Research in FOCUS on Research

Centre for Rural and Northern Health Research

# Strengthening Ontario's Rural Health Workforce

## A Synthesis of Views and Recommendations

One of the most persistent and critical problems facing Canada's health workforce is geographic distribution imbalances. While the debate continues about whether or not there are "enough" health care workers, it is recognized that rural, northern and remote regions often face severe shortages.

In Ontario, for example, 15% of the population live in rural areas (using the "rural and small town" definition of Statistics Canada) and are served by less than 8% of the province's physicians. Rural areas have similar shortages of other health care providers, and the problem seems to be getting worse.

To guide their effort to develop a set of strategies to strengthen the health workforce in rural Ontario, The Ontario Rural Council asked the Centre for Rural and Northern Health Research (CRaNHR) to review and synthesize proposed strategies and policy recommendations that address the distribution imbalances of health personnel in Ontario.

After an extensive search, 80 documents written since 1990 were selected for review, from both governmental and non-governmental bodies – commissions, advisory panels, task forces, committees and various organizations. Most were from Ontario sources, such as the Expert Panel on Health Professional Human Resources, the Council of Ontario Faculties of Medicine, and the Registered Nurses Association of Ontario. In addition some national-level reports relevant to Ontario were selected, from such organizations as the College of Family Physicians of Canada, the Society of Rural Physicians of Canada, the Canadian Nurses Association, and the Ministerial Advisory Council on Rural Health. Of particular note are *The Health of Canadians – The Federal Role* (2002, the "Kirby report") and *Building on Values: The Future of Health Care in Canada* (2002, the "Romanow report").

Most of these documents focus on physician shortages, some is about nursing, and there are a few "generic" considerations of the health workforce as a whole.

## Rural Physicians

Various commissions and task forces have identified some causes of physician shortages: lower medical school enrolments, restrictions on international medical graduates, constraints on health care spending, a decline in the number of medical school graduates interested in family medicine, and so on. At the same time, the population is aging and so are the physicians. Female physicians, whose numbers are increasing, tend to work fewer hours per day and fewer days per year.

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Various strategies have been suggested to address the problem of physician shortages:

▸ ***"Coercive" approaches*** can be taken by governments to channel physicians to rural areas. Some attempts have been made in Canada to restrict where new physicians or foreign physicians can practise. Differential fee schedules, based on the perceived under- or over-supply of physicians in an area, have also been tried. Physicians have opposed such approaches as unfair, misguided, and counterproductive. "Coercive" approaches have been abandoned in most provinces.

▸ ***Foreign medical graduates*** have long been used to make up for shortages of physicians in Canada, particularly in rural and remote regions. When there was a perceived oversupply of medical practitioners in the 1980s and 1990s, it became more difficult (and remains difficult) for overseas physicians to obtain a licence to practise medicine here.

The establishment of national standards for evaluating international medical graduates (IMGs) has been recommended, along with accelerated programs for licensing and integrating IMGs into the medical care system. Ontario has begun a program to create more postgraduate positions, mainly for IMGs.

▸ ***Financial incentives*** are the most widely used health personnel recruitment and retention strategy. Among suggested incentives are: additional pay to reflect geographic isolation, breadth of practice, frequency of on-call, etc.; alternative payment plans; and group practice recruitment incentives.

Ontario's Underserviced Area Program (UAP) offers a variety of financial incentives, including relocation grants to physicians, "free" tuition to medical students, retention initiatives, and grants for continuing medical education.

Many rural communities provide additional financial incentives of their own, but these can lead to bidding wars between communities.

These short-term recruitment strategies are important, but are mostly stopgap measures that only work some of the time.

▸ ***Rural practice and life-style issues*** must be addressed, or no amount of money will attract physicians to rural communities. These issues include professional isolation, long hours of work, frequent on-call, burnout, lack of opportunities for professional development, and isolation felt by spouse and family. Some of these personal issues are difficult to address through public policy because of their idiosyncratic nature.

However, policy-makers are becoming increasingly aware of such problems and have introduced programs to make rural practice more attractive. For example, Ontario has introduced *locum tenens* programs that allow physicians to go on vacation or attend courses.

Other strategies that have been proposed include community clinic facilities for group practice, enhanced specialist backup, greater use of telemedicine, and the recruitment of more physicians with a rural background.

▸ ***Connecting patients and physicians*** is a challenge in rural areas because of the distance that can separate them and because of travel difficulties (poor roads, inclement weather, inadequate public transportation, etc.). Besides attracting physicians to set up permanent practice in rural communities, health planners also propose other ways of bringing medical services to where they are needed. For example, Ontario has the UAP Visiting Specialist Clinic Program and the Programme psychiatrique francophone du Nord de l'Ontario.

On the other hand, the Northern Health Travel Grant Program brings patients to physicians by helping patients with travel costs to see medical specialists or for hospital care.

▸ ***Telemedicine/telehealth*** is an increasingly important means of rural health services delivery. For example, NORTH Network provides specialist consultations and continuing medical education to rural communities in Ontario by means of videoconferencing technology. Communications technologies can also be used to connect rural physicians with their colleagues in urban centres. Many of the task forces and advisory panels recommend the expansion of telemedicine.

▸ ***Rural medical education*** addresses the longer-term needs of rural communities. It appears that physicians who have extensive rural exposure, have acquired rural-relevant skills, and have established rural social and professional connections are much more comfortable working in rural areas.

It is important to encourage rural and Aboriginal high school students to consider a career in rural medicine. Medical schools should be encouraged to admit a greater number of qualified rural applicants.

Medical schools need to offer expanded rural experiences and recognize the broader scope of family practice in rural areas compared to urban settings.

An important initiative is taking place in Ontario. In the fall of 2005, the Northern Ontario School of Medicine will open its doors at Laurentian University in Sudbury and Lakehead University in Thunder Bay. The program will focus on rural medicine, with teaching sites distributed across the north.

Tuition costs have risen dramatically at Ontario's medical schools. Saddled with huge debts, students may decide against rural family practice because specialists generally earn more money. UAP's Free Tuition Program partially addresses this problem.

There is a critical need to expand northern/rural residency programs in such specialty areas as obstetrics, anaesthesia, and general surgery. Also recommended are specific postgraduate programs to qualify urban family practitioners for rural practice and sub-specialty surgeons in general surgery.

Finally, rural-oriented continuing medical education needs to be developed to help keep the knowledge of rural physicians current and enhance their skills. This can contribute to retaining them. Rural access to continuing medical education can be improved by *locum tenens* relief, travel subsidies, the use of distance education, and so on.

## Rural Nurses

Geographical maldistribution appears to be less severe for nurses than for physicians. However, recruiting and retaining rural nurses may become more challenging in the future in light of projected nursing shortages, aging of the population and the nursing workforce, and reduced numbers of students graduating from nursing programs.

Cutbacks in government spending on health in the early 1990s led to a decline in the number of nursing positions until 2000. The cutbacks saw many positions become casual or part-time, which led to many nurses leaving the field and discouraged others from entering it.

Little policy attention has been paid to nurses in rural areas. Nevertheless, the strategies and recommendations put forward regarding the nursing workforce as a whole have important implications for Ontario's rural nurses.

‣ ***Nursing education programs*** have reportedly been turning away applicants. The programs need funding for expansion. The Ontario government has allocated funding to support the transition in 2005 to baccalaureate education.

‣ ***Nursing workplace environments*** can be improved by employing more nurses and improving nursing education, scope of practice, and working conditions. Funding to create 10,000 permanent, full-time, front-line nursing positions in Ontario has been recommended.

‣ ***Expanded nursing roles*** can help deal with the shortages of physicians in rural areas. The work of nurse practitioners (NPs) in rural communities has been well received and further use of NPs has been recommended. Federal and provincial funding supports increases in NP placements in Ontario. The integration of NPs into the rural health care system could be hampered, however, by lack of cooperation, remuneration issues, or regulatory rigidities.

## Generic Issues

There are some general discussions on rural health workforce issues that are not discipline-specific.

‣ ***Allied health disciplines*** (besides physicians and nurses) also report shortages. Increased funding is recommended to support raising the numbers of graduates in these fields.

‣ ***Aboriginal health care providers*** are in severe shortage. Funding should be earmarked to train many more Aboriginal physicians, nurses, home care workers, diabetes prevention workers, telehealth workers, etc.

‣ ***Informal caregivers*** play an important role in the health care system, particularly in rural settings where there are shortages of formal caregivers and services. They are beginning to get official recognition, and support, such as respite care and information sharing, is urged so they can provide the necessary care at home and be free from burnout.

▸ ***Collaboration*** among health care workers in rural areas – between disciplines and between programs – can bring many benefits through the sharing of knowledge and the pooling of resources. However, traditional occupational hierarchy and rigidly defined scopes of practice may undermine collaborative approaches. An example of collaboration in Ontario is a framework that has been developed to link small rural hospitals to each other and to larger hospitals.

▸ ***Health workforce planning*** is complex, with many stakeholders and frequent competition and duplication of effort between health occupations. Various suggestions for national and provincial approaches that are coordinated and integrated have been made.

▸ ***Rural health research*** plays an important role in documenting the characteristics of the rural health workforce, in better understanding the issues, in identifying causes, and in dispelling myths and finding solutions. But rural health research has not received its fair share of support.

## Some Lessons Learned

- Each health discipline may have a different set of rural issues and may require different strategies. There are no one-size-fits-all solutions.
- Rural health workforce problems are complex and need to be dealt with using a multi-dimensional approach.
- It would be helpful to document best practices for collaboration in rural health settings.
- A national, systematic and integrative approach is needed for both general and rural health workforce planning.
- The roles of local communities and citizen groups have been largely ignored in the proposed strategies and recommendations. They could have important roles to play.
- The roles and contributions of informal caregivers have not been given sufficient attention.
- The potential of telehealth is increasingly being recognized, but the impact on rural health services and workforce is still largely unknown.
- More research on rural health workforce issues is needed to guide planning decisions.
- We need to find out which strategies work or don't work and why, in order to guide future workforce planning efforts.

Visit the CRaNHR website at www.cranhr.ca for a PDF version of *A Review and Synthesis of Strategies and Policy Recommendations on the Rural Health Workforce*, under **Online Reports.** Included is an appendix listing the major documents and reports and identifying the issues addressed in each document, along with the nature or causes of the problems, the strategies or policies.

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