

Recruiting physicians to practise in rural communities



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Access to health care in rural* communities is a challenge. Approximately 20% of the Canadian population lives in rural areas, yet these areas are served by only 8% of physicians.^{1,2} Also, many Canadians travel to rural areas on holidays and need access to nearby health care services in case of emergency.

It is difficult to recruit physicians to rural practices given the advantages of urban settings. Urban areas offer the types of schools many physicians prefer for their children and employment opportunities for their spouses. Moreover, many physicians only work in rural communities temporarily. It is, therefore, equally important to create strategies that promote retention.

To address these challenges, the CFPC worked with the Society of Rural Physicians of Canada from 2014 to 2017 to establish the Rural Road Map for Action.³ To ensure that these recommendations are not shelved, the College has created an implementation committee that includes medical organizations and other groups representing municipalities, research chairs, other health care professionals, and Indigenous peoples.

I was involved in recruiting physicians to my region for several years and learned a great deal from the experience. Success is the result of several different initiatives, which require collaboration among many different stakeholders at the local, regional, provincial, and federal levels. The local level is the most important. This explains why certain areas are more successful than others despite benefiting from the same external resources.

First, rural areas must constantly be in recruitment mode. Some make the mistake of concluding recruitment efforts once staff are in place. Inevitably, there is an unexpected departure and the team finds itself short staffed without any solutions at hand. In addition, work environments must be attractive. Young physicians look for workplaces that will offer support and opportunities for collaboration and cooperation.

Recruitment must be conducted in collaboration with local community leaders. To recruit a physician, you must recruit a family. Physicians must have the opportunity to develop a local social network. They must have

*Rural is defined as those communities that are geographically located in rural and remote regions of Canada, including those distinctly or partly populated by Indigenous people.


access to day care, activities for their children, and, ideally, employment options for their spouse. Mayors and local organizations must collaborate with physicians to individualize the recruitment method to each candidate.

Physicians who love their practice, colleagues, and new community are more likely to remain over the long term. It is often easier to retain a physician than to recruit a new one. However, to recruit successfully at the rural level, external stakeholders must contribute.

Faculties of medicine must recruit students who are more likely to practise in rural areas. They must collaborate with our College and the Royal College to ensure that physicians have the required competencies to practise medicine in these settings. Furthermore, provincial and federal governments must put the necessary infrastructure in place to support rural medicine and make it attractive. For example, there must be effective transfer agreements in place with urban centres. They must also establish and maintain financial incentives to support local recruitment efforts.

Finally, good decision making requires solid evidence. To ensure this, it is necessary that the federal government supports a Canada-wide rural medicine research network.

The Rural Road Map for Action Implementation Committee has already begun its work and established its priorities. It will advocate for enhanced standards to improve patient transfers to urban-based health services when needed and transfers back to rural communities and for the competencies required to practise in rural communities. It will also seek opportunities to involve communities and establish a Canada-wide rural medicine research network.

Canadians living or traveling in rural areas have the right to high-quality and accessible health care services. Family physicians are instrumental to this, which is an example of the added value our specialty contributes. Thanks to the Rural Road Map for Action and its implementation committee, we will surely be successful in advancing this noble cause. 

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References

1. Canadian Institute for Health Information. *Supply, distribution and migration of physicians in Canada, 2015—data tables*. Ottawa, ON: Canadian Institute for Health Information; 2016.
2. Bosco C, Oandasan I. *Review of family medicine within rural and remote Canada: education, practice, and policy*. Mississauga, ON: College of Family Physicians of Canada; 2016.
3. Advancing Rural Family Medicine: The Canadian Collaborative Taskforce. *The rural road map for action—directions*. Mississauga, ON: College of Family Physicians of Canada, Society of Rural Physicians of Canada; 2017. Available from: www.cfpc.ca/uploadedFiles/Directorios/Committees_List/Rural%20Road%20Map%20Directions%20ENG.pdf. Accessed 2018 Jul 10.

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