

## Northern Ontario School of Medicine's Impact on Physician Recruitment in Northern Ontario

The Northern Ontario School of Medicine (NOSM) facilitates medical education of undergraduate and postgraduate learners as well as other health care professions, such as dietitians, physician assistants, and therapists, in over 90 communities located primarily in Northern Ontario.

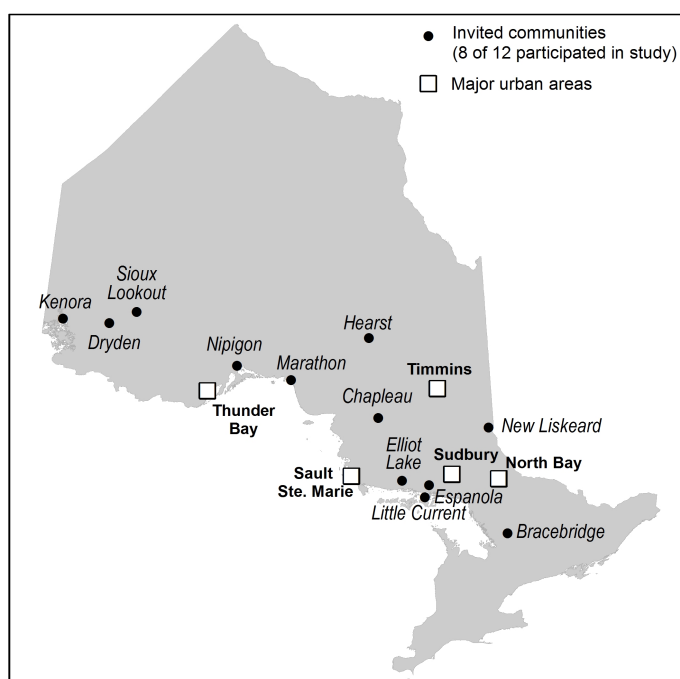
This study assessed changes in physician recruitment activities and spending in underserved communities of Northern Ontario.

We looked specifically at communities that have recently recruited NOSM medical graduates. We examined how communities recruit and retain physicians to identify new processes that link to NOSM's programs or graduates.

### METHODS

Twelve small rural communities in Northern Ontario had been successful in recruiting NOSM-trained physicians as of January 2014 (Figure 1). The communities include: Bracebridge, Chapleau, Dryden, Elliott Lake, Espanola, Hearst, Kenora, Little Current, Marathon, New Liskeard, Nipigon, and Sioux Lookout.

**Figure 1.** Northern Ontario communities invited to participate in the study



These communities are rural with up to 16,000 people and “underserved”—that is, they are eligible for the Ministry of Health’s Northern Health Programs. Five communities are 300 km or more away from the Northern Ontario largest urban centres of Sudbury or Thunder Bay.

We interviewed 10 individuals from eight of the 12 communities in the fall of 2014. We examined answers to interview questions, grouped these answers and used quotes, with permission, to illustrate common themes.

The Laurentian University Research Ethics Board approved this study (file #2014-08-06).

## STUDY RESULTS

Four interviewees held physician recruiter positions. The other six interviewees were senior executives or managers at the local hospitals, family health groups, or other health care organizations.

Interviewees had worked in their positions for an average of six years.

### ***Fewer shortages of family doctors***

Five of eight communities that struggled with a chronic shortage of family physicians in the past five to 10 years now have a full or almost full complement. The family physician shortage in these five communities decreased from about 30 vacant full-time equivalent (FTE) physician positions to only one vacant FTE physician position.

Interviewees much preferred the new situation:

*"It's nice to be out of crisis mode and looking at succession..." (Community 3)*

Interviewees agreed that it is easier to recruit NOSM graduates because they seem more inclined to practice in Northern Ontario.

*"Our recruitment practices began with NOSM... We have a lot of medical learners coming through our clinic, it's a huge recruitment tool for us." (Community 2)*

Involvement of communities in NOSM's educational programs allowed future doctors to experience medical practice and the lifestyle in these communities.

*"We try and provide the best learning and living experiences we can for the learners... And our physicians and the staff get it and... and [recruitment], sort of, happens organically from there. There's no greasy sales. I mean, they see [our community] for ... what it really is." (Community 3)*

Interviewees acknowledged that NOSM sought to protect learners from undue recruitment pressure that could detract from the learning experience.

Communities typically resolved this tension by focusing on providing the best learning environment and authentic practical experience to the learners. Recruitment then "naturally" stemmed from these experiences:

*"When we take on students and residents we don't do it for the sole purpose of, you know, we're going to try to recruit them. ..First and foremost you have to do this because you're a teaching site and you've got to ... honour that you're part of that process." (Community 5)*

### ***Less spending on physician recruitment***

With the focus on NOSM as the main source of doctors, communities were able to reduce their spending on travel and attendance at recruitment fairs in Southern Ontario.

*"We were attending the HFO [HealthForce Ontario] tour every fall, ...but we just weren't seeing success.... The majority of the students didn't even know anything existed north of Barrie or Parry Sound. ... Just being in kind of a rural area, rural setting, you needed [a] physician [who] is either originally from the north or they just love the north..." (Community 3)*

Many communities also lowered spending on physician incentives and reliance on locum physicians, reflecting an overall “decrease in desperation” in physician recruitment.

### ***New priorities in physician recruitment***

Communities were able to bring forward other priorities such as planning for physician retirement. For example, six out of eight communities were expecting 20-60% of physicians to retire in the next five years. With immediate physician shortages largely solved, interviewees began to think about succession planning.

Furthermore, interviewees identified the need for physicians with specific skills, such as physicians willing to serve in First Nations’ communities or general surgeons trained for rural practice.

Recent success in physician recruitment suggests that NOSM will also have a positive impact on physician retention.

### **Factors contributing to successful recruitment**

Presence of NOSM in the community (and in the region) was seen as a key factor in improving communities’ ability to recruit physicians.

*“Getting involved with students and acting as the SAC [Site Area Coordinator] for NOSM is a good investment for recruiting. [NOSM] students live here for eight months, so in the long run, after their fourth year and two years residence, if they want to settle somewhere, well, they have stayed here for eight months so they know the role, they know the activities, they know the communities, so it’s a big investment in recruiting, being a CCC [Comprehensive Community Clerkship] community.” (Community 4)*

This key factor worked in synergy with other important factors.

*“I think what’s changed drastically is our approach. Our strategy is to recruit more niche medicine... So I think that’s what’s changed, we’ve increased our incentive grant, we’ve taken on more student and residents.*

*Thankfully, our local doctors are acting as preceptors and that we’ve changed our strategy to not force doctors or make them feel compelled that they have to work in areas that they’re uncomfortable with. I think those are the key changes.” (Community 5)*

### **Communities differed in their ability to capitalize on NOSM’s presence**

Not all communities experienced the same level of changes in physician recruitment expenses and activities. Communities that were more successful showed greater communication, more types of involvement and closer collaboration with NOSM.

Competing demands for community finances and personnel and sometimes, the size of the community, means that not every community is able to participate in all of NOSM educational activities or other events.

The research team thought that improving recruitment and retention in these communities may require new forms of partnership between NOSM and the community, and among communities.

### **LOOKING FORWARD**

According to interviewees, NOSM graduates are now a major source for physician recruitment in most of the communities that we studied. NOSM graduates have filled many vacant positions and have helped reduce the shortage of family doctors in these communities.

The school’s presence in Northern Ontario allow these small rural and remote underserved communities to hire NOSM graduates on lower recruitment budgets and avoid high costs of travel to recruitment fairs outside the region.

Physician retention is becoming a priority in communities’ plans. It is hoped that NOSM will also have a positive effect on physician retention over the long run. Typically, the more that a community engages in NOSM educational programs and events, the more that the community benefits.

The research team suggests that for smaller communities or those with fewer resources, new types of partnerships with NOSM or with nearby communities may help increase the level of engagement and benefit.

**STUDY LIMITATIONS**

We examined only those underserved rural communities that were successful in recruiting NOSM physicians. All of these communities were involved in NOSM medical education to varying degrees.

Other underserved communities that are NOSM educational sites, but are not successful in recruiting NOSM graduates, or communities that are not NOSM educational sites should be studied to better understand the impact of NOSM on physician recruitment in underserved areas of Northern Ontario.

**CONCLUSION**

To our knowledge, this is the first study that assessed the impact of a socially accountable medical school on physician recruitment in underserved communities.

Locating medical educational sites in underserved communities in Northern Ontario and engaging these communities in training rural doctors was a key factor to improving communities’ ability to recruit family physicians.

Developing formal avenues of collaboration between NOSM and communities as part of a “pathway” approach to physician recruitment may lead to even greater success in alleviating the doctor shortage in these and other underserved Northern Ontario communities.

Research is needed to understand how participation in medical education or physician recruitment can be improved in communities that are developing their capacity to fully engage in NOSM programs.

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