Manitoba's Physician Shortage

Physician Recruitment and Retention Recommendations from the Rural & Northern Health Summit

Doctors Manitoba | MANITOBA CHAMBERS OF COMMERCE

October 28, 2022

Executive Summary

Manitoba has one of the biggest physician shortages in Canada. With record levels of distress and burnout, a recent survey found that over 40% of physicians have plans to retire, leave Manitoba, or reduce their clinical hours over the next three years.

The problem is even more serious in rural, Northern and Indigenous communities. Shortages are making it more difficult to find a family physician as well as creating challenges with maintaining acute care services. This past summer, ERs at two thirds of rural hospitals were closed full time or part time, and access to care in First Nations communities has deteriorated significantly.

Health and economic issues are closely linked. In fact, there is a demonstrated direct correlation between a community's level of physician care, and that community's economic potential and long-term sustainability. Our ability to recruit and retain more physicians in rural and Northern Manitoba will be an important contributor to our future economy.

This report offers a prescription to address the serious shortage of physicians in rural, Northern and Indigenous communities, with recommendations and supporting actions to attract and retain more doctors. An "all-in" collaborative approach is essential to succeed.

Our recommendations, based on extensive research and consultation, include:

- Recruiting more physicians by expanding training, streamlining recruitment efforts, and identifying financial supports for transition to practice.
- Finding efficiencies to free up physicians' time for more patient care, including by making it easier for physicians to consult other physicians to guide care.
- Addressing physician burnout, the single biggest risk to physicians leaving practice, by reducing the administrative burden, reviewing on-call expectations, and improving physician engagement.
- Retaining physicians in practice for longer with better peer support and mentorship, assisting with physician infrastructure costs, and enhancing the physician retention program.
- Supporting the important role local communities, chambers of commerce and Indigenous leadership can play in recruiting and retaining physicians *and* their families.

Manitoba's Physician Shortage
Current State

An in-depth analysis of Manitoba's physician resources found:

- Since 2003, Manitoba has seen a 47% increase in the number of practicing physicians, or net increase of 1,005 doctors. (CPSM)
- Over the same period, however, the growth in physicians per capita was only 19%, the lowest of all provinces in Canada. (CIHI)
- Today, Manitoba has the lowest number of family physicians per capita in Canada, at 108 per 100,000 residents. Manitoba has the third lowest number of specialist physicians per capita. (CIHI)
- It would take 359 more physicians to reach the Canadian per capita average, though it should be noted that the Canadian average is the 7th worst among 32 nations included in OECD tracking.
- The overall number of physicians per capita in rural Manitoba ranges from 92 per 100,000 residents in the Interlake-Eastern region to 149 per 100,000 in the Prairie Mountain region. (CIHI)

The most striking conclusion is that Manitoba has one of the largest physician shortages in Canada. This is based on data from 2020.

More recent data from the College of Physicians and Surgeons of Manitoba reveals retirement rates have more than doubled over the last four years.

Further, a recent survey from Doctors Manitoba finds that over the next three years, 43% of physicians plan to retire, leave Manitoba, or reduce their clinical hours. If this occurs, it will exacerbate an already serious physician shortage.

Access to physicians has deteriorated in First Nations communities over the last 20 years. Over that period, the number of people leaving their community to access primary care in Winnipeg has doubled. (MCHP)

→ ***See this Report on Physician Resources in Manitoba for further background.***

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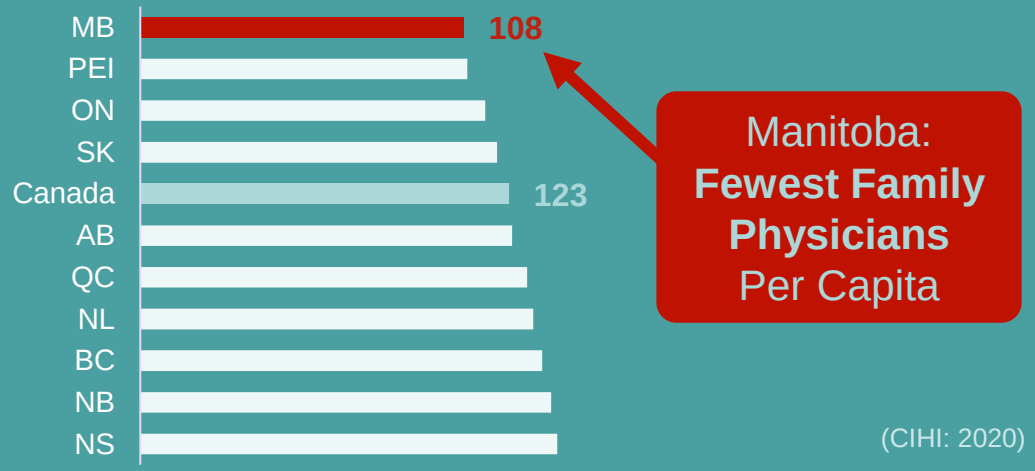
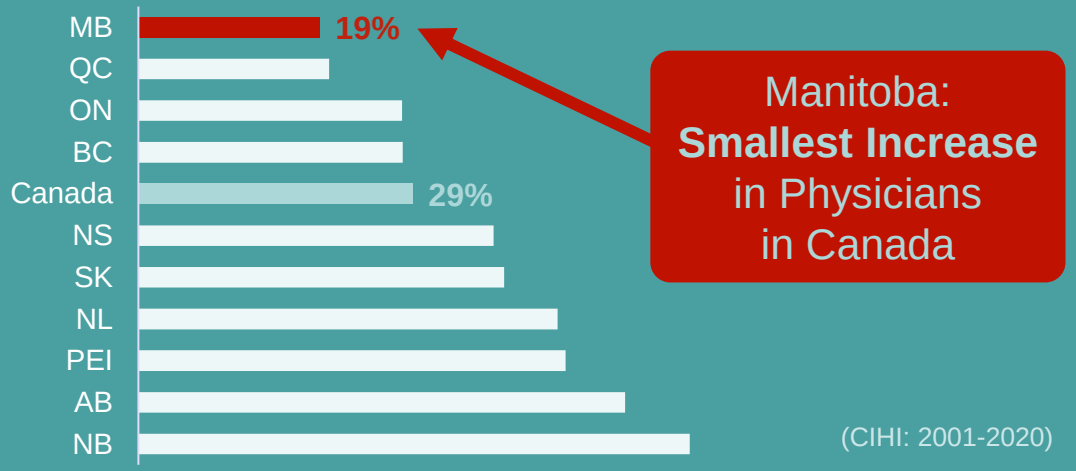
Physician in Manitoba

108 Family Physicians Per 100,000 Residents



(CIHI: 2020)

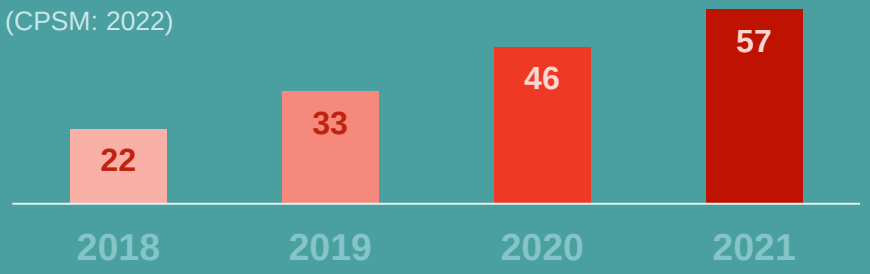
19% Growth in Physicians Per Capita



(CIHI: 2001-2020)

More Physicians are Retiring

(CPSM: 2022)



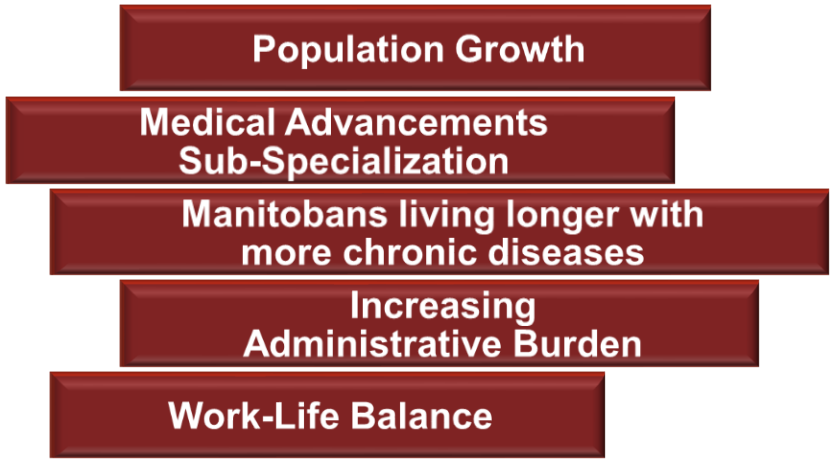
Over the next three years: **2 in 5 Physicians** are planning on retiring, leaving Manitoba, or reducing their clinical hours. (DRMB Survey: 2022)

Why do we feel further behind?

Even though Manitoba's 20-year growth in physicians is the lowest in Canada, there has still been a 19% increase in doctors per capita.

So why, with more physicians, do we feel further behind?

As we heard from physicians at the Summit, many things have changed in medicine over the last two to three decades. A growing population is living longer and with more chronic disease, which means more complicated care and longer appointments.



Medicine has become more advanced, helping to diagnose and treat more conditions. This means some physicians have to sub-specialize and more physicians are needed overall to meet current medical standards.

There is a heavier administrative burden, including both paperwork and inefficient technologies. This diverts physicians away from patient care.

Poor coordination of air ambulance transfers and Federal/Provincial disputes over responsibility for health services add to the distress for physicians providing care in First Nations communities.

Physicians also have a different work-life balance than a few decades ago. As one physician described:

> *"There are very few physicians today with stay-at-home spouses, and that means most physicians cannot work the same amount of overtime as their peers did years ago."*

An Unbreakable Link:
Health Care & Community Economic Sustainability

Health and economic issues are closely linked. In fact, there is a demonstrated direct correlation between a community's level of physician care, and that community's economic potential and long-term sustainability.

With 43% of physicians planning to retire, leave Manitoba, or reduce their clinical hours over the next three years, there are and will continue to be considerable implications for rural and Northern communities if these trends continue.

Manitoba's business community has made it clear that health care system recovery and investment is a priority, followed closely by growing Manitoba's economy.

Currently, more than 90% of Manitoba municipalities are reporting physician shortages, and this is having a serious impact, both direct and indirect, on economic development and community prosperity in rural and Northern parts of the province.

As of the 2021 Census, within Manitoba, 24% of the population lives rurally, representing one of the largest rural populations, proportional to total population. Furthermore, rural Manitoba has a higher proportion of residents in the 55 to 75+ age group.

In rural and Northern communities, Manitobans without a family physician or those with insufficient access to health care services may relocate to a community with more accessible care. This is particularly true for older adults who are unable to age in place in their home communities. Population losses have a direct negative impact on the economy of local communities.

Research has indicated that there is a need for community involvement in the recruitment and retention of physicians in rural and Northern communities.

In Manitoba, nearly 95% of municipalities are allocating financial resources to recruit and retain health practitioners in local communities.

However, community leaders have shared with us that they often feel as though they are on their own, and do not sufficiently understand their role or responsibility in physician recruitment.

Therefore, support for communities, improved coordination, and enhanced clarity of roles will be important as we collectively find solutions to these challenges.

Manitoba's ability to recruit and retain more physicians in rural and Northern Manitoba will be an important contributor to our future economy.

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Recommendations to Attract and Retain More Physicians

Context

This report offers recommendations to address rural and Northern physician shortages through recruitment and retention strategies. Based on the research and consultation process, actions must address the clear and present risks to retaining physicians, as well as improve our ability to attract more doctors to these areas. We acknowledge the following:

- Many of these recommendations and actions require further development to be actionable. It is absolutely vital to approach this collaboratively, engaging physicians and other partners from the outset. It will also be important to identify a clear lead for each for each recommendation and action, set clear goals and timelines, and share this publicly.
- Although most recommendations will require adoption and implementation by Manitoba Health, we recognize that significant work will be required by other partners, including Shared Health, RHAs, Indigenous Health leaders, University of Manitoba, CPSM, and Doctors Manitoba. We also recognize that non-health organizations such as local communities, municipalities, band councils, tribal councils, and chambers of commerce have a role to play in supporting physician recruitment and retention.
- There are other issues causing instability in rural and Northern health care, including shortages of nurses, technologists and other health care workers. Also, the prolonged lack of transparency about the future of health care services is creating challenges and confusion. These issues require further review and action but are beyond the scope of this report.

Physicians' Views

"Working conditions, especially in rural ERs, are difficult and stressful. No support, minimal diagnostic tools, working alone, without possibility of consultation, difficulty transferring sick patients to larger facilities, difficulty accessing the patients' medical records."

"I am very concerned about finding someone to continue on in my small town when I retire. I don't know how to go about it. I feel confident there is someone out there who would love it here as much as I do, but I have no time and no really good ideas about how to go about finding them."

"We need a new model, one that acknowledges how complex care is nowadays for many patients, and how much "care" is actually filling out of forms, making various phone calls, coordinating services and liaising with family."

Methods

Together, the Manitoba Chambers of Commerce and Doctors Manitoba created a working group to support the research and analysis behind this report.

This work included:

- Analyzing physician resource statistics, including from the Canadian Institute for Health Information, the College of Physicians and Surgeons of Manitoba, the Canadian Medical Association, and Doctors Manitoba member surveys.
- Reviewing published research and conducting a cross-jurisdictional scan to identify promising practices.
- Reviewing economic development research to identify the important linkages between reliable medical services and community and economic growth.
- Consulting key stakeholders, such as RHAs, Shared Health, University of Manitoba, College of Physicians Surgeons, local chambers of commerce, Indigenous health organizations, and the Association of Manitoba Municipalities.

A Rural Health Summit was held on September 21, with over 100 participants, including physicians, medical students and residents, as well as leaders from the health system, local communities, chambers of commerce and businesses.

The Summit included two structured roundtable discussions about physician recruitment and retention.

The working group analyzed and distilled advice and promising practices, resulting in draft recommendations with supporting actions after conducting a consensus-building exercise at the close of the summit. The draft recommendations were circulated as a survey to Summit participants, as well as to additional stakeholders and physicians, to confirm we accurately captured the outputs. 463 respondents completed the survey, and we incorporated additional feedback into this report's final five recommendations and supporting actions.

Attracting More Physicians

“We need to expand the rural and northern educational opportunities for medical students and residents NOW before we lose the preceptor base further.”

Recommendation 1

Increase the number of physicians being recruited into Manitoba by expanding training, streamlining recruitment efforts, and identifying financial supports for transition to practice.

This can be achieved by:

- ✓ Expanding the number of seats in the Manitoba Licensure Program for international medical graduates and providing comprehensive support as they settle into their new home communities.
- ✓ Rapidly exploring and planning an overseas recruitment initiative, bringing together all relevant partners to streamline and expedite the immigration, licensure, bridge training, and practice recruitment efforts. This must consider the ethical concerns about recruiting physicians from countries with below-average physician resources.
- ✓ Training more doctors in Manitoba, including expanding medical school and residency programs. This must include an expanded focus on admitting more students and residents from rural, Northern and Indigenous communities, as well as more practice experience in these communities.
- ✓ Streamlining recruitment efforts into a single integrated physician recruitment website or agency, bringing the roles together for RHAs, Shared Health, Doctors Manitoba, CPSM and Manitoba Health. This should also involve local communities and chambers of commerce to help promote communities as destinations to work, live and play. A proactive approach to recruitment should be used, similar to an executive search, given the highly competitive environment.
- ✓ Expanding recruitment incentives to both attract physicians and support their transition to rural and Northern practice. This includes:
  - Creating a recruitment grant to attract physicians to areas with shortages.
  - Offering an income guarantee for an initial practice period (e.g. 2-3 years) to help physicians as they transition into practice in a rural or Northern community.
  - Reviewing return-of-service grants to ensure they are mutually beneficial to the physician and the community.

Recruiting New Physicians

When choosing a new practice, what factors do residents or new physicians consider? The following were summarized by Dr. Jose Francois, Head of Family Medicine, based on the evidence and his experience in the field:

Practice Opportunity

Scope of practice
Size of group / on-call schedule
Practice supports
Consultant supports
Mentorship/Collegiality
Financial incentives
Remuneration
Facilities

Community

Size
Location/proximity
Housing
Amenities
Integration to community

Family

Family supports
Work for spouse
Childcare
Schools
Activities for children

Source: Adapted from Asghari S, Aubrey K, Rourke J et al. Factors influencing choice to practise in rural and remote communities throughout a physician's career cycle. Can J Rural Med (2017); 22(3):92-99

Address Frustrating Inefficiencies

> *Attracting physicians to an underserved area is difficult if there is limited administrative and professional support. All the incentives in the world will not keep anyone who is trying to carry the entire load themselves. They will come to well organized multidisciplinary sites."*

Recommendation 2

Find efficiencies that free up physicians' time for more patient care while addressing frequent sources of frustration.

This can be achieved by:

- ✓ Creating a centralized service, similar to those that exist in Saskatchewan and other provinces, with a single phone number or referral platform. This would allow rural and Northern physicians to:
  a) Obtain specialist consultative advice
  b) Find the most appropriate bed available in another hospital when needed
  c) Coordinate interfacility medical transportation.
- ✓ Expanding the use of technology to support better physician peer consultation and communication. This includes making secure texting available to all physicians for free through CORTEXT, as well as expanding technologies like eConsult and Rapid Access to Consultative Expertise (RACE).
- ✓ Enabling physicians to add other health professionals to their practice to accommodate more patient visits, such as physician assistants, nurses, nurse practitioners and allied health professionals. This includes in independently-owned clinics and fee-for-service practices.

The importance of a centralized service for coordinating consultation, bed access, and transportation.

The following is one of many examples from rural and Northern physicians about the time-consuming complexity involved in specialty expertise for complex cases and, when needed, arranging transportation to a larger facility.

A 75-year-old patient with a complex medical history is admitted to a rural hospital on a Thursday. The patient deteriorates overnight with backpain, fever and an altered state of consciousness. Early Friday morning, the physician decides a specialist consultation is required, and possibly a transfer.

8:30 AM	Call HSC to page a spine specialist.
9:30 AM	Patient condition deteriorates, so physician pages to consult neurosurgery specialist
10:15 AM	Patient condition continues to be unstable, so physician pages internal medicine specialist in Brandon. Response received, specialist agrees patient needs more acute-level care in Winnipeg
12:05 PM	Neurosurgery specialist calls back. Agreed with need for more acute care but suggests calling HSC emergency to assess for possible sepsis.
12:15 PM	Contact HSC emergency. Transfer declined because ER is overcapacity and hospital protocol generally does not allow for transfers from one hospital to another through the ER. The emergency department suggests contacting HSC Internal Medicine to see if they can directly accept the transfer.
12:20 PM	Contact HSC Internal Medicine. Specialist agrees patient needs specialty assessment and care, but is unable to accept the patient due to a lack of capacity. Suggests patient could first go through HSC emergency.
1:00 PM	Physician decides to “take a chance” and send patient to HSC emergency to avoid further delays, deciding it’s better to beg for forgiveness than to seek permission. Contacts ambulance for interfacility transfer.
1:45 PM	Patient finally transferred to HSC Emergency.

Address Physician Burnout

Recommendation 3

Address physician burnout and mistreatment, as this is currently the single biggest contributor to physicians leaving practice.

This can be achieved by:

- ✓ Striking a paperwork reduction task force to streamline and decrease unnecessary paperwork and administrative burden.
- ✓ Reviewing workload and on-call expectations, ensuring a safe and fair expectation for physicians and their patients.
- ✓ Expanding locum coverage opportunities to support both professional and personal short breaks from practice, such as education or vacation.
- ✓ Creating a constructive expectation for RHAs and Shared Health to communicate with, consult and engage physicians about changes or issues that affect their ability to practice, and leverage Doctors Manitoba's expertise in physician engagement.
- ✓ Working together with RHAs and local communities to address racism and mistreatment of physicians, including by patients, colleagues and leadership in the health system.

Burnout among Physicians

51% of physicians in rural and Northern Manitoba are experiencing high or very high levels of burnout.

Burnout is not a medical condition. The World Health Organization describes it as an occupational phenomenon. Under the International Classification of Diseases (ICD-11), it is defined as “a syndrome conceptualized as resulting from chronic workplace stress.”

The WHO further explains that “time pressure, lack of control over work tasks, long working hours, shift work, lack of support and moral injury are important risk factors for occupational stress, burnout and fatigue among health workers… Prolonged job stress may cause burnout, chronic fatigue, absenteeism, high staff turnover, reduced patient satisfaction, and increased diagnosis and treatment errors.”

There are multiple causes of burnout, and multiple strategies to address it. These strategies must include addressing the “institutional” causes of burnout.

Retain Physicians for Longer

> *It would be helpful to have an inclusive peer support network, as it is isolating to work and live in rural communities.”*

Recommendation 4

Support Physicians in Rural and Northern Practice Longer.

In addition to the actions in recommendations 2 and 3, this can be achieved by:

- ✓ Developing a comprehensive and permanent peer support network and mentorship program to counter personal and professional isolation.
- ✓ Enhancing Manitoba's Physician Retention Program to recognize and value continued rural and Northern practice.
- ✓ Assisting with maintaining clinic infrastructure and equipment, through community-owned clinic facilities and/or target capital support for physician-owned clinics.
- ✓ Considering long-term service partnerships for physicians visiting smaller, remote and Indigenous communities to offer more predictable and stable medical services.

Value and Support the Community Role

“Recruitment needs to focus not only on the physician, but their family as well. If their spouse is not able to find work, if there are no childcare, school and activity options for their children, the physician is not likely to remain in the community for more than a couple of years.”

Recommendation 5

Recognize and support the important role local communities and chambers of commerce can play in recruiting and retaining physicians and their families.

This can be achieved by:

- ✓ Creating a checklist or best practice guide for local communities and chambers of commerce, with guidance on being an effective partner in both the recruitment and retention of physicians.
- ✓ Providing provincial support to local communities to help them with their role in recruiting physicians and their families, helping them settle, live and thrive.
- ✓ Encouraging communities to appoint an ambassador or liaison on physician recruitment and retention, to coordinate efforts with other partners.
- ✓ Working with local communities and schools to expose students at younger ages (i.e. junior high) to medicine and health care careers and identifying and supporting interested students with potential.
- ✓ Engaging Indigenous leadership on physician shortages in Indigenous communities, as well as on training, recruiting and retaining more Indigenous physicians, in accordance with Call to Action 23 from the Truth and Reconciliation Commission of Canada.

Path Forward

The five recommendations and supporting actions in this report are all considered urgent. While the preference is to begin work now on all actions, the chart below reflects a more practical approach to prioritizing actions over the next three years.

Action	Year 1	Year 2	Year 3
Expand Medical School, Residency Programs and Medical Licensure Program for IMGs	✓		
Rapidly develop an overseas recruitment initiative	✓		
Create unified physician recruitment website / agency		✓	
Expand recruitment incentives	✓		
Create centralized service for specialist consultation and medical transport coordination	✓		
Expand physician-to-physician consultation and communication (CORTEXT, eConsult, RACE)	✓		
Support physicians in building multi-disciplinary teams in practice		✓	
Reduce administrative burden / paperwork	✓		
Review workload and on-call expectations		✓	
Expand locum coverage		✓	
Set system expectation to communicate with and engage physicians about issues and changes	✓		
Coordinate plan to address racism, sexism and other forms of mistreatment and discrimination	✓		
Create permanent physician peer support and mentorship supports	✓		
Enhance Physician Retention Program to recognize continued rural and Northern service		✓	
Provide support for renewing and maintaining clinic infrastructure and equipment			✓
Consider long-term service partnerships for physicians visiting smaller, remote and Indigenous communities		✓	
Create checklist for local community / businesses to support recruitment and retention	✓		
Province to provide support for local community role in recruitment and retention		✓	
Encourage communities to appoint recruitment liaison	✓		
Work together to expose rural youth to medical career opportunities earlier			✓
Engage Indigenous leadership on training, recruiting and retaining more Indigenous physicians	✓		

Questions?

Contact us:

general@doctorsmanitoba.ca | 204.985.5888
info@mbchamber.mb.ca | 204.948.0100

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