across Canada to go to rural NL.
- In medical school interviews, incorporate questions about rural placements to understand desire among students to return to rural areas.

Recruitment and retention strategies:

- Including medical student representation on NS recruitment committees to ensure the student perspective from each cohort is present. Further, each province would benefit from performing a formal survey of medical students and residents on current recruitment and retention strategies, local engagement, and initiatives.
- Continue to promote the Medical Student and Resident Registration Form to gather information about individuals hoping to practice medicine in PEI and utilize the information gathered to strategically recruit future physicians.
- Implement a registry similar to those in PEI and NB for students interested in careers in NS. In NL, the current efforts for new payment models, a physician human resource plan, and collaboration with government are noted. Implementing the suggestions for incentivizing students to rural areas in NL may strengthen these efforts.

Background

Physician shortages are currently a much discussed and debated issue across developed nations, including Canada. In the Atlantic provinces, the news is rife with articles proclaiming that the healthcare system 'is broken' and something must be done urgently to restore it. One of the key areas of concern in this regard is rural areas. While the healthcare human resources problems in cities remain dire, rural areas lag behind even more due to higher turnover and retirements in some cases.

Research shows that 73% of physicians finishing postgraduate education in 2012 stayed in the same province of their postgraduate education in 2014

This briefing note highlights areas where provinces could direct their efforts when trying to recruit and retain physicians in the rural areas from pre-medical school, medical school, residency to post-residency. Harnessing these important findings for physicians' recruitment and retention at each stage and employing them in practice can have positive implications for the rural areas' healthcare systems in the long run.

Key findings

This section highlights what can be done to reap the most benefits at each stage in a medical student's journey to encourage practicing in rural areas.

Pre-Medical School

There is need for outreach to high school and university students to promote continuing education and medical practice. Evidence shows that when one grows up in rural areas and has a desire to practice medicine or indicates interest to practice in rural areas when entering medical school, then they are more likely to end up practicing in rural areas. Therefore, outreach and promoting continuing education and medical practice in rural schools is crucial to close the information and motivation gap in qualifying for medical school among rural educated students.

Further, tuition costs and lack of role models may impede interest in the field of medicine for rural students. Hence, there is need for rural family physicians who integrated well into their communities to serve as important role models for would-be physicians. Also, there should be greater financial supports and meaningful policy changes to increase the number of rural applicants. Policy changes such as increasing the number of spots for rural students will have a positive impact for future applications to the medical field from rural students.

Medical School

Rather than adopt a homogenous approach to training for rural medical practice, efforts should be made to ensure an appropriate fit between students and placement communities to improve student experiences. Additionally, students should be placed in communities that approximate their future practice locations. This is because evidence shows that an effective recruitment and retention strategy incorporates a holistic approach where multiple strategies are used, while promoting continuity across the phases of a physician's life. This integrated model, which starts with high school engagement and offers extensive rural-focused medical school and residency curricula, has been shown to have best results for recruitment and retention of physicians in

rural communities. In addition, financial incentives, such as direct grants and loan repayment programs after completing training, have been shown to have a more meaningful effect compared to return of service bursaries because students' preferences may change during training. However, return of service bursaries were shown to be most beneficial to those already planning on working in an area. Therefore, it is important to optimize fit between financial incentives and training placement for students to achieve the greatest benefits for rural areas.

Residency

Exposure to high quality training experiences is a determining factor for where one ends up practicing. While financial incentives have a bearing on this, they are not the sole determinant as factors such as childcare and a partner's satisfaction play a key role too. Therefore, it is inadequate for provinces to focus solely on the resident, but they should attract the family and have adequate employment for the partner and educational facilities for their children. Communities that cater to the whole individual's needs, including that of the members of the family, have significantly higher chances of retaining medical staff. Additionally, the longer rural rotations are, the more likely are the positive effects for physicians to practice in rural areas.

Rural Rotation

American family medicine residents in a 2-year rural rotation showed that 76% subsequently practiced in a rural setting, and 72% intended to stay in that area indefinitely!

Post-Residency

Provincial programs should attempt to accommodate personal preferences to increase retention. This is because findings show that those who practiced in an area chiefly due to financial incentives tended to not experience high job satisfaction, which meant they would leave the area after their obligations were met. Provincial efforts should therefore focus on all the stages from recruitment, matching, preparation, monitoring and continued support to retain staff in the rural areas. Additionally, adequate housing, partner employment, access to childcare facilities, and financial incentives all act as important protective factors to physician burnout from the usually high workloads found in rural settings.

Atlantic Provinces Recruitment and Retention Strategies

Overview

Atlantic provinces are currently using different strategies to recruit and retain physicians. The tables below highlight these efforts from the pre-medical, medical, residency to the practicing physician stage.

New Brunswick (NB)

With one of the highest percentages of older adults coupled with a higher than 60% of its population having more than one chronic condition, New Brunswick has a great need for physicians. In 2017, about 6.4% of New Brunswick's population (about 49,000 individuals) did not have a primary care physician.

Nova Scotia (NS)

Nova Scotia has become the most populated province within the Atlantic region having recently reached over 1 million residents as of 2021. More than 116,000 Nova Scotians are waiting for a family physician on the Need a Family Practice Registry as of October 2022¹.

Prince Edward Island (PEI)

At the start of 2022, there were over 21,000 people on PEI's patient registry for a primary care provider, making up approximately 7.7% of the population in need of a family physician or nurse practitioner. This number may be higher since patients must apply to the registry, creating potential for patients to be without a primary care provider and not on the list to find a replacement.

Newfoundland & Labrador (NL)

NL has the fastest aging population in the country. By 2038, it is predicted that more than one-third of the population will be over the age of 65. Additionally, NL has the highest incidence of chronic disease in Canada, thus resulting in massive strain on the healthcare system.

¹ <https://atlantic.ctvnews.ca/nova-scotia-family-doctor-waitlist-hits-116-000-people-1.6109766>

Fig. 1: Pre-Medical Programs Overview

Province	General Outreach	Financial Incentives	Rural Recruitment	Diversity Promotion	Unique Program/ Benefits
New Brunswick	-Social Media Promotion / Counselling -Information sessions -Pre-med program and pre- professional programs	-Scholarships -Bursaries	-Community navigators -Informal community outreach	-Promoting Leadership in health for African Nova Scotians (PLANS) and Indigenous Health Program offers mentorship and interview preparation	-Two Canadian Medical Schools in New Brunswick -Allocated medical student seats at two other Medical Schools in Canada (Université Laval, and Université de Montréal)
Nova Scotia	-Social Media Promotion -Job/School Fairs -Information Sessions -Health Profession/Science Camps	-Scholarships, Bursaries -Membership Discounts	-Community Navigators -Informal Community Outreach	-Targeted Outreach, Scholarships/Bursaries/Fundi ng, Programs, Mentorship -BIPOC-specific: Circle of Support Mentorship Program, Eagle “Kitpu” Wise Program, Atlantic Indigenous Mentorship Network (AIM), Promoting Leadership in health for African Nova Scotians (PLANS), Dalhousie Black Medical Students’ Association (DBMSA)	-Mentor Plus Strategy -Cooperative Education Programs in Participating High Schools
Prince Edward Island	-Social Media Promotion -Information Sessions	-Scholarships, bursaries	N/A	N/A	-Health Care Futures Program -Reserved medical student seats in three Canadian medical schools
Newfoundland & Labrador	-Social Media Promotion	-Scholarships, bursaries	N/A	N/A	-MedQuest Summer Program -57 reserved medical student seats at Memorial University for Newfoundland residents.

Fig 2: Medical Students Atlantic Provinces Overview

Province	General Outreach	Financial Incentives	Rural Recruitment	Diversity Promotion	Unique Program/ Benefits
New Brunswick	<ul style="list-style-type: none"> -Social Media Promotion -Information sessions -Family Med Interest Group Dinners -Mentorship Program -Wellness programs (MD4MD, tailored counselling sessions) -Physician Navigator 	<ul style="list-style-type: none"> -Scholarships, Bursaries -Paid Summer Observership Program -Tax rebate of up to \$20,000 	<ul style="list-style-type: none"> -Informal Community Outreach -Longitudinal Integrated Clerkship Dalhousie (LICD) -Med1 Rural Week (Accommodation& Travel Funded) 	<ul style="list-style-type: none"> -Access to Black Student Advising Center -Dalhousie Curriculum Refresh Equity Diversity & Inclusion Sub Committee -Dalhousie Black Medical Students' Association (Dal BMSA) 	<ul style="list-style-type: none"> - Dalhousie Medicine New Brunswick Welcome Package (stethoscope, reflex hammer, tuning forks, flashlight, and other medical tools)
Nova Scotia	<ul style="list-style-type: none"> -Social Media Promotion -Job/School Fairs -Information Sessions -Dinners -Networking 	<ul style="list-style-type: none"> -Scholarships, bursaries 	<ul style="list-style-type: none"> -Community Navigators -Informal Community Outreach -Longitudinal Integrated Clerkship Dalhousie (LICD) -Weekend Rural Trips (Fully Covered) -Med1 Rural Week (Accommodations + Travel Covered) -Free/Discounted Medical Learner-specific Accommodations in Select Locations 	<ul style="list-style-type: none"> -Targeted Outreach, Scholarships/Bursaries /Funding, Programs, Mentorship -BIPOC-specific: Dalhousie Curriculum Refresh Equity Diversity and Inclusion Sub Committee, Dalhousie Black Medical Students' Association (Dal BMSA) -Francophone-specific: <i>Réseau Santé</i> 	<ul style="list-style-type: none"> -DNS Welcome Package (stethoscope, reflex hammer, tuning forks, pupil light, measuring tape, visual acuity card) Government Changes -+16 seats to Dalhousie Medicine Nova Scotia targeting rural communities, Mi'kmaq and other Indigenous peoples, and African Nova Scotians -Increased Preceptor Payments to \$450/Week -New Office of Health Care Professionals Recruitment (see Practicing Physician for details) -New NSH Physician Recruitment Consultant-Medical Learners Position
Prince Edward Island	<ul style="list-style-type: none"> -Social Media -Information sessions and presentations 	<ul style="list-style-type: none"> -Book Allowance (\$500 in 2nd & 3rd year) -Scholarships, bursaries 	<ul style="list-style-type: none"> -Opportunities for placement on PEI during 	<ul style="list-style-type: none"> -Starting in 2022 1 seat at Dalhousie University through the 	<ul style="list-style-type: none"> -Black Bag Program (stethoscope, reflex hammer,

	<ul style="list-style-type: none"> -Networking events and dinners -Chief Physician Recruiter and members of Recruitment & Retention Team 	<ul style="list-style-type: none"> -Family Medicine Sponsorship Program (\$80,000 divided over three years) 	<ul style="list-style-type: none"> pre-clerkship placements and clerkship rotations. 	<ul style="list-style-type: none"> Widening Accessibility Stream -Plans for 1 seat at UPEI/MUN medical school for an Indigenous Student once open. 	<ul style="list-style-type: none"> tuning forks, flashlight, and other medical tools) -MSPEI licensure fees covered -Reserved medical student seats in three Canadian medical schools
Newfoundland & Labrador	<ul style="list-style-type: none"> -Regional Health Authority Recruiters attend general orientation and career days for medical students 	<ul style="list-style-type: none"> -Undergraduate Medical Student Bursary Program valued at \$7500 for a 1-year return of service contract -Scholarships, bursaries 	<ul style="list-style-type: none"> -Medical students in years 1-3 complete rural medicine placements -Municipal Recruitment Working Groups Informal Community Outreach 	N/A	<ul style="list-style-type: none"> -Rural Medicine Interest Group (RMIG) Annual Conference

Fig 3: Medical Residency Atlantic Provinces Overview

Province	General Outreach	Financial Incentives	Rural Recruitment	Diversity Promotion	Unique Program/ Benefits
New Brunswick	<ul style="list-style-type: none"> -Social Media Promotion - Information sessions -Networking -Recruitment Consultants -Physician Advisors -Physician Navigator (new) 	<ul style="list-style-type: none"> -Recruitment incentives for new physicians and medical residents -Some of the highest Resident Gross Salary in Canada -Scholarships -Bursaries 	<ul style="list-style-type: none"> -Informal Community Outreach -Rural Rotations 	-N/A	<ul style="list-style-type: none"> -Help with billing numbers, processing and acquiring electronic medical records
Nova Scotia	<ul style="list-style-type: none"> -Social Media Promotion -Job Fairs -Information Sessions -Dinners -Networking -Recruitment Consultants -Physician Advisors 	<ul style="list-style-type: none"> -Some of the highest Resident Gross Salary in Canada 	<ul style="list-style-type: none"> -Community Navigators -Informal Community Outreach -Rural Rotations -Clinic Crawls -Increased distributed learning -Longitudinal curriculum (Annapolis Valley, Cape Breton- Inverness, North Nova, and South West Nova Family Medicine Sites only) 	<ul style="list-style-type: none"> -Targeted Outreach, Scholarships/Bursaries/Funding, Programs, Mentorship 	<ul style="list-style-type: none"> Extended Health & Dental Government Changes - +10 Family Medicine Positions - +15 Specialist Positions -Possible additional targeted residency positions in future -Increased Preceptor Payments to \$250/Week -New Office of Health Care Professionals Recruitment
Prince Edward Island	<ul style="list-style-type: none"> -Social Media -Information sessions and presentations -Networking events and dinners -Chief Physician Recruiter and members of Recruitment & Retention Team 	<ul style="list-style-type: none"> -Family Medicine Sponsorship Program (\$80,000 divided over three years) -Some of the highest Resident Gross Salary in Canada 	<ul style="list-style-type: none"> -Informal Community Outreach -Rural Rotations -Community Navigators 	<ul style="list-style-type: none"> -Ability to practice with Francophone and Indigenous Communities 	<ul style="list-style-type: none"> -Focus placed on orientation, mentorship, and community support for new physicians
Newfoundland & Labrador	<ul style="list-style-type: none"> -Regional Health Authority Recruitments attend resident core content days, 	<ul style="list-style-type: none"> -Provincial Bursary Program for Medical 	<ul style="list-style-type: none"> -Municipal Recruiters host social events for residents. 	N/A	<ul style="list-style-type: none"> -Option to cut 3-year return on investment to 1.5-year return on investment.

	panels, social events, and activities.	Residents completing their final two years of training -3-year return on investment ranging from \$25,000 - \$90,000 with amounts increasing based on rurality.			
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Fig 4: Practicing Physicians Atlantic Provinces Overview

Province	General Outreach	Financial Incentives	Rural Recruitment	Diversity Promotion	Unique Program/ Benefits
New Brunswick	<ul style="list-style-type: none"> -Social Media Promotion -Information sessions -Networking -Recruitment Consultants -Physician Advisors 	<ul style="list-style-type: none"> -Relocation Allowance (up to \$8,000) -Recruitment incentives for new physicians and residents (\$20,000 to \$80,000 depending on specialty) -Parental Leave Program (\$2,000 per week for up to 26 weeks) -Continuing Medical Education support (\$3,000 to \$6,000) -Retention fund eligible to fee-for-service physicians -Guaranteed minimum remuneration of \$175,000 to family physicians practicing in NB 	<ul style="list-style-type: none"> -Higher financial incentives in rural areas 	-N/A	<ul style="list-style-type: none"> - Family Med NB (FMNB) offers improved work-life balance through its many programs
Nova Scotia	<ul style="list-style-type: none"> -Social Media Promotion -More than Medicine+ Website -Job Fairs -Information Sessions -Networking -NSH Recruitment Consultants -NSH Physician Advisors -DNS Physician Advisory Team 	<ul style="list-style-type: none"> -ROS Agreement (5-year ROS, \$125,000) -Site Visit Program -Relocation Allowance -Locum Support 	<ul style="list-style-type: none"> -Community Navigators -Informal Community Outreach -Community-led Recruitment Funding (Culture Innovation Fund: Healthy Communities Stream and DNS Community Physician Hospitality Fund) -Community Recruitment & Retention Committees 	N/A	<ul style="list-style-type: none"> Extended health & dental Government Changes • +8% Increased Pay • Future Succession Planning • Future Pilot of Blended Capitation Model • New Office of Health Care Professionals Recruitment
Prince Edward Island	<ul style="list-style-type: none"> -Social Media -Information sessions and presentations 	<ul style="list-style-type: none"> -Return of Service Agreements (variable funding based on specialty) 	<ul style="list-style-type: none"> -Family Medicine Sponsorship Program recruits participants for 	N/A	<ul style="list-style-type: none"> -Focus placed on orientation, mentorship, and community support for new physicians

	<ul style="list-style-type: none"> -Networking events and dinners -Chief Physician Recruiter and members of Recruitment & Retention Team -Community Navigators 	<ul style="list-style-type: none"> -Moving Reimbursements (up to \$10,000) 	<ul style="list-style-type: none"> five years in an area of greatest need -Community Navigators 		<ul style="list-style-type: none"> -Spousal Employment support to create connections in specific areas of interest and training -Community Navigators to provide guidance on housing, childcare, and educational pathways
Newfoundland & Labrador	N/A	<ul style="list-style-type: none"> -Annual retention bonuses -Relocation and CMPA fee reimbursements -Up-to-Date Subscriptions in all RHAs with the exception of Central Health 	N/A	N/A	<ul style="list-style-type: none"> -Low overhead costs in rural areas -Potential for subsidized housing