Rural medicine needs cradle-to-grave strategy: blueprint

Barbara Sibbald

After years of piecemeal attempts to solve rural Ontario's problems in recruiting and retaining physicians, 14 experts have devised a comprehensive blueprint that calls for action in 27 areas.

From education to sustainability was released in December by the Ontario Regional Committee of the Society of Rural Physicians of Canada (SRPC) and the Professional Association of Internes and Residents of Ontario. The document proposes comprehensive solutions in 2 areas: educational life and rural practice issues.

The population of small-town and rural Ontario has increased by more than 10% in the past decade but the number of doctors serving these patients declined by more than 10% between 1994 and 1997. The Ontario Ministry of Health acknowledges that "improved strategies" are needed to solve the problem.

The blueprint explains why existing strategies have not worked, reviews strategies that have been successful elsewhere and presents recommendations. "We're offering extensive solutions so that people aren't continually reinventing the wheel," explains Dr. Ken Babey, the SRPC secretary. "We know what works and what doesn't. We can't keep hiding under the blanket, saying it will go away."

The blueprint says any solution must begin with the medical education life cycle that runs from recruitment in rural high schools through to CME opportunities. "We need a cradle-to-grave strategy," says Babey. "Our approach is that no one should *have* to go to a rural area — it's not a carrot-and-stick-type problem. We need to educate and socialize people or there's no way they will stay." The aim is to encourage doctors to spend a substantial amount of time, perhaps 10 years, in rural practice.

The blueprint recommends rural medical experiences for premedical undergraduates, recruitment of more students likely to serve in rural communities and establishment of offices of rural medicine at all Ontario medical schools. Students must also be given the chance for prolonged rural electives. "That would allow them to integrate their significant other into the community too," says Babey. For practising physicians, the blueprint recommends more and better funded re-entry training positions and more flexible CME programs.

Babey says practice issues such as burnout can be solved through the efforts of 6 regional community development officers. "It takes a single person who has the whole picture to influence what happens. These officers would know the needs and they would know how to attract key people and reward them properly." The officers would also be responsible for making educational opportunities available, developing appropriate contracts and negotiating with specialists.

Unfortunately, the power of Ontario's first community development officer was "diluted" by bureaucracy. "They have to function autonomously," says Babey, who suggests officers be accountable to a public board.

Meeting rural practice needs also means establishing a specialist referral network and functional locum program. The blueprint recommends providing group clinic facilities, alternatives to fee-for-service payments, retirement packages, and more support and compensation for specialists.

To help alleviate spousal and family concerns, physicians shouldn't be on call more than 1 night in 5 and a rural medical-family network should be established.

The blueprint is designed to be implemented as a unit, but Babey realizes that's not realistic because of its wide scope. The document calls for Ontario to create a commission dedicated to providing health care in rural areas. Babey says he would also like to see an organization like the Association of Canadian Medical Colleges run pilot aspects of the project. For example, one medical school could be dedicated to exposing graduates to rural practice. He also hopes the government will hire 6 community development officers. "We hope the community and government will follow up on this but the ball is in their court," says Babey. "It's meant to be a motivating document."

Implementation is "really difficult," acknowledged Dr. Keith MacLellan, president of the Society of Rural Physicians. "The blueprint looks daunting and big, but it's needed."

It also has national appeal. "The recommendations could be applied to any province," says MacLellan. The blueprint has been sent to every province, and the society will study it during its April board meeting in St. John's.

The blueprint document can be viewed at **www.pairo.org**, under current events.

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