

THE CARROT AND STICK APPROACH TO RURAL DOCTOR SHORTAGES

Oh, to get away from it all. In Canada that means quiet, serenity, glorious scenery — and inadequate access to healthcare services. According to the February 18, 2005 edition of *Rural News*, published by the Society of Rural Physicians

of Canada, only 7% of Canadian doctors service the 22% of Canadians who live in rural areas. Below is an overview of what the provinces are doing to lure (or force) doctors to more rustic locales.

NEWFOUNDLAND & LABRADOR

Doctors

- Retention bonuses: based on degree of isolation
- Bonus on fee for service (FFS) work in rural hospitals: An extra 20%
- Isolation allowance: \$30K per year
- Minimum commitment of two years

Residents/Students

- Training bursaries: \$20K for 2nd to 4th year med students
- One year of rural service per bursary

PRINCE EDWARD ISLAND

Doctors

- Location grants: amount dependent on agreement
- Relocation reimbursement: maximum \$20K

Residents/Students

- Sponsorship: \$15K grant to med students & residents per annum
- Student loan assistance: \$3,000
- Required to work one year in a rural area for each year sponsored
- A four-week locum is expected in return for student loan assistance

NEW BRUNSWICK

Doctors

- Guaranteed minimum income: \$175K for the first year of rural practice
- Location grants: \$25K for FPs and \$40K for specialists
- Setup grants: \$15K for starting up a new rural practice
- Takers must agree to rural placements for a minimum of five years
- Billing numbers are restricted, based on government estimates of need per area

Residents/Students

- Summer employment for med students/residents
- Location grants prepaid in last two years of residency
- Residents sponsored: tuition paid
- Rural placement lasts a minimum of five years
- Sponsored residents must agree to one year's service per year of sponsorship

LEGEND



Carrot:
an incentive



Trap:
there's always a catch



Stick:
penalties

In addition to the incentives mentioned in the table above, PEI, NS, Quebec, Ontario, Alberta, Saskatchewan and the Yukon provide doctors who agree to work in under-serviced areas with locum support.

QUEBEC

Doctors

- Urban MDs receive 70% of the standard FFS, unless they've been there for 20 years or do lots of community work

Residents/Students

- Bursary: \$15K per year to med school students in last two years, \$20K to residents
- One year's service per bursary, less in truly isolated areas
- Residents in family medicine & six specialties required to do two months' training in rural areas

MANITOBA

Doctors

- Medical Licensing Program for International Applicants: Foreign-trained docs with a conditional licence are allowed to practise in rural areas
- Practice Assistance Grant: \$15K for FPs who set up a new rural practice
- Retention Bonus: This complicated shares-based scheme gets paid at the end of every five years of service to all Manitoba doctors
- Some docs are not allowed to set up in urban areas

Residents/Students

- Grant to 3rd year medical students: \$15K
- Grant to residents: \$20K per annum for a maximum of two years
- Any takers must agree to a full year of rural service

ONTARIO

Doctors

- Underserved Area Grants: \$2,500 per quarter for up to four years

Residents/Students

- Bursary: Upon finishing med school new docs can get a bonus equal to full tuition plus other incentive bonuses
- They have to provide four years of rural service in return for the goodies

NOVA SCOTIA

Doctors

- Bonus: \$10K annually for the first five years
- Moving expenses: up to \$5,000
- ER coverage bonus: if the doc's on call in a remote area he or she is entitled to an extra \$24,767 each year
- Bonuses are only paid out at end of the year

Residents/Students

- Debt Assistance Plan: \$15K per year for three years to new MDs who open a rural practice
- Cash-strapped new docs must wait until the end of year to get bonuses

SASKATCHEWAN

Doctors

- Establishment Grant: \$25K, for Canadian and foreign-trained docs
- Rural Travel Fund: for rural docs who provide services in neighbouring communities
- They must commit to 18 months' rural service
- Foreign-trained docs must agree to 18 months of rural service before the grant, plus another 18 after

Residents/Students

- Undergraduate Bursary: \$15K per year for med students' last three years of study
- Medical Resident Bursary: \$25K per year (maximum of two years)
- Special Needs Loan Program: For U of S med students with severe money problems
- Undergrads must promise eight months' rural placement or 16 months in regional hospital or six months in a rural relief program for each bursary
- Residents must do one year rural placement or two years in regional centre or six months in a rural relief program for each bursary

ALBERTA

Doctors

- Spousal network offers social support for doctors' spouses
- Rural on-call ER payment: bonus of \$21 per hour on top of after-hours FFS billing

Residents/Students

- Rural tours & 'Shadowing' program for students
- Northern Alberta Development Council Bursary: \$5,000 per year for up to four years (in some cases it's up to \$10K if the community matches the bursary)
- One year of service anywhere in northern Alberta per year of bursary
- One year's service per year of bursary in a designated northern community

BRITISH COLUMBIA

Doctors

- Recruitment Incentive: \$10K bonus to each doc who fills a rural vacancy
- Retention Premium: bonuses on top of regular billing for docs who stay in under serviced areas
- Honorarium plus expenses for docs who provide service to remote areas

Residents/Students

- Student loans forgiven: 33% of balance wiped off per year of service
- Mandatory work in rural doctors' offices for a minimum of four weeks during the summer after 2nd year med school

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