

Ontario's New Physician Recruitment and Retention Programs Bringing the Underserved Area Program Into the 21st Century

A Consultation Paper Spring/Summer 2009

As part of the Government's commitment to improve health care for all Ontarians and to make Ontario the best place to work, the Ministry of Health and Long-Term Care is redesigning and strengthening the physician recruitment and retention initiatives that are currently part of the Underserved Area Program (UAP).

It is time to rethink our physician recruitment and retention programs – to bring the UAP into the 21st century. Using what we have learned about effective ways to attract and keep physicians, we can create programs that will help all Ontario communities – northern and southern, rural and urban – reduce or avoid physician shortages.

The timing is right: a number of recent developments in physician training and workforce planning are creating opportunities for change, including:

- a significant increase in the number of physicians graduating – many of whom have return-of-service agreements
- other ministry initiatives – such as Family Health Teams, the Health Care Connect program, the Northern Ontario School of Medicine and other training initiatives like Medical Education Campuses in southern sites and Distributed Medical Education throughout the province – that are helping to improve access to care and physician distribution as well as to reduce physician shortages
- a better methodology for identifying communities that are likely to have the greatest ongoing difficulty attracting and retaining physicians.

Goals

- To meet the unique needs of northern and rural communities that face chronic problems recruiting and retaining physicians.
- To help all Ontario communities that experience physician shortages.

To be successful, the redesigned programs need the support of all partners: physicians, communities, government and other stakeholders. The purpose of this consultation paper is to explain how the government intends to redesign the physician recruitment and retention components of the UAP and to generate advice from all these stakeholders on how to implement the new programs and achieve our common goals.

The Opportunity

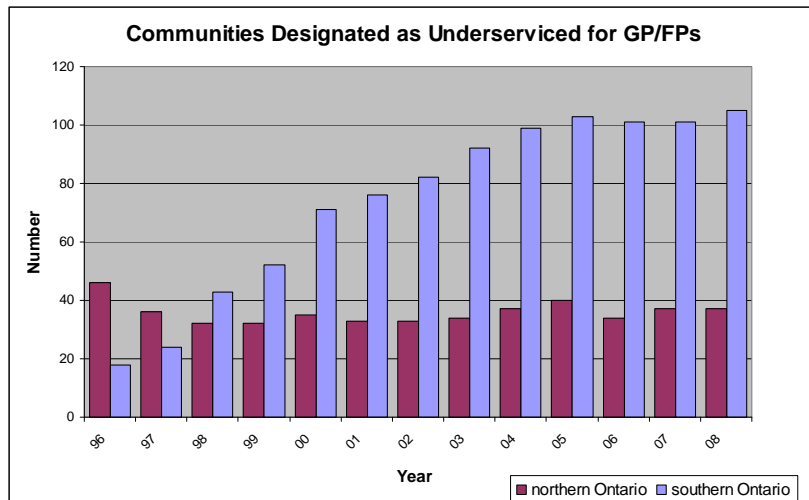
To move from a one-size-fits-all UAP ...

The UAP, established in 1969, was designed to help northern and rural communities that had chronic problems recruiting and retaining physicians and other health care providers. The UAP currently has more than 12 programs and incentives for physicians, including funding incentives, free tuition in exchange for return-of-service, outreach programs, support for visiting physicians, and resident placement programs.

The value of the financial incentives in the UAP has not changed since the 1980s – but those incentives are now spread across many more communities.

To qualify for UAP, communities have to be designated as “underserved”. In the early 1990s when physician shortages became more widespread, urban communities in southern Ontario began applying to be designated as underserved – mainly because that was the only way they could access a program that was key to helping them recruit physicians: the return-of-service.

Within a matter of a just a few years, the number of designated underserved areas in the south began to overwhelm the number in the north. By 2008, almost 3 out of every four “underserved” areas were in southern Ontario. Although the UAP was created to help rural and northern communities, currently only \$1 of every \$5 the program spends on physician recruitment goes to the most northern and rural Ontario communities.



Having a one-size-fits-all program has had some unintended consequences. The UAP was originally designed to create a more level playing field for northern communities in the competition for physician services by giving them incentives not available in southern communities. Now that so many southern communities are eligible for the same incentives, it is almost impossible for northern communities to compete for physicians. For example:

- Physicians may receive the same incentives to establish a practice in a large urban community like Burlington as they would in small rural community like Goderich.
- A physician will receive only about \$6,000 more a year over a four-year period from the UAP to practice in Ignace than in Cambridge.

The program is no longer working to attract physicians to the northern and rural communities that have chronic problems attracting and retaining health care providers.

The program has also created an uneven playing field for communities in southern Ontario. Non-designated southern communities cannot compete with their designated neighbours for return-of-service physicians and, as a result, face greater barriers attracting new physicians and filling vacancies. For example, although Hamilton, which is not designated as underserved, is only a few minutes away from Burlington, which is designated, Hamilton now faces much more difficulty attracting and retaining physicians.

We have the opportunity now to make changes that will improve access to physicians in northern and rural communities and across the province.

... To Redesigned Programs that Meet Different Needs

The redesigned, strengthened physician recruitment and retention programs would consist of:

1. A **financial incentive program** designed specifically to attract physicians to **northern and rural communities**.
2. A **province-wide return-of-service (ROS)** program designed to give all Ontario communities – except the Greater Toronto Area and Ottawa which already are well supplied for physicians -- access to the growing number of physicians graduating with ROS obligations.

Principles

The design of the new programs was driven by the following principles:

Equity. All Ontario communities that face significant health human resources challenges should have access to effective government programs and supports.

Distinct needs. Northern and rural communities face chronic problems recruiting physicians and need programs that meet their distinct challenges.

Fairness. Ontario should use an accepted, objective and predictable measure – the Rurality Index for Ontario (RIO) – to determine eligibility for its financial incentive program.

Effectiveness. Ontario should use strategies that have proven effective. For example, return-of-service agreements are an effective way to attract physicians to communities in southern Ontario and retain them, but they have not worked well in northern and rural communities.

Compatibility. The ability to match physician and community needs and characteristics is key to recruitment, job satisfaction and retention. This involves matching the needs of the community with those of the physician and his/her family, who will build a life in that community.

Transparency. The approaches to, and rules for, physician recruitment and retention programs should be open and transparent. Further, stakeholders should play a role in planning for changes to the programs.

Rationale for the Change

Ontario communities face different recruitment challenges

Many communities across Ontario – rural and urban, small and large, northern and southern – are experiencing physician shortages, but their challenges and needs differ:

- Northern and rural communities face unique, long-standing chronic problems attracting and retaining physicians related to geography and size. It has always been difficult to find health care professionals to work in rural and northern communities, and the physician turnover in these communities is much higher than the turnover in urban centres.
- Physician shortages in southern communities tend to be shorter-term or transitional. They are often due to an inability to quickly fill vacancies or keep pace with the increased demand for physicians due to population growth.

The opportunities for physicians in northern/rural and southern communities also differ. Although there are opportunities for specialists in the five Northern Urban Referral Centres (NURCs) -- Sudbury, North Bay, Thunder Bay, Sault Ste Marie and Timmins – most job openings in northern and rural Ontario are for primary care and generalist physicians. In urban settings in the south, there are more opportunities for specialist physicians, including the necessary infrastructure, equipment, and patient base for their practices.

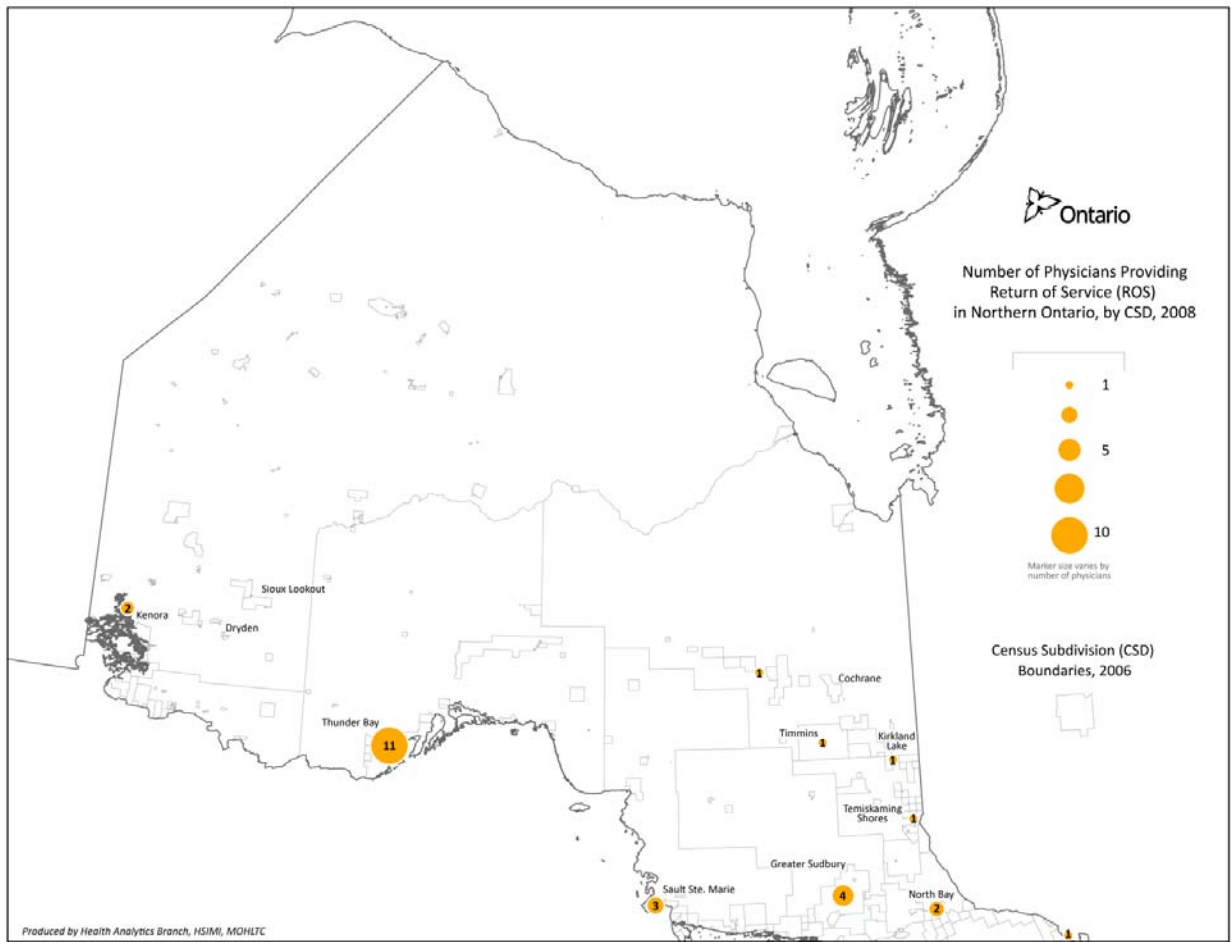
Ontario communities need different solutions

Because the physician recruitment challenges and community requirements are different across the province, the solutions should also be different.

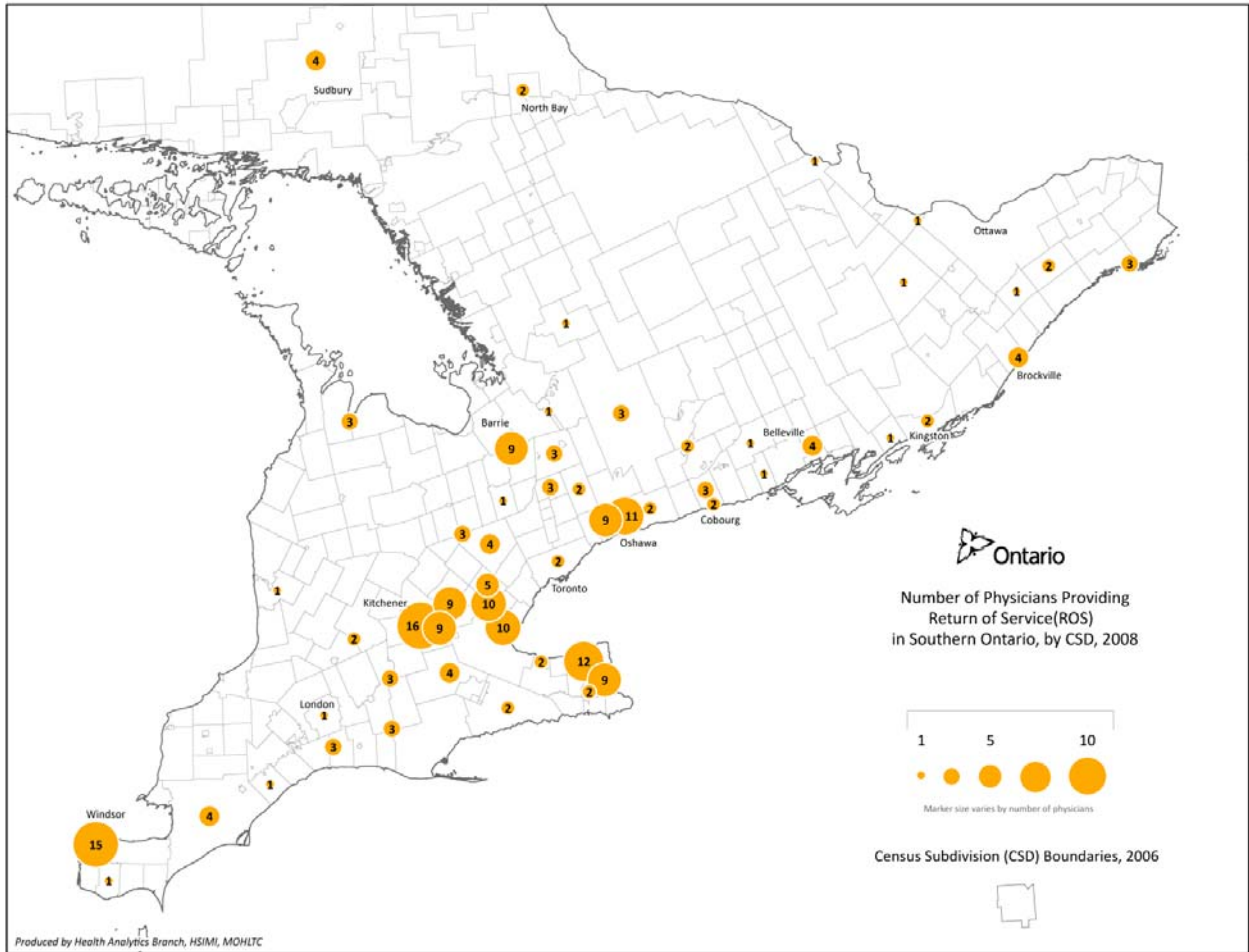
For example, the return-of-service requirement for physicians has been a very effective recruitment tool in southern urban communities. It provides a way to attract physicians who then may decide to stay. On the other hand, return-of-service has not been effective in recruiting physicians to northern and rural communities. For instance, although all international medical graduates (IMGs) with return-of-service obligations are required to fulfil those obligations in designated underserved communities, only about 8% of IMGs in specialty medicine and 5% in family medicine have completed or are completing a return-of-service in northern or rural communities. In 2008, of the 345 physicians who participated in the UAP Free Tuition Program, only 25% (86) were returning service in the north compared to 75% (259) in the south.

The maps on the following pages illustrate the distribution of physicians in return-of-service under different programs across the province.

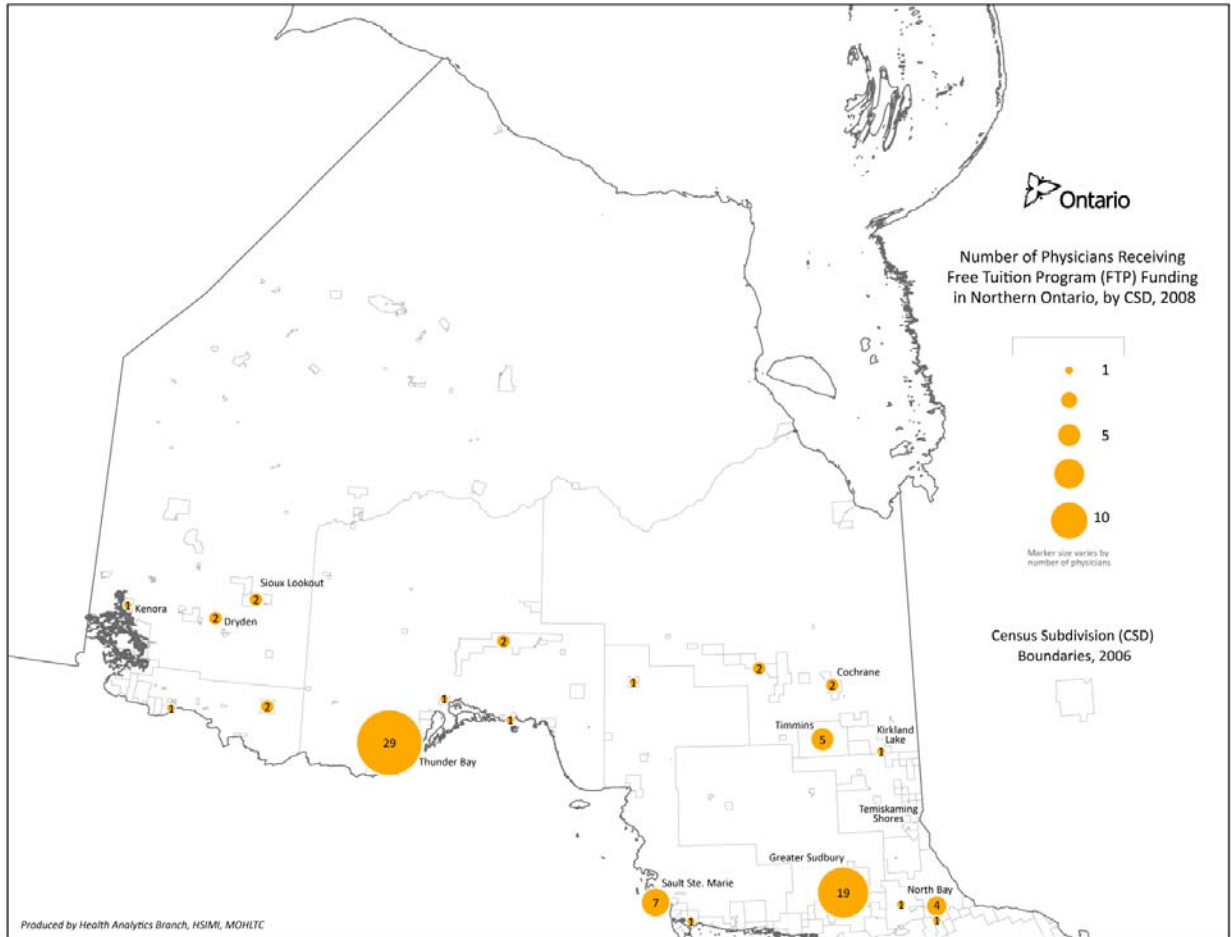
PHYSICIANS RETURNING SERVICE IN NORTHERN ONTARIO



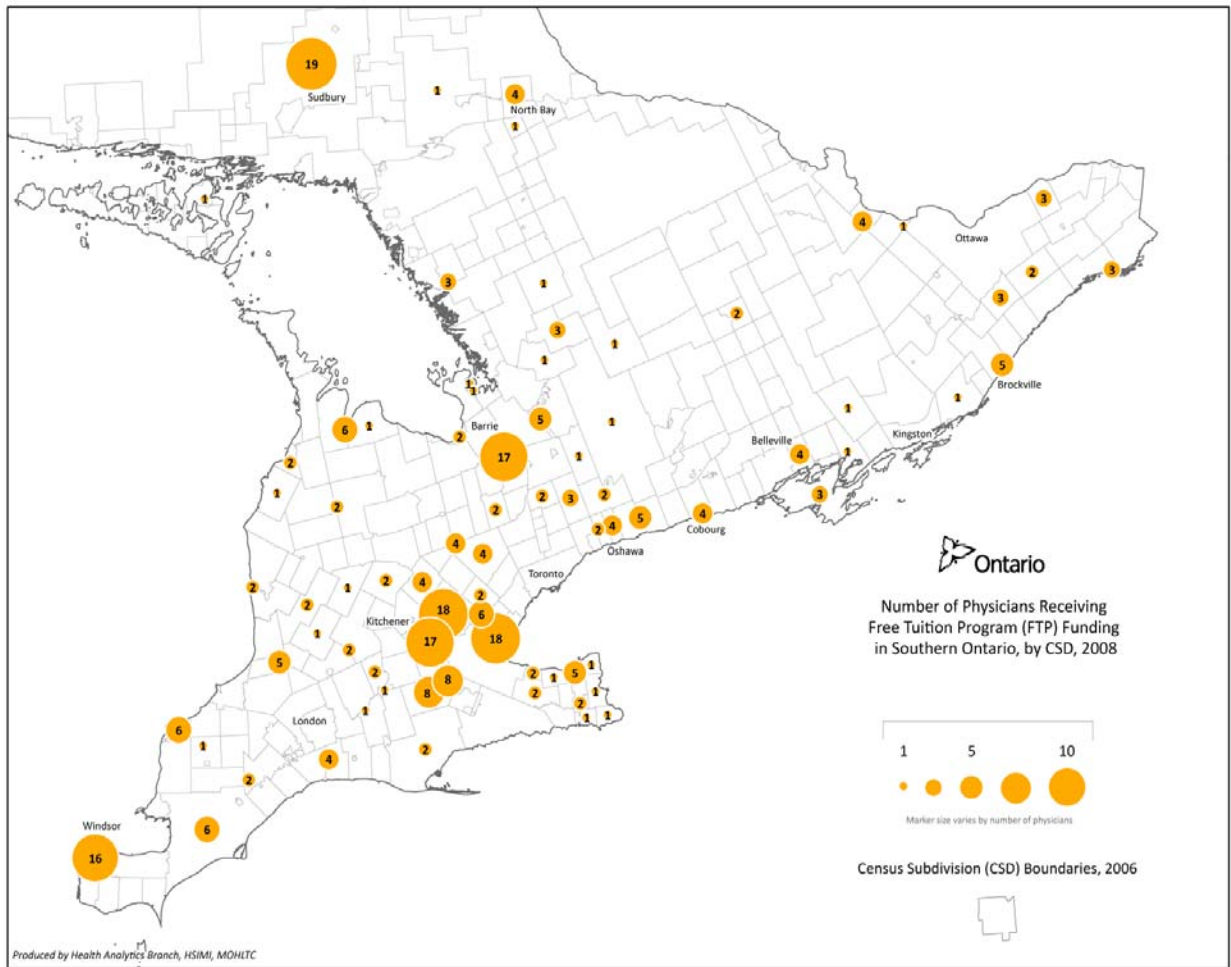
PHYSICIANS RETURNING SERVICE IN SOUTHERN ONTARIO



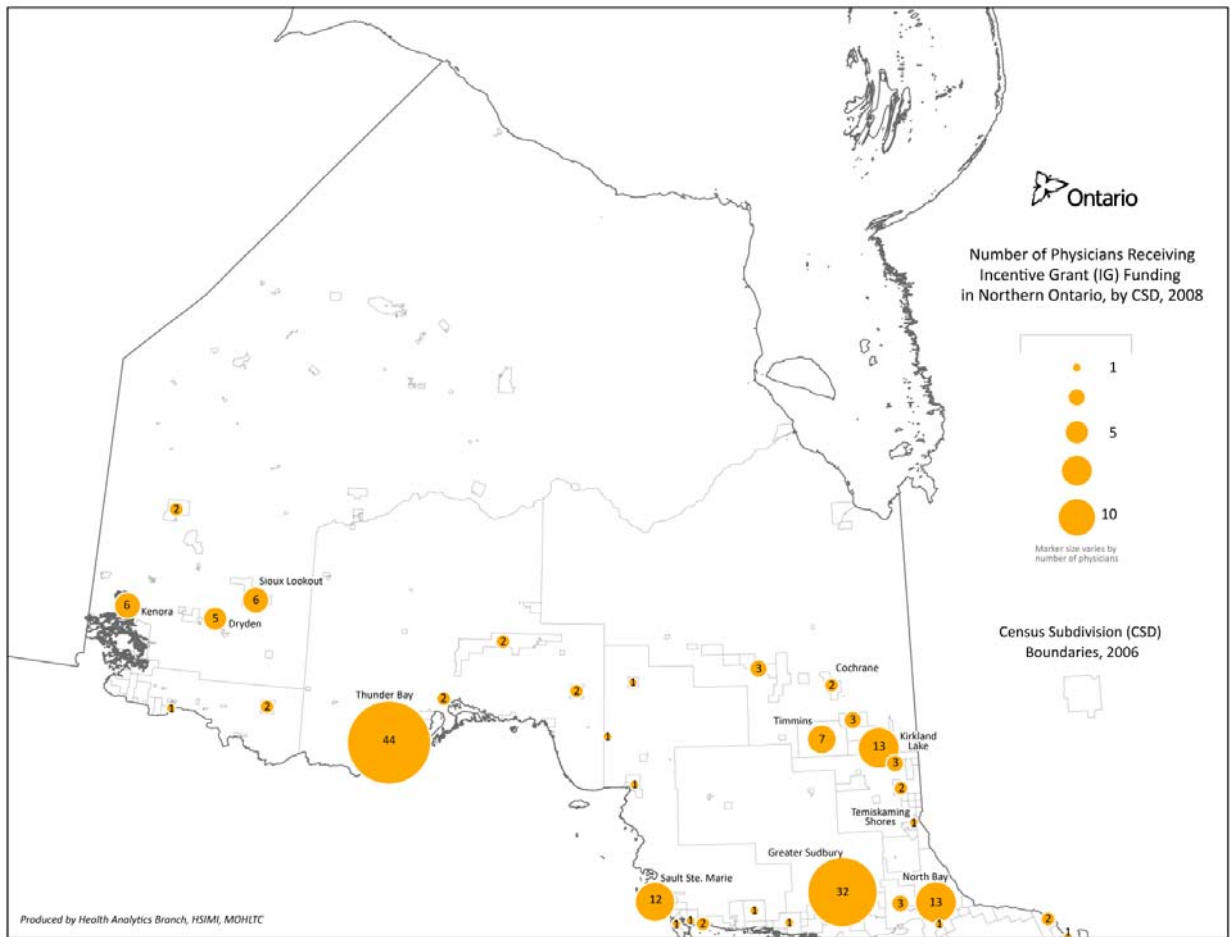
PHYSICIANS RECEIVING FREE TUITION PROGRAM FUNDING IN NORTHERN ONTARIO



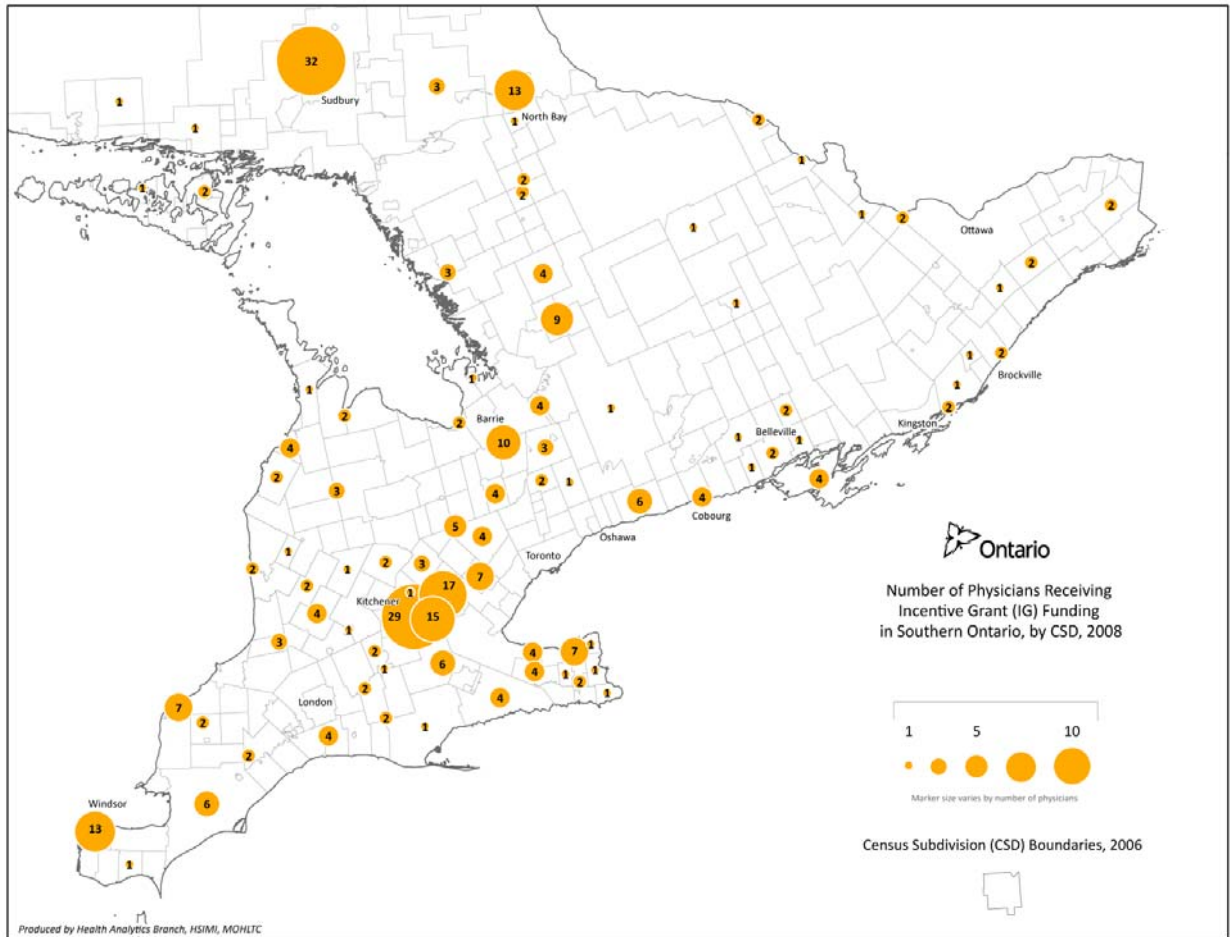
PHYSICIANS RECEIVING FREE TUITION PROGRAM FUNDING IN SOUTHERN ONTARIO



PHYSICIANS RECEIVING INCENTIVE GRANTS IN NORTHERN ONTARIO



PHYSICIANS RECEIVING INCENTIVE GRANTS IN SOUTHERN ONTARIO



Some physicians also object that the current ROS program obliges them to go where they don't want to go, which is not conducive to long-term retention.

There are more physicians with return-of-service obligations

Between 2003 and 2008, the number of IMGs in postgraduate training in Ontario has increased by 284% to well over 600 – all of whom have return-of-service agreements and all of whom will be graduating over the next five to six years. Some Canadian-trained physicians are also graduating with return-of-service agreements. There will be at least 175 physicians with return-of-service commitments graduating each year between 2008 and 2012, and at least 185 graduating each year after that.

Currently, only communities that are designated as underserved can recruit ROS physicians. With the growing number of ROS physicians, there will be more supply than there is demand for some specialties in underserved communities. For example based on current numbers, 39 anaesthetists will be graduating with ROS obligations but – as of March 2009 – there were only 12 openings in underserved communities; 30 general surgeons will be graduating with ROS obligations but – as of March 2009 – there were only nine vacancies in designated communities.

The increase in supply of physicians with ROS obligations creates the opportunity to open the program to more Ontario communities. Expanding the program to all communities in Ontario (except the Greater Toronto Area and Ottawa, which already are well supplied for physicians) will also give ROS physicians more choice, which will lead to better matches and more job satisfaction. For example:

- Subspecialists will be able to negotiate for positions in communities that are large enough to make effective use of their skills.
- IMGs will be able to choose communities that can offer them the cultural supports, such as religious institutions and schools, that will lead to better retention.
- All ROS physicians will be able to choose communities that provide resources and opportunities for their families (e.g., spousal employment, recreational activities).

We know from past experience with physician recruitment and retention programs that physicians are more likely to build lives in communities that are a good “fit”: that is, communities that can meet their family and cultural needs as well as their career goals.

Other physician initiatives are changing the environment

A number of other government strategies to improve access to health care as well as train, recruit and retain physicians are now having an impact and are leveling the playing field for communities across the province. Ontario expects that over the next few years more physicians will graduate with the goal of working in northern, rural and smaller communities where they are needed. For example:

- The first class of physicians from the Northern Ontario School of Medicine – trained for northern and rural practice – has graduated this year.
- More students in other medical schools across the province are completing their training at new medical education campuses (MECs) in St. Catharines, Kitchener-Waterloo and Windsor – so they are being exposed to practice in small and rural communities early in their training.

- More medical students are also taking advantage of distributed medical education (DME) opportunities now available across the province. They are being exposed to rural practice as well as urban practice in their training.

The ministry also plans to establish 50 more Family Health Teams across the province. Family Health Teams have proven to be an effective way to recruit physicians and other health care providers to areas that have faced challenges attracting providers.

The Health Care Connect program will help Ontarians find a primary care practitioner, and can help newly established physicians build their practices.

HealthForceOntario is marketing Ontario as a great place to work, providing information about Ontario communities, and recruiting physicians. Through its Community Partnership Program (CPP), HealthForceOntario will actively help communities that have trouble attracting physicians market themselves.

The *2008 Physician Services Agreement* between the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA) includes programs that will help with recruitment, like collaboration funds to help physicians take on complex unattached patients and provide emergency on-call services, as well as interest relief and debt deferral for students in residency training programs.

These initiatives are providing more tools that communities can use to attract and retain physicians. They will also mitigate some of the negative impact of the decision to eliminate the UAP Free Tuition program, which will free up resources within UAP that can be used to support more targeted recruitment to northern and rural communities.

The Rurality Index for Ontario provides an objective way to identify communities with unique recruitment needs

The current process used to designate communities as “underserviced” is subjective, and the data on the number of physicians in a community is open to question and interpretation. Because the designation is based on criteria such as the number of physicians, communities can cycle on and off the “designated” list, which makes it difficult for them to do long-range planning.

On the other hand, the Rurality Index for Ontario (RIO) provides an objective, stable and valid indicator of rural isolation by census subdivision (CSD) across the province, based on measuring distance from enhanced health services. It is a measure that the MOHLTC and the OMA have been using since 2000 to determine incentive or bonus payments for a number of programs, including the Rural Medicine Investment Program, Locum Program, Continuing Medical Education (CME) Program, Rural and Northern Physician Group Agreement (RNPGEA), Hospital On-Call Program (HOCC), Primary Care: rurality gradient for Family Health Networks (FHN) and harmonized models and hospital premiums for rural FHNs.

RIO scores can be used to determine which CSDs are eligible for the redesigned physician incentive program and the value of the incentives that physicians who go to these communities will receive.

The Programs and How They Will Work

1. The Northern/Rural RIO-based Incentive Program

Who is Eligible for the Financial Incentive Program?

- Physicians who practice in all CSDs with a RIO score of 40+.
- Physicians who practice in the five Northern Urban Referral Centres (NURCS) Sudbury, North Bay, Thunder Bay, Sault Ste Marie and Timmins.

What Incentives will Physicians Practicing in Each Community Receive?

The value of the incentives will be calculated based on the RIO score. The higher the RIO score of the CSD, the higher the value of the incentives the physician will receive. The incentives will be scaled to help communities in CSDs with high RIO scores compete more effectively with less rural and better resourced communities.

How will the Incentive Program be Funded?

Funding will come from consolidating the current incentive grant and free tuition program funding in the UAP into one fund and redistributing it to provide incentives to physicians who agree to work in communities in CSDs with RIO scores of 40+. **The program will be cost neutral.**

Why are the NURCs Eligible when their RIO Scores are <40?

Although the NURCs score <40 on the RIO, they play a key role in providing access to specialized care in Northern Ontario (i.e., most specialists in the north are based in these centres). Their recruitment problems would be exacerbated if the communities around them were eligible for the financial incentive program and they were not (similar to what happens in some southern Ontario communities now). The MOHLTC is planning to grandparent the five NURCs into the incentive program to allow time to evaluate the impact of the Northern Ontario School of Medicine (NOSM) on the supply of physician services in these centres.

What are the Benefits of the Financial Incentive Program?

- Fair. Eligibility is based on a consistent, objective measure of rurality that will support long-term planning.
- Targeted to Distinct Needs. It targets communities that have the greatest difficulty competing for physicians.
- Effective. It makes more effective use of limited resources: the majority of physician recruitment and retention financial incentives will go to northern and rural communities where they have been more effective than other recruitment strategies in attracting physicians.
- Equitable. It creates a level playing field, and gives northern and rural communities the ability to compete with southern communities for physicians.

- Compatible. It is more likely to lead to better matches between physicians and communities and long-term retention by giving physicians who want to work in rural and northern communities more choice, and compensating them for the decision to work in this type of community.
- Transparent. The program will be simpler and less costly to access (i.e., will not require the paperwork, processing and appeals of current UAP designation process). Program eligibility will be clear and predictable and communities will be able to plan far in advance for their physician resource needs.

2. The Province-wide Return-of-Service Program

Who is Eligible for the Province-wide ROS Program?

- All communities in Ontario except the Greater Toronto Area and Ottawa, which already have 42% of the physicians in Ontario but approximately 27% of the population.

What are the Benefits of a Province-wide ROS Program?

- Equitable. Almost all communities in Ontario will be eligible for the program.
- Effective. ROS has proven to be an effective way to recruit and retain physicians in southern Ontario communities.
- Targeted to Distinct Needs. It meets the needs of most southern Ontario communities that applied to the UAP primarily to be able to access ROS physicians.
- Compatible. A province-wide ROS program will give physicians more choice of communities, and a wider range of job opportunities, which should lead to a better match between physicians' and communities' needs, greater job satisfaction, and increased retention.
- Transparent. The program will be simpler to access, and will no longer require communities to apply for designation as underserved to be eligible.

The following table lists the initiatives that play a role in physician recruitment and retention, which will be available to communities across Ontario.

	PROGRAM/INITIATIVE
Northern and Rural Communities (in RIO 40+CSDs)	<ul style="list-style-type: none"> • Northern/Rural RIO-based Incentive Program • Province-wide ROS Program • Northern Ontario School of Medicine (NOSM) • HFO MRA Community Partnership Program • Distributed Medical Education (DME) • Existing and Upcoming Family Health Teams • Health Care Connect • 2008 Physician Services Agreement Initiatives
Southern and Urban Communities (in RIO <40 CSDs)	<ul style="list-style-type: none"> • Province-wide ROS Program • HFO MRA Community Partnership Program • Medical Education Campuses (MECs) • Distributed Medical Education (DME) • Existing and Upcoming Family Health Teams • Health Care Connect • 2008 Physician Services Agreement Initiatives

The Change in a Nutshell...

	CURRENT	PROPOSED
Physician Incentives	Different incentive programs spread over underserved areas throughout province, mostly disbursed in the south	The Northern/Rural RIO-based Incentive Program targeting rural and northern communities
Return of Service	Only designated underserved communities are eligible for ROS physicians; ROS only effective in attracting physicians to southern communities	Province-wide ROS Program All communities in Ontario eligible for ROS physicians except GTA and Ottawa
Eligibility	Process for designating underserved communities is variable, subjective and does not support long term planning	RIO is a simple, stable, and objective index that supports long term planning