

RURAL COMMUNITY DEVELOPMENT TOOLS FROM THE MEDICAL PERSPECTIVE:

A National Framework of Rurality and Projections of Physician Workforce Supply in Rural and Remote areas of Canada

Executive Summary

This report of the Canadian Medical Association (CMA) describes the development of 1) a national framework of rurality and its application, and 2) projections on the future supply of physicians in rural and remote areas of Canada. The CMA believes that these initiatives will ultimately contribute to improving access to health care in rural and remote areas of Canada by ensuring the necessary supply, specialty mix and geographic distribution of physicians. In addition, they will set the foundation for further research into the provision of rural medical services and the development of physician retention and recruitment strategies for rural and remote areas of Canada.

The national framework of rurality was developed on the basis of feedback from rural Canadian physicians to the January 1999 “Canadian Medical Association Survey on Rural Medical Practice in Canada.” The framework is not intended to determine if a community is “rural” or not but, rather, to determine, from a medical perspective, its relative degree of ruralness to an established norm or relative to another community.

The framework consists of the factors that most define a community as rural/remote, as selected by the survey respondents. This was achieved by selecting the top 10 ranked factors and breaking them down into 4 primary and 6 secondary factors. For the most part, these primary and secondary factors coincide with anecdotal assertions made by a variety of groups. After isolating these ten factors, a relative weighting was calculated for each based on the number of mentions it received relative to the other 9 factors included in the framework. A means of applying the national framework of rurality is proposed in the report that follows.

Using the Physician Resource Evaluation Template (PRET) developed by the CMA, results for 6 rural physician workforce supply scenarios have been developed for the years 1998 to 2021 based on a variety of assumptions and using several data sources. A status quo national (urban and rural) scenario has also been included for comparison purposes. A review of the results for each scenario shows that a change in only one of the assumptions in each scenario will have significant effects on the overall supply of rural physicians.

Along with a detailed monitoring of present attrition rates, mix and distribution of physicians, an analysis of each of the 6 rural scenarios created by the CMA can greatly assist physician resource planners in recommending short and long term policy initiatives. In addition, the PRET for rural Canada can be applied to a variety of scenarios, such as increased migration, increased enrollment, younger retirement age, different gender mix, or changes in other variables.

POLICY IMPLICATIONS

National Framework of Rurality

The national framework of rurality that has been developed by the CMA can be easily adapted to regional areas and may serve as an effective tool for physician resource planning in rural and remote areas of Canada. The framework is also a useful basis for the development of physician retention and recruitment initiatives. In addition, the fact that the framework was based on survey feedback from rural physicians may positively influence the response from this stakeholder group to proposed policies and programs at the government level.

Projections for Physician Workforce Supply in Rural and Remote Areas of Canada, 1998-2021

All of the scenarios created using the PRET are considered reasonable since they are not unprecedented based on previous trends in physician flow. All scenarios of physician supply in rural and remote areas of Canada project a decrease in physician:population ratio for every year to the year 2021, including the 2 scenarios where an assumption of net overall gain of physician supply to rural areas was made compared to the status quo (scenarios A and C). This is mostly due to the age distribution of the current active supply; this factor contributes more than any other to the increased attrition (such as retirement) that is seen throughout the projection years.

The percentage of the population living in rural and remote areas (22.2%) was held constant in all the scenarios for rural Canada as well as throughout the entire time span of the projections (1998-2021); this percentage could in fact change over time, in which case the physician: population ratios would also vary.

All scenarios modify a single assumption compared to the status quo for rural Canada. This is the minimum change that would be effected; in a real life situation, more than one variable is likely to change in any given year. The model is not designed to project the most likely future; rather, it is designed to analyze the change of individual variables.

RECOMMENDATIONS TO HEALTH CANADA

Recommendation 1

That the proposed national framework of rurality be tested and evaluated at the regional or provincial level before it is implemented as a physician resource planning tool for rural and remote areas of Canada.

Recommendation 2

That Health Canada convene a national stakeholder conference to 1) develop recommendations on the application of the national framework of rurality; and 2) develop physician retention and recruitment strategies for rural and remote areas of Canada.

Recommendation 3

That Health Canada involve all relevant stakeholders in the development of a research program that identifies best practices for the delivery of medical services for rural and remote regions of Canada.