



# Recruitment and Retention - Community Engagement and Support

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**David Kay, CHE, FACHE**

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Community Physician  
Attraction & Retention

**The Issue:** “Canadians living in rural and remote areas of the country have always found physician services less accessible than their city-dwelling counterparts. The problem is as old as written commentary on physician resource issues in this country. For the most part, the reasons are no mystery — there is a fundamental mismatch between the needs of rural and remote communities on the one hand, and the needs and choices of (and influences on) those who become physicians on the other.”

(Barer, Morris L. & Stoddart, Greg L. (1990). *Improving Access to Needed Medical Services in Rural and Remote Canadian Communities: Recruitment and Retention*, a discussion paper prepared for the Federal/Provincial/Territorial Advisory Committee on Health Human Resources, page 2)



- **RPAP is unique in Canada as an integrated & comprehensive rural health workforce agency**
- **Created by Cabinet December 1990, fully operational since 1992**
- **A not-for-profit company, funded by Alberta Ministry of Health. Annual budget ~\$10M**
- **RPAP has three corporate members: the College of Physicians and Surgeons of Alberta, Alberta Medical Association, & Alberta Health Services**
- **RPAP Board of 6 physician members for grass roots connection to rural communities**

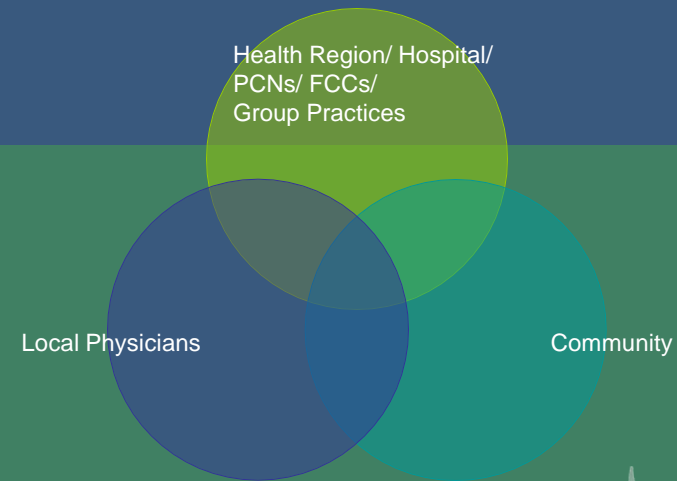
## The Alberta Rural Physician Action Plan (RPAP)



Many health human resource reports addressing recruitment & retention conclude that efforts should be directed to:

- increase interest in health careers,
- increase supply,
- reduce barriers for IMGs,
- improve utilization of existing providers, and
- improve working conditions.

Given the issues influencing recruitment and retention , RPAP believes no one entity can be successful by itself. Instead sustainable attraction, recruitment, and retention requires a collaborative community engagement approach.



**Objective:** To develop neutral & credible resources to foster community-based rural physician attraction, recruitment & retention capacity in rural Alberta.

**Setting:** Rural communities in Alberta.

**Participants:** Physicians, formal & informal community leaders, & health region officials in rural communities self-selected as involved with physician attraction & retention.



# Building A, R & R Capacity

RPAP uses a community engagement approach to:

- Assist in the formation and sustaining of community attraction & retention (A&R) committees linked to physician recruiters and local practitioners
- Identify best A, R & R practices and sharing these via print/web-based material & videoconferences
- Host regional and provincial workshops/ conferences for community A&R committee representatives, and physician recruiters
- Hosts with Alberta Chambers of Commerce provincial Alberta Rural Community A & R Award; Doctors' Appreciation Day (30 March)

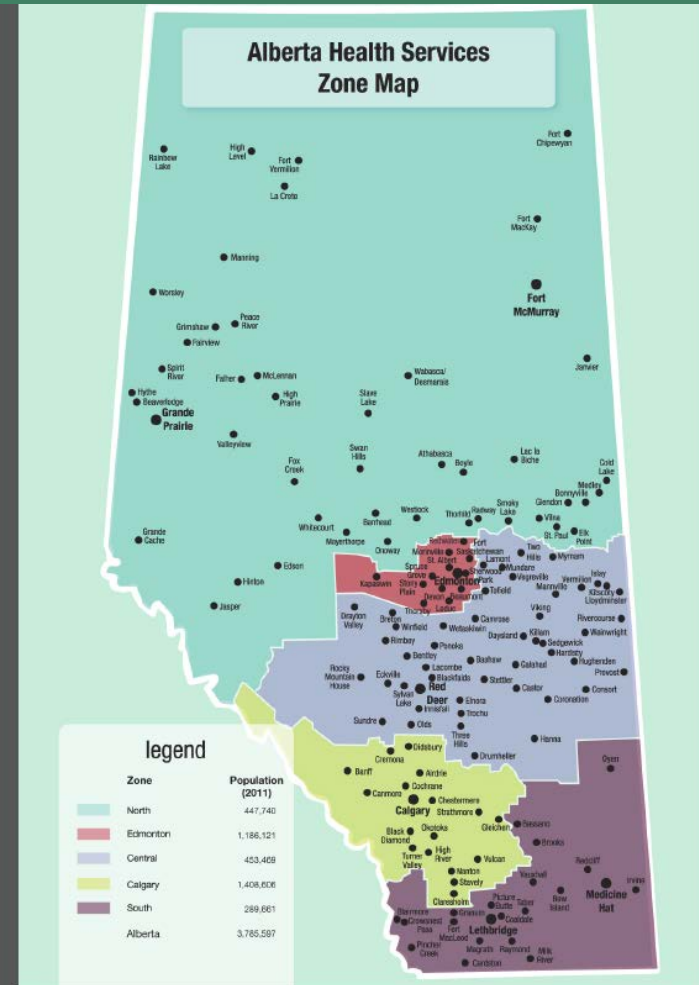


# The Province of Alberta



# AHS Zone Medical Affairs

- 5 AHS operational Zones: North, Edmonton, Central, Calgary, South
- Zone Medical Director (ZMD)
- Associate ZMDs
- Zone Medical Affairs Director & MA staff incl. Zone Physician Resource Planners
- Zone Clinical Departments w/ Dept. Heads/Executives
- Zone ARC, ZMAC





**Methods:** As part of the development & deployment of useable community-based physician attraction & retention tools, RPAP formed a partnership with the community development arm of the government department, Alberta Community Development (ACD) in 2004.

This partnership between 2004-2007 allowed RPAP and ACD to leverage expertise in our traditional spheres – physician recruitment/retention & community/social development - to produce & test a variety of new approaches, tools & materials to aid community-based recruitment & retention.

RPAP has grown this original tool kit over 3 iterations to today's platform of a dedicated community A & R web site with online tools, cultural integration workshops, a school outreach program.



# Mobilizing the Community



Search:

**RPAP** Community Physician Attraction & Retention

**Member Login**  
User:   
Password:   
[I forgot my password.](#)

**Find a Committee**  
Select a Community:   
Select a Committee:   
List Type:

## Helping rural Albertans recruit the doctors they need

Welcome to RPAP's Community Attraction and Retention website, where we provide Alberta's rural communities with information and resources to help attract, recruit and retain physicians in their local communities.

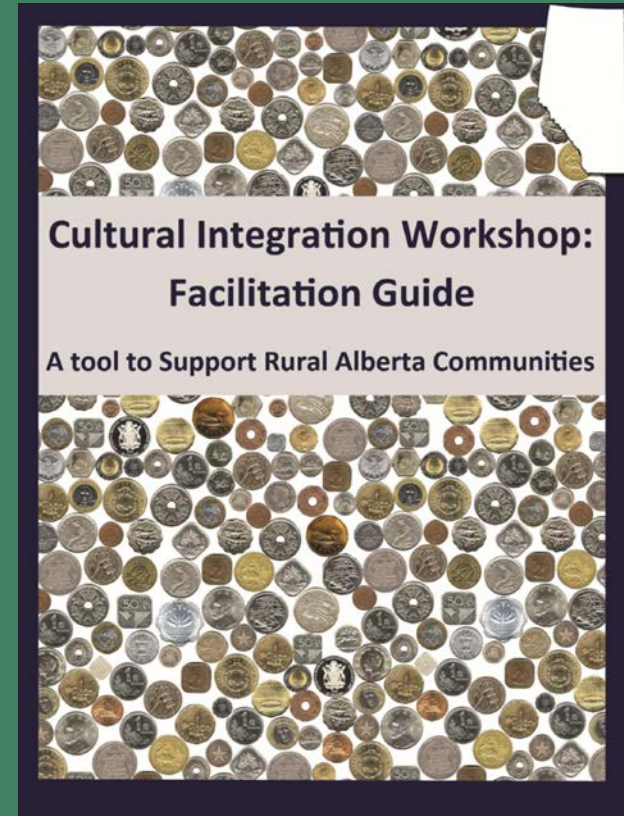
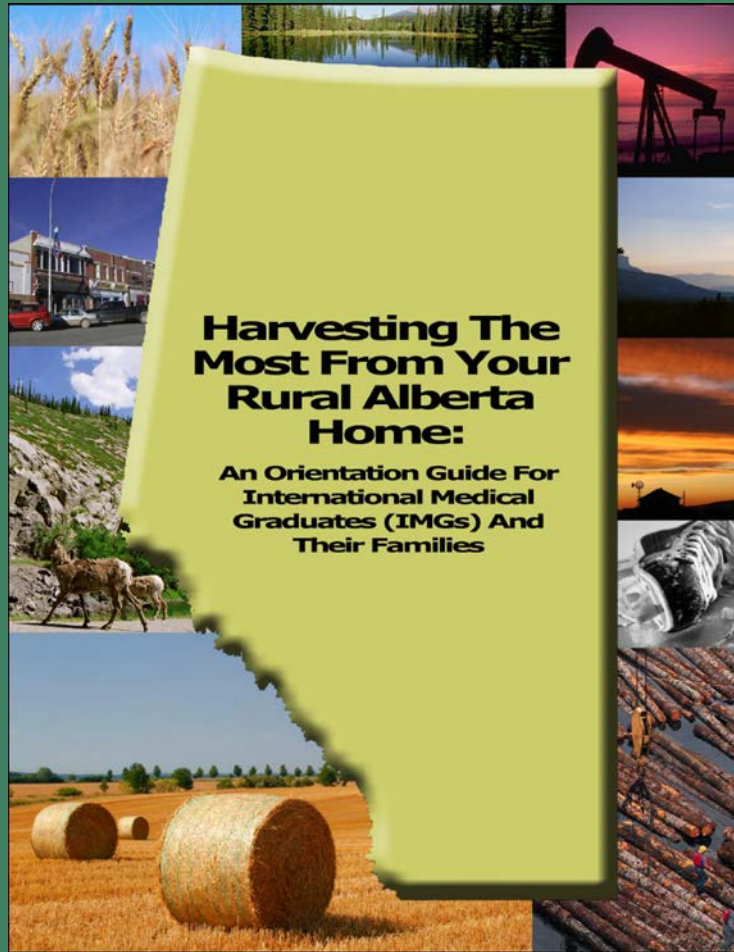
### What's New

#### We're underway!

The 4th Annual Rural Alberta Community Physician Attraction and Retention Conference is underway. [Click here to receive live updates on Twitter!](#)




# Cultural Integration Workshops




# School Outreach

Home

## Be A Doctor .ca

Website Search 

HOME ABOUT RPAP



Considering medicine as a career in Alberta?

*The Alberta Rural Physician Action Plan has created a resource that's just for you.*


*If you're in high school and thinking about your options for university and beyond, or if you're in university and considering medical school, Be a Doctor is the place to search out information that will help you.*

*Enter below to find out more.*

I'm A High School Student

I'm A University Student

<http://beadoctor-dev1.bigsoft.com/> [31/12/2012 3:22:48 PM]



## Strategic Considerations:

- Continuing RPAP's role as a neutral & credible resource
- Assessing the varying stages of community “readiness”
- Developing an individualized community approach
- Identifying for the communities why they should care about physician attraction, recruitment & retention i.e. “community benefit”; creating the belief that they can make a difference; & giving them practical tools they can use.
- Supporting rural physicians as community leaders



**Tools & Materials Developed and Tested:** Our original 2005-2007 Averting the Crisis material was developed by a small 5-person working group from RPAP & ACD who identified a general approach and a series of tools & materials after conducting a literature review of the published & “grey” literature to add to the RPAP’s existing resources.

The resources are used by RPAP facilitators and consist of diagnostic tools, check lists, simple handouts, templates covering such areas as:

- Hosting a Community Meeting
- Asset Mapping: clinic available, medical facilities, financial assets of the community
- Readiness: clear & measurable outcomes, roles of stakeholders
- Defining the Opportunity
- Community Marketing Tools: community/district profile, district business, cultural & leisure services directory
- Preparing for Spouse Recruitment
- Planning for the Site Visit



**Tools & Materials Developed and Tested:** Over time new tools were added via 2 additional iterations:

- Building on Shared Experiences (2007-2008), a 2008 Community Story Telling project, and 2008 RPAP-supported research on community retention experiences

[Community-based Physician Retention In Rural Alberta: Preliminary Results From Two Rural Communities - Pamela J. Cameron, MSW, PhD Candidate, David C. Este, Professor Faculty of Social Work, University of Calgary] &

[PhD Thesis: Physician Retention in Four Rural Communities in Alberta: A Collective Case Study - Pamela J. Cameron]

- Community A & R website and related supports in 2010-present



# RECRUITMENT & RETENTION

## Attraction & Retention Trivia

- What are the top 6 factors influencing choice of first practice site?
  - Significant other's wishes
  - Medical community friendly to family physicians
  - Recreation and culture
  - Proximity to family and friends
  - Significant other's employment
  - Schools for children

## Attraction & Retention Trivia

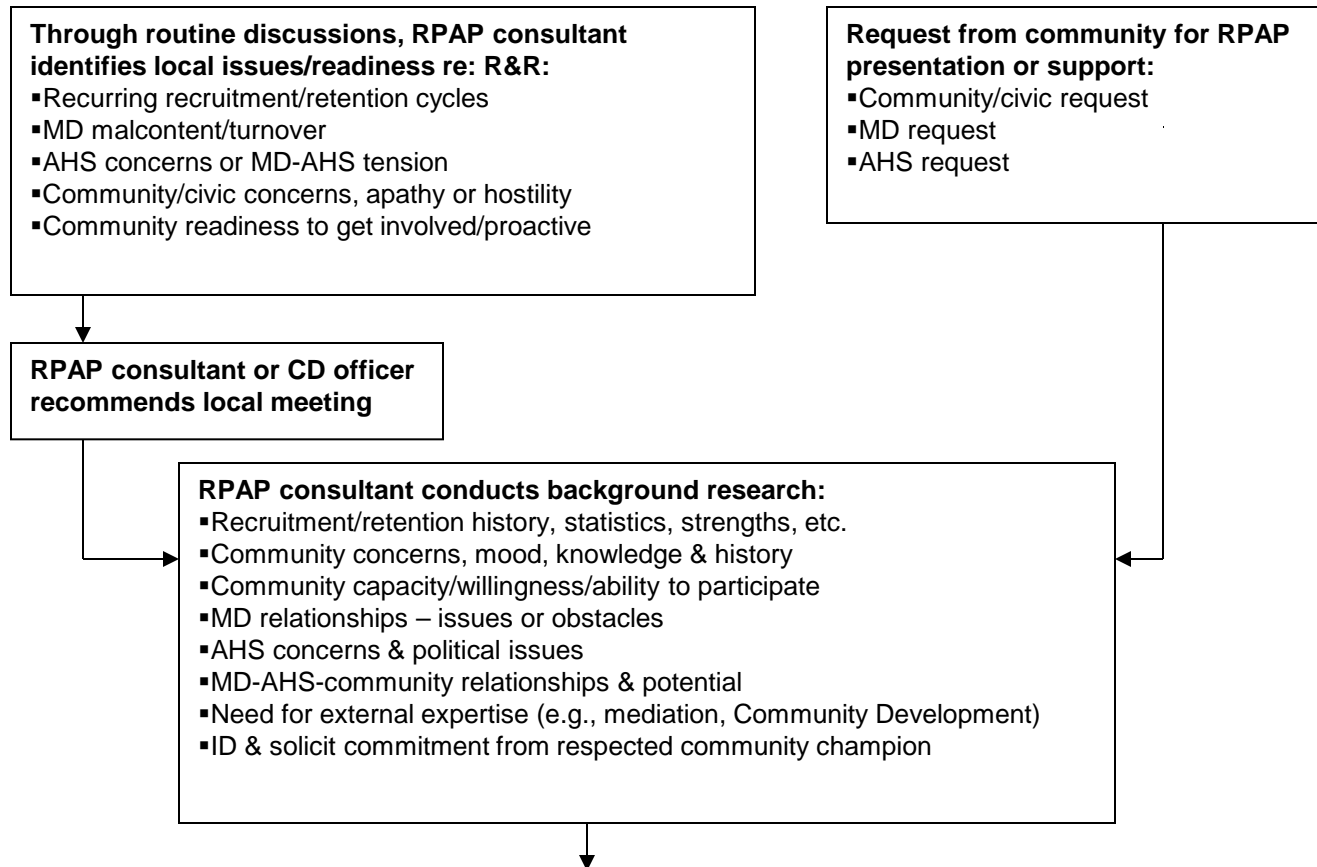
### What does the R&R research show?

- First 3 years are critical for retention
- Cultural fit and family are driving forces in turnover
- Part time and flexible work options are growing in practice and importance
- Most important spouse related recruitment strategy = dedicated relocation assistance





# Example: Community Resources Deployment Algorithm



# Community Resources Deployment Algorithm – cont'd

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**Schedule community meeting & ID key players to attend:**

- Community/civic leaders & activists
- AHS & hospital representatives; clinic managers
- AB Community Development resource people
- Economic development & business partners
- Educational representatives
- News media

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**Conduct MD & community meetings, ensuring:**

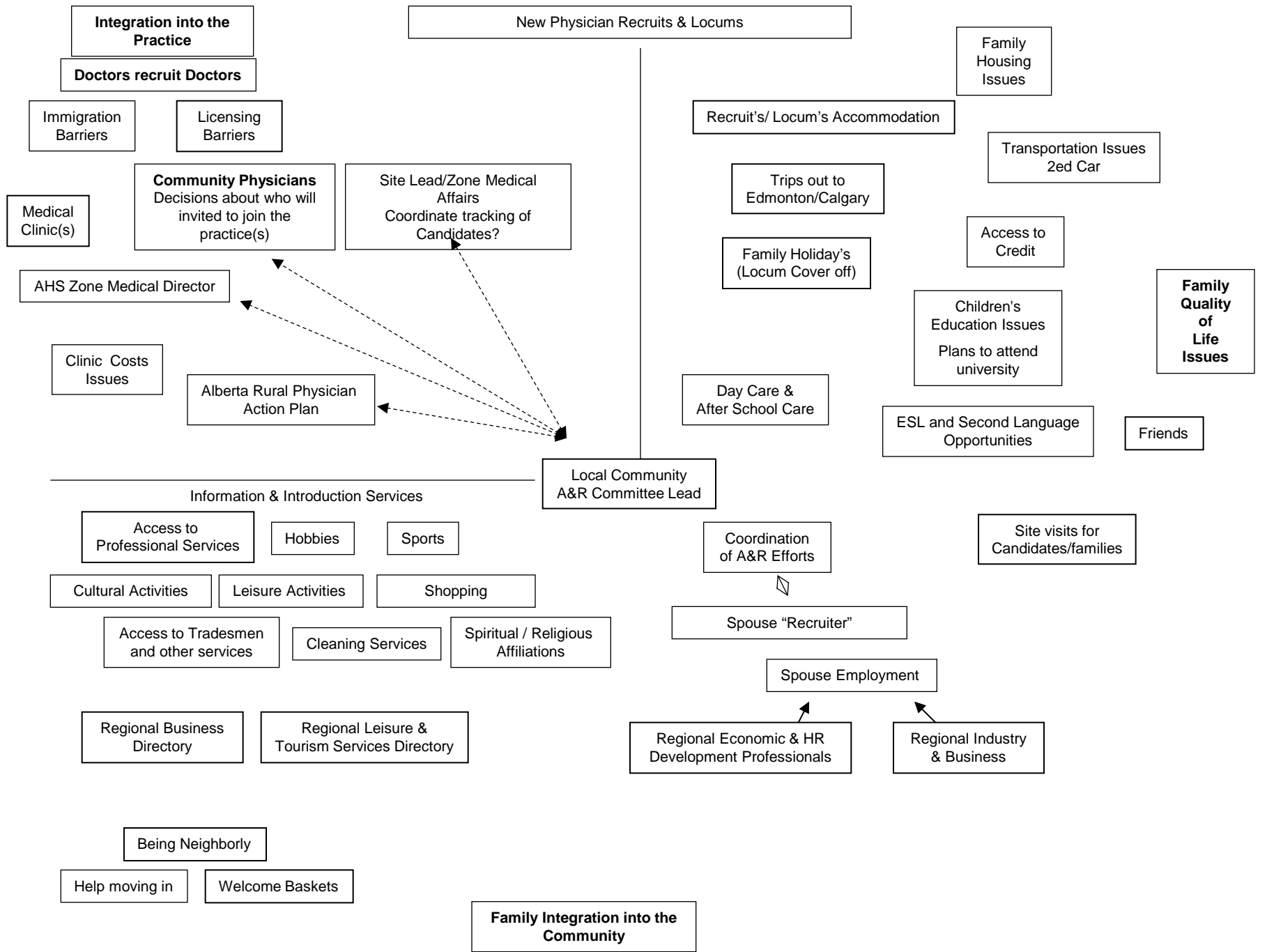
- Presentation is customized with local info
- RPAP remains neutral in tone, perspective & allegiance
- All groups understand “big picture” before considering solutions
- 3-way partnership is critical take-home message (AHS, MDs, community)
- Group commits to researching & developing strategy before identifying solutions
- SWOT analysis process begins
- Supporting RPAP programs & grants are explained & offered.
- Ongoing planning group & next steps are meeting endpoint.
- Meeting is evaluated using form provided.

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**Ongoing RPAP support**

- Follow-up with community
- Link with community resources & expertise as required
- Encourage strategy development





**Results:** The partnership formed between RPAP & ACD in 2004-2007 helped to foster community-based rural physician recruitment & retention capacity in rural Alberta.

Today formal community A & R committees exist in various stages of maturity in more than 60 rural locations.

The forms of community participation coincide with those identified in Judy Taylor's recent paper, "*Community participation in organizing rural general practice: Is it sustainable?*" (*Aust. J. Rural Health* (2006) 14, 144-147).

Namely:

- (helping to) recruit (& retain) physicians
- organizing the business model (i.e. clinic ownership)
- financial & in-kind contributions
- integrating the physicians/families into the community



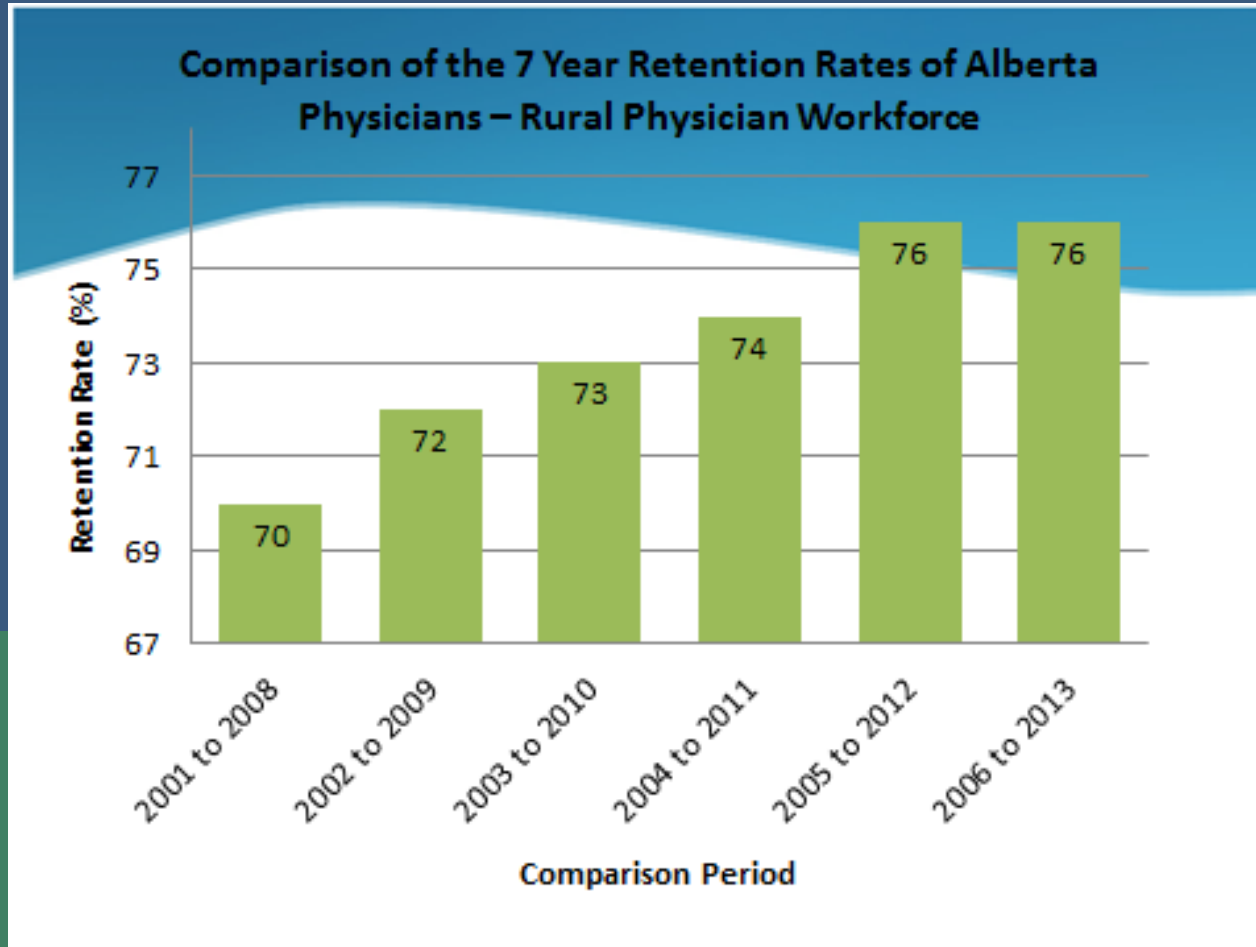
## RPAP Community Committee Supports

RPAP is currently supporting, through Community Physician Attraction and Retention Committees, a total of 66 rural Alberta communities.

<b>Number of Communities Supported by the RPAP</b>	
North	31
Central	19
South	16
<b>Total</b>	<b>66</b>



## Markers of Success?

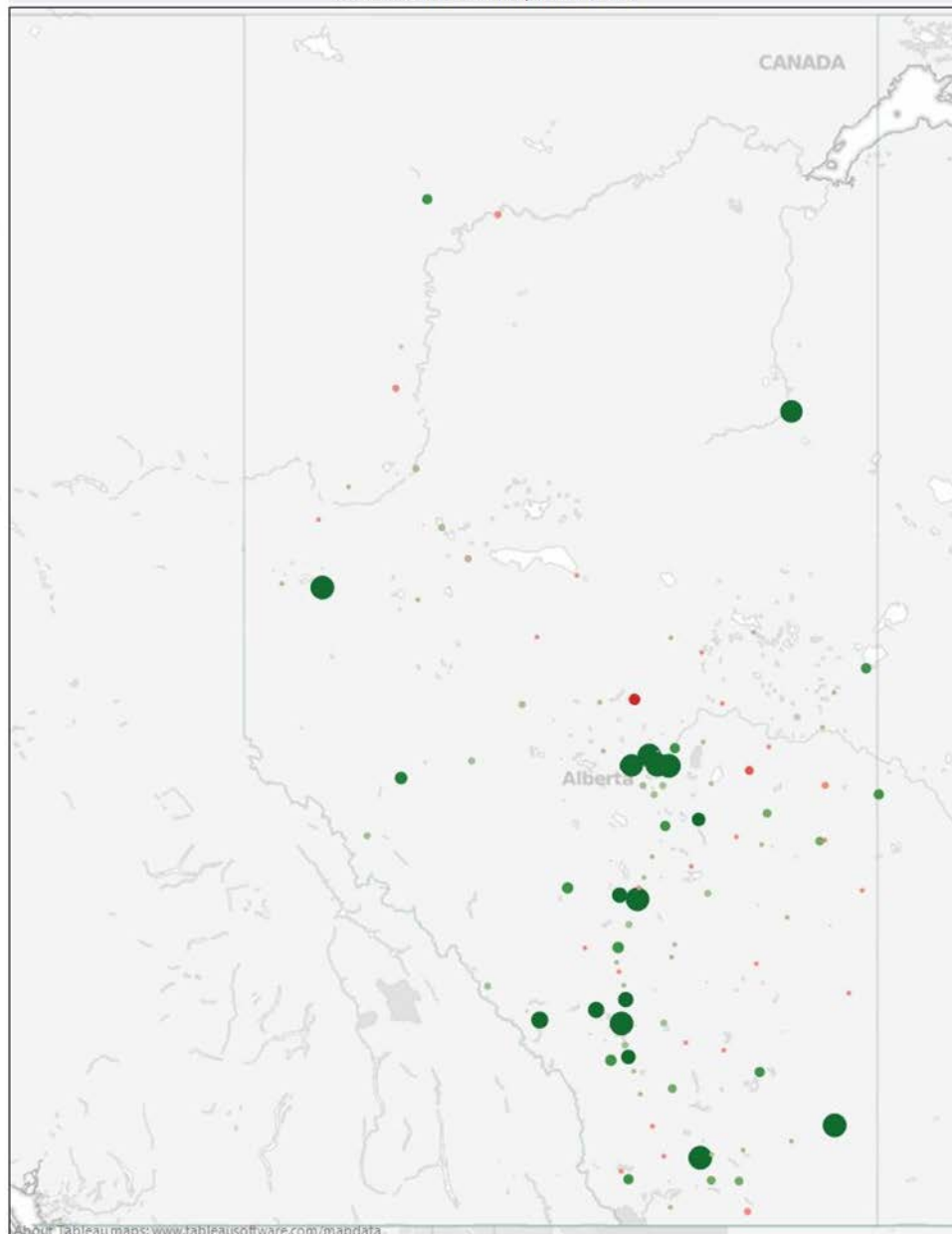
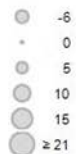


# Alberta Physician Supply

## Headcount - Net Change

Base = Jan 2008. Data Last Updated Jan 2013.

Net Chang..



About Tableau maps: [www.tableausoftware.com/mapdata](http://www.tableausoftware.com/mapdata)

Map based on physician register data from January 2008 to January 2013. Circle size and color shows the net change to physician headcount (with January 2008 as the base period).  
Questions can be directed to RPAP Research Analyst Chris Carr by phone at 780-423-9911 ext. 111 or by email at [chris.carr@rpap.ab.ca](mailto:chris.carr@rpap.ab.ca).

**Expected Results:** The tools & materials will be used to:

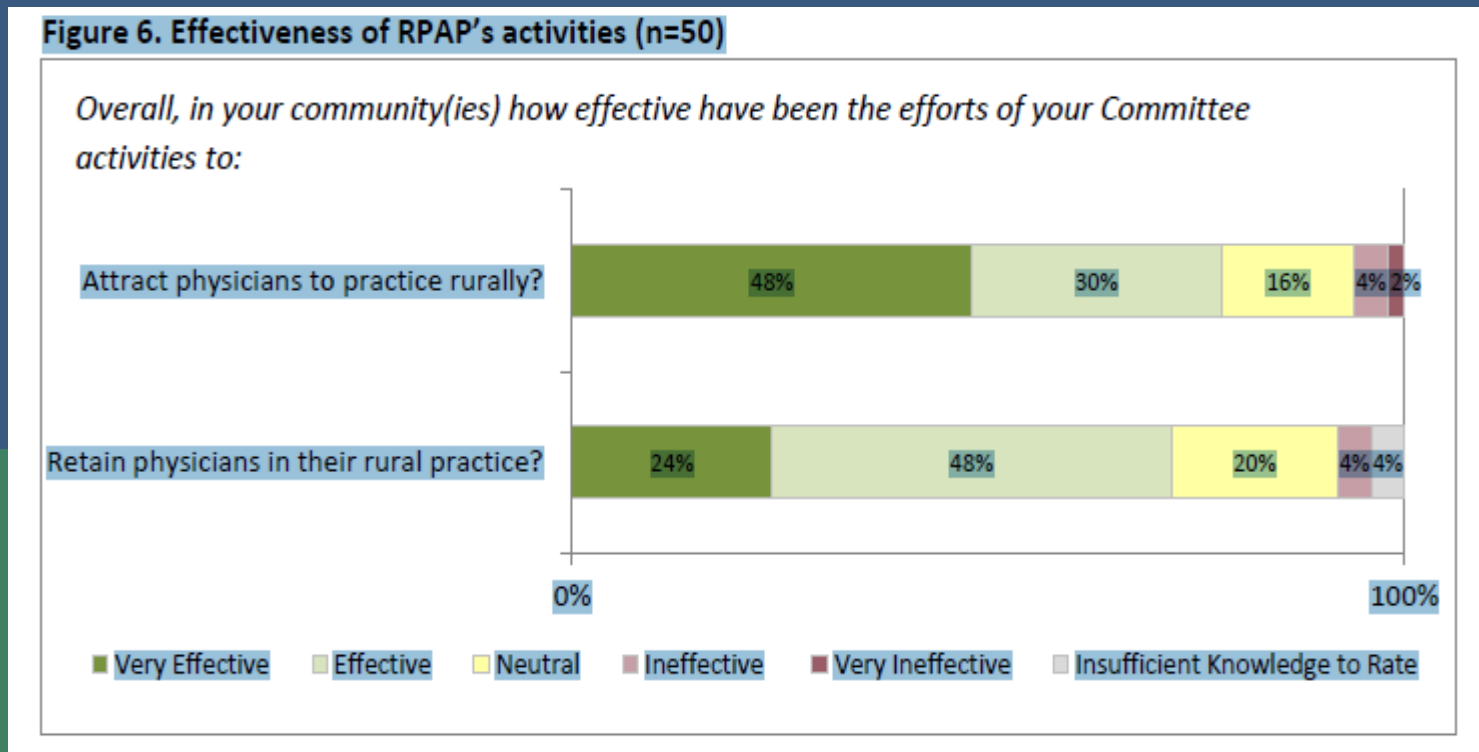
- Develop rural community, organization & individual capacity to avert a physician recruitment crisis
- Move towards sustainable medical services model where communities shift from the Crisis to Crisis Model, to the Averting of Crisis Model;
- Transfer the skills learned & the capacity acquired by individuals & organizations for recruiting other rural professionals





**Expected Results:** In 2012 a formal external evaluation of RPAP's community engagement activities occurred.

Some of the findings:



**Expected Results:** In 2012 a formal external evaluation of RPAP's community engagement activities occurred.

Some of the findings:

- Few examples of community engagement and capacity-building initiatives with the stated purpose of attracting and retaining rural physicians were identified through the literature search and environmental scan. Upon further inspection of the initiatives that were identified in the initial scan, almost all lacked the comprehensiveness exemplified in the RPAP's menu of community engagement activities currently offered in Alberta.
- No published evaluation reports were identified that might inform the RPAP's evaluation planning moving forward and/or speak to the effectiveness of their program elements



## Going Forward:

Results Based Budgeting in Alberta & RPAP's long-standing evidence-based approach requires us to:

- Develop & implement longitudinal, outcome based metrics to assess the effectiveness of RPAP's community engagement activities.
- Published our outcomes



# Thank-you

[www.RPAP.ab.ca](http://www.RPAP.ab.ca) (main RPAP web site, to be refreshed June)

[www.ARFMN.ab.ca](http://www.ARFMN.ab.ca) (rural Family Medicine Program, to be refreshed June)

[www.AlbertaPhysicianLink.ab.ca](http://www.AlbertaPhysicianLink.ab.ca) (recruitment)

[www.AlbertaRuralHealth.ab.ca](http://www.AlbertaRuralHealth.ab.ca) (community A&R support)

[www.BeADoctor.ca](http://www.BeADoctor.ca) (new medicine as a career web site)

[www.PracticalDoc.ca](http://www.PracticalDoc.ca) (new National CME/Preceptor dev. web site)



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