

Rural Recruitment and Retention
IH-SIG and Rural Health SIG Joint Listserv Discussion Summary
September 2006
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We had several dozen participants in an active discussion that attempted to focus upon positive comments and suggestions in this challenging area. Former and current IHS and Indian Clinic employees, Canadian physicians, rural, retired, and CONACH Pediatricians all participated.

The synopsis from most participants is that allocated funds are decreasing at the same time that numbers in Pediatrics and Primary Care are decreasing, making recruitment more difficult. At the same time, there are several innovative suggestions below to help.

I have divided up suggestions into various categories although there is some overlap. Savvy physician recruiters caring for us would obviate many of these, but many of us lack that position overseeing our areas.

RECRUITMENT

LOCAL LEVEL

A) Finding Applicants

The brunt of recruitment seems to fall to the level of the local pediatrician, although it obviously should lay elsewhere. To truly get doctors, however, it appears that we are now to some degree required to assume this additional duty.

- Become a formal rotation site, or at least accept as many residents and students as your area can handle. This provides a continuous stream of potential future applicants. This is currently done in many areas, and can be implemented in others. Treat these people well when they are at your site; the IHS rotation is frequently ranked as these students'/doctors' favorite month. They are publicity for our lifestyle (see below for the significance of this!), even if they do not return to our specific site.
- Use advertising available through the AAP Web site (<http://www.pedjobs.org/>) – free to IHS sites, and some of the “throw-away” journals. Consider color and catchy advertisements. Also, advertise on the Web site or in the newsletter of your respective AAP Chapter. Some states, Washington for example, have a Web site for recruiting to their rural areas; utilize these, if available.
- Take any opportunity to advertise the quality of life gained by working in rural and IHS sites: practicing the full range of Pediatrics, clean air, open skies, outdoor activities, relative safety from big-city-violence, the excitement of a cross cultural experience, a salaried position, NOT running a business office, and less emphasis on “production”. Advertise this not only to applicants but to other physicians, medical school and residency colleagues, and your Christmas letter recipients! When asked to write an article, speak, or be interviewed, DO IT! Many Americans, including physicians, know nothing about Indian Health opportunities and have never considered a rural site to practice.
- Get your local site listed as a National Health Service Corps site. Check www.nhsc.bhpr.hrsa.gov/, or contact Rick Smith at 301/594-4130.
- Arrange a visit with your medical school or residency, when you return to visit those cities. This is usually allowed, if you were a previous student or resident there.

- Send a flyer (color, catchy!) to the private practice pediatricians in your state and nearby states, advertising the uniqueness of your practice style. Many of these doctors are fed up with the system and are looking for a change.
- Consider utilizing retired pediatricians, possibly on a part-time basis.

B) Care of Applicants

- Site visits require work. Enlisting assistance from tribal members (Tribal Health Boards or IHS employees) works at some sites.
- The applicant's needs must be addressed. They should be contacted ahead of time, if possible, to improve their visitation experience. Involve local realtors, families using the available school systems (if applicable). Be aware of resources for doctors belonging to minority religions and races, and attempt to introduce them to these people, if possible. Have applicants meet some people with similar interests, including non-physicians. Allow them to meet as many (upbeat) doctors and others as possible. Provide them with literature from Tribal and State tourism, the IHS, and other appropriate organizations. Some IHS Area offices and local hospitals auxiliary boards will assist with this, but input from the doctors in the trenches will improve the chances of a favorable outcome.

AREA OFFICE/STATE LEVEL

All suggestions to the local sites apply to area offices that still utilize physician recruiters in the Indian Health Service. A recruiter with enthusiasm and longevity (ie, many distant contacts) certainly is more successful. A bustling recruiter who sends out feelers and constantly has their ear to the phone is helpful! Doctors on the local level can make suggestions to their Area Office recruiters. Recruiters should advocate for Physician Comparability Allowances (PCAs), bonuses, and medical school paybacks.

For attracting rural physicians, legislation that encourages rural providers – tax reductions, financial assistance for coverage during vacation time, bonuses, land donations – would aid in recruitment and retention. The AAP Chapters and other primary care organizations (ACP/ACIM, AAFP, ACOG), and the health care/child health NGOs and coalitions should assist with such lobbying; representatives serving such districts may be willing to sponsor such bills. Local hospitals and hospital systems can and sometimes do assist with this, and/or provide similar incentives.

Most states are concerned about the crises in rural health care. Recruiting Web sites and adding rural family practice residency programs are some of the actions taken in recent years. Legislators usually welcome and respect advice from physicians “in the field”.

NATIONAL HEALTH SERVICE CORPS

Advertise the program – to incoming medical students and to rural/frontier sites. Advocate for increased funding to provide for more scholarships.

COMMISSIONED CORPS

A suggestion was made that they collaborate with IHS regarding recruitment. Dr Matthew Clark sits on the Surgeon General's Physician Professional Advisory Committee and will make this suggestion.

AMERICAN BOARD OF PEDIATRICS and AMERICAN ACADEMY OF PEDIATRICS

(Some of these recommendations are specific to ABP or AAP, some could apply to both)

- Consider increasing the amount of time that residents spend in primary care, especially rural primary care.
- Promote the rural medicine track. Consider requiring or encouraging residency programs to provide incentives for choosing this option.
- Continue to support IHS pediatricians' free membership in the Council on Community Pediatrics.
- Continue to encourage increased reimbursement of primary care and, specifically, for frontier/rural providers.
- Be proactive in the rural health care crisis – encourage legislation such as that mentioned under local/state.
- Continue free advertising on the AAP Ped Jobs Web site for Native sites; but consider free advertising for rural/frontier sites, as well as free advertising in the written publications.

TRIBAL HEALTH CLINICS

- Like local IHS sites, it is difficult to have connections for recruitment.
- Collaborating with all THC's nationally to hire a recruiter would be logical.
- Also, use advice as listed under "local level". Advertise on the National IHS Web site, www.ihs.gov.

638 PROGRAMS

Since these programs receive a percentage of Area Office funds when health care is assumed by the tribes, there should be funding to hire physician recruiters. Consider collaborating with other 638 programs in advertising, and utilize "local level" recommendations. (No one on the listserv identified themselves as employed in this situation.)

NATIONAL IHS

The IHS Headquarters needs to continue to improve upon physician recruitment. The appropriate personnel should consider or attempt flashy advertisements in Primary Care "throw-away" journals, letters to medical students, recruiters at as many job fair and medical school events as possible. Advertise that the pay is comparable to non-governmental salaries in primary care. Continue PCAs and incentives for working in rural sites.

COMMITTEE ON NATIVE AMERICAN CHILD HEALTH (CONACH)

CONCAH has been, and will continue to be, the allies of those who work with Native children. They have recently initiated contact with the National Indian Health Board. They do work in Washington, DC, lobbying for money and issues that affect Native children and those working with them. We are indebted to the current and past members who continue to advocate and advertise! We would appreciate their continuing to advocate in the following ways, if they see fit:

- Work with the AAP to continue free membership in the Council on Community Pediatrics for IHS pediatricians, as well as others working with 638 and Tribal Health Programs. Consider free advertising in paper publications as well as the Web site.
- Work with the most appropriate agency/agencies to promote rural medicine tracks.
- Work nationally with Congress to improve reimbursements and provide incentives to rural/frontier health care providers.

- Work with National IHS personnel to improve physician recruiting efforts.

RETENTION

Very few suggestions were made regarding this very important aspect of recruiting. It should go without saying, but it doesn't, that recruiters should be involved, doing follow-up with physicians that they help to place.

Again, the local doctors end up doing most of this task. Taking the time and effort to listen to our new colleagues and their issues is necessary. Helping them find appropriate CME and interaction with physicians of like specialty, helping them with housing/spouse employment/school issues/outside interests will assist. It appeared that many of us do no formal exit interviews with physicians who leave, and it appears that we should. IHS recruiters could perhaps learn from other professional recruiters and pass on useful advice to the local level, or do such interviews from the Area Offices. Small local hospitals should perhaps do the same. The following suggestions were made:

- Local hospitals should appreciate and financially support their providers. They should pay for non-clinical time spent in QI, EMS-C, local committees, etc.
- The local FP community should support the lone rural pediatrician by sharing call coverage and ER duties when applicable and possible.
- Novel CME and peds specialty consultation from tertiary care centers, including telemedicine and e-mail should be available.
- Local AAP chapters should consider a CATCH-sponsored rural pediatrician professional support group, such as the Northern New England Rural Pediatric Association in Maine.

Of note, Canada already does many of the suggestions mentioned above with incentives, a rural relief program where locums can work part-time in an underserved area and still maintain family/quarters in a non-remote area, funds for CME and returning for specialty training, retention funds, and practice establishment grants. It appears to be more standardized and organized, probably due to the existence of National Health Care System in their country. Our country could and should learn from their ideas.

In summary, primary care is in a crisis in America today. Most of us would be happy to just do our jobs (which are always more-than-full-time in rural situations), but the onus falls on us to assist with recruitment and retention. Let us reflect our enthusiasm, advocate as much as possible, and hope for the best!