Introduction

Physicians play a vital role in health care. Working along side other health care professionals, they diagnose illnesses, prescribe medication and treatments, and carry out procedures that alleviate suffering and save lives. Our health care system requires an adequate supply of physicians to provide the best possible care to provincial residents.

During the last five years, the supply of physicians in Saskatchewan has grown by more than 12%, at a time when there is a worldwide shortage of physicians. As of December 2008, there were 1,860 physicians licensed to practise in the province. Of that total, 1,010 are family physicians and the remainder are specialists. But while the number of physicians has increased steadily over the last few years, Saskatchewan still ranks 9th among provinces and territories in the number of physicians as a percentage of population. We have fewer family physicians than the national average and far fewer specialists. We also rely more heavily on foreign trained doctors than any other jurisdiction in Canada. Close to 45 per cent of all physicians practising in the province are international medical graduates (IMGs). In rural areas, 75 per cent of physicians were trained in other countries. Retention of physicians is an issue – the annual turnover rate of physicians working in rural areas is 18% compared to 12.5% in urban areas and 11% in Regina and Saskatoon. This means over 18% of our rural physicians leave and are replaced in any given year. We are also challenged in retaining our own University of Saskatchewan College of Medicine graduates. We retain, on average, 58% of these graduates, while other provinces retain 72%.

Our physician shortage creates a number of challenges. Patients, particularly those living in rural areas, may not have access to the services of a family physician. Wait times to see some specialists are too long. The workload of many doctors is too heavy, a situation that affects their family life and can lead to professional burnout. Meanwhile, communities, their physicians and health regions continue to struggle against difficult odds to ensure medical services are available to their residents.

It’s clear more must be done to address this issue. That’s why the recruitment and retention of physicians is a high priority for the government.

The Ministry of Health developed this strategy after consulting with physician groups and other health care stakeholders. It contains a number of initiatives that will help attract physicians to Saskatchewan, support efforts to retain our current supply of doctors, and assist in ensuring graduates of the University of Saskatchewan’s medical school establish practises in this province. These initiatives will complement measures already undertaken by the Ministry of Health, the Saskatchewan Medical Association (SMA), the College of Physicians and Surgeons of Saskatchewan (CPSS) and the University of Saskatchewan’s College of Medicine. The government has committed a total of $3.5 million to the strategy, which contains specific objectives. While we believe these objectives are achievable, it’s important to note that Saskatchewan, like many other jurisdictions, faces significant challenges as it attempts to boost the supply of doctors. The strategy’s overarching objective is to encourage the creation of sustainable medical practices in Saskatchewan.
Background

According to the World Health Organization (WHO), there is a worldwide shortage of physicians, with more than 50 countries experiencing a severe shortage. While developed countries such as Canada and the United States are better supplied than poorer countries, Canada has fewer physicians per capita than other members of the Organization of Economic Co-operation and Development (OECD). In 2006, Canada had 2.1 practising physicians per 1,000 people, compared to the OECD average of 3.1. Currently, Saskatchewan has 1.8 practising physicians per 1,000 people.

The physician supply issue is a significant concern in rural areas, here in Saskatchewan and throughout North America. Health authorities are experiencing difficulty recruiting doctors to work outside cities. Physicians with solo rural practices often work very long hours. There was a time when this was accepted as part of the job. No longer. Physicians are no less dedicated today, but they have different expectations around the issues of work-life balance and professional support. Most would prefer to practise in a group setting where colleagues can share the workload and provide advice and support. The province is supportive of the development of group practices. Many doctors also have professional spouses who have limited career opportunities in rural communities or families with certain educational or cultural needs. Given these circumstances, all those involved in the recruitment of doctors will have to find innovative ways to serve these communities. This includes ensuring other health care professionals, such as nurse practitioners, are utilized to the full scope of their practise to provide primary health care services.

The government is already working collaboratively with its health care partners to recruit and retain, and train, more physicians. The Ministry of Health supports a range of physician recruitment and retention programs, most of which are managed by the Saskatchewan Medical Association. These initiatives include:

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<thead>
<tr>
<th>Program</th>
<th>Annual Funding</th>
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<tr>
<td>Specialist Recruitment &amp; Retention</td>
<td>$2 million</td>
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<td>Rural and Regional Incentives</td>
<td>$3.14 million</td>
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<td>Physician Long Service Fund</td>
<td>$6.6 million</td>
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<tr>
<td>Continuing Medical Education</td>
<td>$3.4 million</td>
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<td>Parental Leave</td>
<td>$700,000</td>
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On the training front, the government has committed to increase enrolment at the University of Saskatchewan’s College of Medicine by 40 undergraduate seats and 60 residency positions. As of September 2009, 24 new undergraduate seats will have been added, which means a total of 84 students will begin their first year of medical school. As of July 2009, 24 new residency positions will have been added, bringing first year residency seats to 108. Our target is to have 100 undergraduate seats and 120 residency positions by 2011.

The Ministry of Health and key health care stakeholders are also in the process of developing a 10-year health human resources plan that will inform decision making in the future.

It should be noted that the province’s regional health authorities have the primary responsibility to recruit physicians to Saskatchewan. RHAs are supported by the Ministry, the SMA, the CPSS, the College of Medicine, communities and individual doctors. Indeed, the importance of the role doctors play in recruitment cannot be overstated. A strong personal relationship between a doctor and a colleague can make the difference between success and failure.
The Strategy

This strategy builds on the efforts already underway in Saskatchewan.

Specific initiatives

- A provincial physician recruitment agency
  - Physician recruitment is an on-going challenge
  - In some cases, recruitment is not well co-ordinated among the various partners
  - The intent of a recruitment agency will be to create a more focused recruitment effort
  - The Ministry of Health will work with stakeholders to develop the agency
  - The initial focus will be on the recruitment and retention of University of Saskatchewan College of Medicine graduates
  - The agency will coordinate its efforts with other provincial, national and international recruitment organizations
  - Further details will be released later this year.

- An enhancement of medical training to prepare graduates to practise in rural Saskatchewan
  - Studies have shown that doctors who experience rural practice during their training are more likely to practice in rural settings once they graduate
  - To provide this exposure, the strategy includes the development of a distributive education model that will see both medical students and post-graduate residents trained throughout the province
  - The program is in development; however, beginning in July 2009, new specialists will be trained outside Saskatoon

- Repatriation marketing campaign
  - Saskatchewan is a great place to live, work and practise medicine
  - We see an opportunity to reach out to those physicians who left the province in search of practise opportunities elsewhere
  - The campaign will target physicians who have worked previously in Saskatchewan and College of Medicine graduates working outside the province as well as current medical school students
  - There is a large target market given the high turnover of doctors and relatively low retention of U of S graduates
  - The strategy includes funding to market Saskatchewan through Facebook and other social media
  - We will also recruit U of S medical students to serve as ambassadors for Saskatchewan within the College of Medicine
  - The campaign begins in 2009-10
• Enhancement of the physician application and licensure process
  ➢ College of Physicians and Surgeons will receive funding to improve the licence application process including development of an electronic application intended to expedite the application process
  ➢ Improved processes should be in place in 2009-10

• A Saskatchewan-based program to assess foreign trained physicians
  ➢ Medical training in other countries can be very different than in Canada
  ➢ We need to ensure that new IMGs possess the skills and knowledge to provide safe and effective care.
  ➢ Currently, IMGs wishing to practise in Saskatchewan have their skills assessed through the CAPE evaluation at the University of Manitoba.
  ➢ They are also required to write a series of examinations - the same exams that Canadian medical graduates write
  ➢ The Ministry of Health will work with physician stakeholder groups to develop an assessment program for Saskatchewan which may replace or augment the CAPE evaluation
  ➢ Development in 2009-10, with a goal of implementation in 2010-11

• Fair and competitive compensation
  ➢ The fees paid Saskatchewan physicians for the services they provide are already among the highest in the country
  ➢ Negotiations are underway with the Saskatchewan Medical Association (SMA) on a new collective agreement
  ➢ The government is working toward a settlement that is fair to both physicians and provincial taxpayers and competitive with other jurisdictions
  ➢ The previous collective agreement expired March 31, 2009

• Lifestyle and professional/collegial supports
  ➢ Issues unrelated to health care, such as job opportunities for a spouse, are important factors in career planning for physicians
  ➢ We will work with our partners in designing innovative programs to provide physicians with a supportive group practice, reduced call obligations, and access to amenities and job opportunities for family members
  ➢ Programs to be implemented in 2010-11

Objectives

The government expects these initiatives will increase the supply of physicians and assist in the creation of sustainable medical practices throughout the province. The specific objectives of the strategy, to be achieved within four years, are:

• Reduce the annual turnover of physicians in Saskatchewan to under 10%;

• Increase the number of U of S medical graduates establishing practises in Saskatchewan by 10 %;
• Increase the number of U of S medical students and residents exposed to training opportunities outside of Saskatoon by 25%;

• Increase the percentage of Canadian trained doctors working in Saskatchewan by 10%;

These are realistic objectives in spite of the fact there is strong demand for physicians throughout the world and Saskatchewan is at a competitive disadvantage because it has fewer larger centres than other jurisdictions.

It is expected that the Patient First Review, an independent review of the health-care system from the perspective of the patient, will help shape the development of programs proposed in the strategy.

As we move forward, it will be important for all stakeholders to have an open mind when considering models of delivering medical services. The province, and the practise of medicine, is constantly evolving. What was commonplace yesterday may not exist tomorrow. But what endures is a belief that all Saskatchewan residents, irrespective of where they live, should have access to high-quality health care services.

**Conclusion**

The government recognizes that increasing the number of health care professionals working in Saskatchewan is a clear priority for the people of the province. This strategy is part of a broader effort to address the human resource challenges in health care. We have signed a unique recruitment and retention partnership agreement with the Saskatchewan Union of Nurses (SUN) with a target of hiring of an additional 800 nurses by 2011. We have expanded the number of training seats for doctors, nurses, licensed practical nurses and other health care providers. And we are developing a comprehensive 10-year health human resources plan for the province. The government is delivering on its promise to take action in this area.

This is a good time to make the case for Saskatchewan to health care workers. Beyond the fact that there are numerous jobs available (listed at [www.healthcareersinsask.ca](http://www.healthcareersinsask.ca)) and the government is investing heavily in the health care sector (spending increased 8.8 per cent to $4.075 billion in the 2009-10 budget), there is a sense that Saskatchewan is a province on the move. While our economy is not immune to the ill effects of the world wide economic slowdown, the province is expected to lead the country in economic growth in 2009. A rich endowment of natural resources and a competitive tax regime provides a strong foundation for lasting prosperity. And Saskatchewan continues to offer an affordable lifestyle, a broad range of cultural amenities, and plenty of career opportunities. The beauty, bounty and promise of Saskatchewan will be important selling points in our campaign to recruit and retain physicians.

All jurisdictions in Canada are competing hard to recruit and retain physicians and other health care professionals. We believe this strategy will help Saskatchewan compete. Communities can do their part as well by continuing to display the hospitality and support for which Saskatchewan is renowned. When people feel welcome in a community, they are more likely to stay.

Working together we can meet the challenge and enhance health care throughout the province.