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Report on Rural Retention Programs

Ministry of Health Services

Internal Audit & Advisory Services
Office of the Comptroller General
Ministry of Finance
Province of British Columbia

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Table of Contents

Section Page No.

Abbreviations

BCMA	British Columbia Medical Association
Harbour Peaks	Harbour Peaks Management Consultant Inc.
IAAS	Internal Audit & Advisory Services
JSC	Joint Standing Committee on Rural Issues
RSA	Rural Subsidiary Agreement
Rural Review	British Columbia Rural Physician Programs Review
the ministry	Ministry of Health Services

Introduction

The Ministry of Health Services (the ministry) manages a suite of nine programs to enhance patient care and the availability of physician service in rural and remote areas of British Columbia. The programs target recruitment, retention, and continuing education by addressing unique and difficult clinical circumstances encountered by rural physicians. The goals of the programs are to encourage and support physicians to reside in rural communities and to facilitate communities receiving services on an outreach basis (see Appendix A for brief program descriptions).

The Joint Standing Committee on Rural Issues (JSC) was established in 2002 to enhance the delivery of rural medical care. The JSC is comprised of representatives from the ministry and the British Columbia Medical Association (BCMA), including physicians in rural practice. The committee's mandate is to advise government and the BCMA on matters pertaining to rural medical services practice.

A review of the effectiveness of the rural programs was put forward as part of Internal Audit & Advisory Services' (IAAS) 2007/08 audit plan and approved by Treasury Board and Cabinet in July 2007. Prior to the finalization of the audit plan, the ministry and the BCMA, through the JSC, engaged the services of a consultant to conduct an independent review of the ministry's rural programs in the fall of 2007.

The consultant, Harbour Peaks Management Inc. (Harbour Peaks), was asked to assess the effectiveness of the rural programs and identify opportunities to enhance and streamline the programs. The methodology used was predominantly qualitative, including interviews, focus groups, a facilitated stakeholder consultation, and a review of programs in other provinces. The Harbour Peaks review also included analysis of data available on program utilization, budgets and expenditures.

Completed and presented to the JSC on March 31, 2008, the British Columbia Rural Physician Programs Review (Rural Review) examined the strengths and weaknesses of the programs, evaluated the scope of services, and provided key recommendations for improvement. The report substantially met ministry needs and was well received by the JSC. A strategy to assess, prioritize, and implement key recommendations was to be developed; the JSC established a one year timeframe to complete this process.

In an effort to maximize the use of resources, IAAS is reporting on the effectiveness of the physician rural retention programs as outlined in the Harbour Peaks Management Report, “British Columbia Rural Physician Programs Review”, and providing a status report on the JSC’s action plan to address the report’s recommendations.

Purpose and Objectives

The purpose of the engagement as outlined in the 2007/08 Audit Plan was to review the effectiveness of rural programs with regards to retention of physicians in rural areas. Given the coordinated effort already undertaken by the ministry and the JSC, we chose to focus our attention on the effectiveness of rural programs in the retention of physicians in rural areas as outlined in the Harbour Peaks Management Inc. report, “British Columbia Rural Physician Programs Review”.

Our objectives were to assess the report findings and recommendations, and to provide a status report on the actions planned and taken by the JSC in response to the report.

Scope and Approach

The scope included a review of the Harbour Peaks’ report, including the key observations and recommendations, and the JSC’s action plan for the implementation of enhancements to rural programs.

As part of the approach, we met with Harbour Peaks and confirmed the methodology outlined in their report. This included reviewing a sample of recommendations and supporting documentation. Upon examination, we found the recommendations addressed the issues identified by the stakeholders.

Additionally, we regularly communicated with the JSC to answer questions and to request a prioritized action plan that would address the report recommendations.

Comments and Recommendations

Overall Conclusions of the Rural Review

Overall, the Rural Review concludes that the Province of British Columbia and the BCMA continue to respond to the needs of physicians who serve rural communities. The rural programs that fall within the mandate of the JSC have been successful in encouraging and supporting physicians to reside in rural communities. The programs also make it possible for many communities to receive services on an outreach basis.

The report further concludes that there is strong support and a great deal of interest by rural physicians to ensure the rural programs continues to evolve. While there are opportunities for enhancements, the rural programs have a solid foundation from which to continue to respond to the needs of rural physicians.

The report also concludes that while non-financial factors are now the strongest determinants of rural physician recruitment and retention, financial incentives still play a role in alleviating the extra burden placed on rural and remote physicians. Key observations identified by Harbour Peaks include:

Key Observations of the Rural Review

- Increased focus on planning, communication, and coordination is needed and acknowledgement of non-financial factors (e.g., workload, working hours and flexible working arrangements, etc.) in the full complement of future rural programs.
- The current approach to measuring rurality, although adequate and robust, is not precise.
- While local communities are succeeding in actively recruiting and retaining physicians, recruitment incentives, particularly in the recruitment of specialists, are increasingly falling short.
- Stronger performance measurements and monitoring are essential in order to determine the effectiveness of the rural programs and to facilitate future planning.
- Ongoing Continuing Medical Education designed to meet the needs of rural physicians and delivered locally, where possible, is essential to maintain service levels required in rural and remote areas and to strengthen support for rural practice.

- Increasing the number of rural-based students admitted to medical school could enhance successful recruitment to rural practice.

Key Recommendations of the Rural review

Opportunities were identified to further improve the effectiveness of the rural programs. In consultation with stakeholders, Harbour Peaks developed 90 recommendations that were provided to the JSC for consideration in future planning.

A strategy to review, prioritize, and apply key recommendations is being developed. As part of evaluating the recommendations, the JSC will need to consider feasibility and implementation options to ensure limited resources are assigned where they can provide maximum benefit.

Harbour Peaks identified 17 key recommendations (Appendix B). The report acknowledged that not all recommendations would be undertaken, and any implementation may be modified. Among the main recommendations provided to the JSC for their review and approval were the following:

- That a communications strategy be developed to increase the awareness and understanding of the rural programs.
- That structured annual planning and policy development sessions for rural programs be held.
- That a performance measurement strategy be developed for each rural program, establishing definitions of success, desired impact, measurement indicators, and reporting.
- That guidelines be provided to the Health Authorities for developing physician supply plans as part of community care plans.
- That the JSC formally request the Ministry of Education to examine ways to increase the number of students who grew up in rural and remote areas of British Columbia to enroll in medical school.
- That the JSC develops a strategy to provide physicians in large urban non-Rural Subsidy Agreement (RSA) centres an awareness of the benefits of being a locum physician in an RSA community and that an ‘Adopt a Locum Community’ theme is pursued.

We have asked the JSC to provide a prioritized action plan that would address the report recommendations. As of March 31, 2009, the JSC has not responded to our requests.

Recommendation

(1) We recommend the ministry, on behalf of the JSC, provide a status report on the actions planned and taken by the JSC in response to the British Columbia Rural Physician Programs Review.

Ministry Response

In December 2009, the ministry, on behalf of the JSC, provided a status report on actions planned and taken.

Changes Implemented

As a result of input received from the report, the JSC recognized that enhancements to the Rural General Practitioner Locum Program and Rural Specialist Locum Program were a top priority and responded by implementing the following changes, effective October 1, 2008:

- Compensate physicians providing General Practitioner locum services at different rates depending upon the degree of isolation of the community where they are working.
- Compensate General Practitioner Locums at higher rates when they provide locum relief services for rural physicians who are providing specific, core services needed by rural hospitals.
- Provide more days of potential General Practitioner locum support for those physicians who are living and practicing in smaller and more vulnerable communities.
- Increase the rate paid to specialists who provide locum services to rural communities to address national, competitive pressures.
- Increase the potential number of days of locum relief for specialists in rural communities to recognize the time they must spend in professional development activities.

Appendix A: Rural Physician Programs

The five rural programs providing financial benefits are:

- The Rural Retention Program: provides fee premiums and flat fee financial benefits to enhance the supply and stability of physician services in eligible RSA communities.

- The Isolation Allowance Fund: provides an allowance to physicians providing necessary medical services in eligible RSA communities with fewer than four physicians, that do not have a hospital, and whose physicians are not receiving other financial payments such as Medical on Call Availability Program, Call Back or Doctor of the Day payments.

- The Northern and Isolation Travel Assistance Outreach Program: provides funding for approved physicians who visit rural and isolated communities to provide medical services as well as travel time honorarium for approved visiting specialists and family medicine physicians.

- The Recruitment Incentive Program: for physicians recruited to fill vacancies or pending vacancies that are part of a Physician Supply Plan in eligible RSA communities.

- The Recruitment Contingency Fund: assists communities serviced by the RSA with recruiting expenses where the difficulty in filling a vacancy is, or is expected to be, especially severe or would have a significant impact on the delivery of medical care required.

The four rural programs impacting financial and non-financial factors are:

- The Rural Continuing Medical Education: provides physicians with funding opportunities for medical education to update and enhance medical skills and credentials required for rural practice.

- The Rural Education Action Plan: supports advanced skills in training for physicians in rural practice, provides undergrad medical students with rural practice experience, and provides funds for rural physician participation in the medical school selection process.

- The Rural General Practice Locum Program: assists rural general practitioners in taking reasonable periods of leave from their practices by providing locum physicians with opportunities to practice in rural BC.

- The Rural Specialist Locum Program: supports specialists living and working in rural areas to secure subsidized periods of leave from their practices for Continuing Medical Education, vacation, and to assist in the provision of continuous specialist coverage designated by the Health Authority.

Appendix B: Harbour Peaks Key Recommendations to JSC

Harbour Peaks identified the following 17 key recommendations brought forward to the JSC:

- That a communications strategy be developed to increase the awareness and understanding of the rural programs.
- That structured annual planning and policy development sessions for rural programs be held.
- That a performance measurement strategy be developed for each rural program, establishing definitions of success, desired impact, measurement indicators, and reporting.
- That the JSC continue to use the opportunities to review individual circumstances as opportunities to consider whether adjustments and/or enhancements are needed to the rural programs from a policy, program delivery or program administration perspective.
- That guidelines be provided to the Health Authorities for developing physician supply plans as part of community care plans.
- That the JSC formally request the Ministry of Education to examine ways to increase the number of students who grew up in rural remote areas of British Columbia enrolled in medical school.
- That the JSC spearhead a Rural Continuing Medical Education strategy for the province to facilitate development of locally based Continuing Medical Education designed specifically for rural physicians.
- That the JSC engage the services of an expert geographer to investigate the potential of including an additional variable to the rural programs methodology for determining a community's rurality.
- That the eligibility requirements for the Rural Retention Program accommodate up to three physicians who decide to job share a full time position.

- That a Rural Retention Program annual payment of $6,500 be provided to physicians residing for nine months or more in RSA eligible communities for each of the four designated services: hospital-based emergency room services, community and hospital-based obstetrical services, anaesthesia services, and general surgery.

- That for each community a fluctuation of 10% in the annual calculation of community isolation points is considered as acceptable and small fluctuations up or down not impact on a community's fee premium or flat fee.

- That the JSC consider a step-wise structure for the assignment of fee premiums and flat fees.

- That the Rural General Practice Locum Program guaranteed minimum daily rate for the provision of direct services be adjusted by a Rural General Practice Locum Program Daily Rate Premium.

- That the Rural Specialist Locum Program guaranteed minimum daily rate for the provision of direct services be adjusted by a Rural Specialist Locum Program Daily Rate Premium.

- That Psychiatry, Radiology, Ear Nose Throat, Gynaecology, and Oncology be added as designated specialties eligible for Rural Specialist Locum Program support.

- That the JSC develops a strategy to provide physicians in large urban non-RSA centres an awareness of the benefits of being a locum physician in a RSA community and that an "Adopt a Locum Community' theme is pursued.

- That the JSC explore the feasibility of engaging the University of British Columbia's Northern Medical Program in the administration of selected programs.