Rural Locum Program
Evaluation Report

ALBERTA MEDICAL ASSOCIATION
RURAL PHYSICIAN ACTION PLAN
(ALBERTA HEALTH AND WELLNESS)

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- The locum physicians who participated in the in-depth interviews and completed surveys

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Also, we would like to thank the Canadian Provinces who responded to our calls for information regarding locum programs.

This evaluation was guided by an Evaluation Committee who provided scope to the evaluation task and insightful input into the overall approach taken by the evaluators.

Evaluation Committee

The Evaluation Committee was composed of the following individuals:

- Dr. Luxie Trachsel, Co-Chair, AMA Chair Rural Locum Program
- Dr. Odell Olson, Co-Chair, RPAP, Chair RPAP Coordinating Committee
- Alberta Section of Rural Medicine
    - Dr. David O'Neil, from an RLP eligible community
    - Dr. Mark Stockburger, from an RLP ineligible community
- Dr. David Dawson, Council of Regional Medical Directors
- Mr. Barry Brayshaw, Alberta Health and Wellness

- Staff Support
    - Mr. David Kay, RPAP Program Manager
    - Ms. Brenda Gilboe, RLP Program Manager

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Executive Summary

The Rural Locum Program (RLP) in Alberta is an initiative of Alberta Health and Wellness. The initiative was implemented in 1992 to provide short-term locum coverage in rural communities. This document presents the 2003 evaluation of the Rural Locum Program as commissioned by the Alberta Rural Physician Action Plan Coordinating Committee and the Rural Locum Program Steering Committee.

The following statistics were generated through an analysis of the Rural Locum Program database (April 1995 to March 2003):

Total Locum Assignments 3,136
Total Days of Coverage 17,313

Number / Assignment Type	Percent of Total Assignments
1309 Regular	41.7%
1668 Weekend	53.2%
150 Seniors Weekend	4.8%
9 Northwest Territories	0.3%

Two primary evaluation methods were used for data collection—semi-structured telephone interviews with rural physicians, locum physicians, and selected stakeholders, and structured mail-out surveys to physicians supplying and receiving RLP services.

What Community Rural Physicians Say About the Program:

- Most community rural physicians chose rural practice environments because rural practice suited their skill set and lifestyle, and they preferred to live and work in rural Alberta.

- Most physicians interviewed regard the RLP as a primary reason they are able to maintain their rural practices—not so much because the Program finds replacements with appropriate skill sets, but rather because it offers respite from practice, in other words, for quality of life reasons.

- Physicians were asked if the Program contributed to their staying in rural Alberta and whether or not they felt that the RLP influenced retention of new physicians to the community. Physicians responded accordingly:

Does access to the Rural Locum Program contribute to your staying in rural Alberta? n=112	
YES	**NO**
83%	17%
Do you feel that the RLP influences retention of a new physician to your community? n=155	
YES	**NO**
86%	14%

USE n=118	**Percentage of Physicians Who Use the Program for this Purpose**
Vacation	80.5%
CME Events	57.6%
Personal Leave	48.3%
Reduced On-call Duties	42.2%
Crisis	20.3%
Illness	11.0%
Other	5.9%

- Overall, physicians expressed that their experience of the RLP has been very positive. Eighty-four percent (84%) of physicians surveyed say they will want locums to cover their practice in the future.

- Physicians generally regard the quality of locums as good and have few concerns with their abilities. Physicians expressed that locums tend to be more individualistic, confident, and focused. Locums are always learning and they bring new skills, tips, and an opportunity for exchange of ideas to the physician's practice.

- Physicians reported that their patients are generally very pleased with locums and understand that the physician needs to have some time away from the practice.

- Physicians feel that the Program is definitely having an impact on rural practice. They believe the Program improves the quality of life for physicians, reduces resentment and burn out, and allows physicians to spend time with their families. They feel that rural practice would be threatened without the Program.

- Most physicians interviewed were comfortable with the overhead split of 30/70.

- Suggested changes to the Program by community physicians are presented in the following table:

Suggestion	**Percentage of Responses (n=65)**
No changes required	41.5%
More Locums required	13.9%

What Rural Locum Physicians Say About the Program:

- Physicians choose to be rural locum physicians for a host of reasons including choice of practice, preference for lifestyle, economic reasons,

opportunity immediately after graduation, and to provide service and support to colleagues in rural practice settings.

- Without exception, locums like what they do. Some describe themselves as explorers or pioneers. They have an affinity for people and like diversity. Some will say that they are a different breed of physician.

- Most locums felt that rural physicians generally leave good notes that help them take over the community practice with ease. Beyond that, locums have developed their own systems of working with local staff.

- Responsibilities vary across practice settings, as does the level of activity/business. For example, patient load can vary from between five and seven patients to between fifty and sixty.

- Patients developed a relationship with the locum and looked forward to seeing them. Locums felt valued. They believe they fill an important role in the lives of rural physicians and rural families.

- For the most part, locums were happy with the accommodations they received in the rural communities. They realized that small communities have limits on the amenities that they can offer (selection of restaurants, hotels, etc.).

- Locum work is hard on the family. While single physicians can travel more easily and be away from home for longer periods of time, locums with families and partners expressed that it is difficult to balance practicing as a locum with raising a young family.

- There is no doubt in the minds of locums that the Program has made, and continues to make, a significant difference in the lives of rural physicians and in the sustainability of rural communities.

- In a word, locums regard the administration and implementation of the RLP as excellent.

- Suggested changes to the Program by locum physicians are as follows:

Suggestion	**Percentage of Responses (n=71)**
No changes required	36.6%
Improved remuneration	15.5%
Assistance with billing	12.7%
Improved accommodations	11.4%

What Administrators and other Stakeholders Say About the Program:

- Consensus among governance, management, and regional administrators is that the Rural Locum Program is of significant value to rural physicians. The

Program was rated highly by all interviewees, and acknowledged to be a resource that is used differently across health regions.

- Some stakeholders suggest that the AMA has become more sensitive to rural physicians as a result of the RLP; interested and committed staff members are getting out and learning what the practice issues are from rural physicians.

- The Program has been an evolving mechanism for CME. While it is not used as heavily for CME purposes as some stakeholders believe it could be, its value in providing an opportunity for professional development is acknowledged.

- Governance of the RLP is the only contentious issue raised by stakeholders, and then only by a small number of stakeholders. These stakeholders acknowledge that relationships between the RLP and RPAP are not always positive and that ownership may be an issue.

Recommendations

- Expansion of the Program appears to be the number one recommendation coming from stakeholders. However, a shortage of locums would impact any intent to expand.

- There will always be a problem in developing a causal link between the Program and physician retention. This does not mean that such an exercise should be abandoned, but rather that sufficient circumstantial evidence currently exists to warrant support for, and continuation of, the Program.

- Program ideas can often be generated through discussion with stakeholders. Currently that discussion does take place but an opportunity for a more formal meeting may facilitate the production of more ideas for the Program. A “locum conference” may be in order.

- A closer monitoring of the reason for locum requests and of requests that are not honoured should be considered.

- An annual strategic session is not uncommon for a program of this magnitude, usually held in the form of a retreat where administration and key stakeholders get together to review success and future direction.

- The knowledge gained through several years of experience developing and implementing the RLP will be of value to national and international medical communities, associations, and health funders. At a minimum, this “experience” should be published for distribution.

- While continued monitoring of the Program can be achieved through the annual survey, response rates (representativeness) for community

physicians will have to increase to improve validity of results. Consideration should be given to instituting an independent survey (response rate goal: 70%) of both community and locum physicians every 3-5 years, if evaluation of the Program is to continue.

Introduction

Background to the Study

Rural locum programs are initiatives designed to provide rural physicians with coverage in their practices allowing them to pursue continuing education, take much needed vacations, and relieve the pressure of providing on-call services. These programs are implemented to encourage physicians, who have chosen rural practice, to remain there. However, little research has been published on the impact of locum programs on physician retention. General practitioners in New Zealand, for example, have suggested that increased locum provision was a potential solution to high levels of psychological stress and low morale (Dowell, Coster, & Maffey, 2002). A small, qualitative study of rural general physicians in Ireland (n=10) suggests that difficulty obtaining locums may contribute to stressors among rural general practitioners (Cuddy, Keane & Murphy, 2001). In a more longitudinal assessment (1986 to 1996) Australian physicians identified locum relief as an issue in deciding to stay in a rural practice (Kamien, 1998).

In Canada, rural locum programs are in place or are in the process of being implemented in a number of provinces and territories and are accessed by physicians in a number of ways. Some provinces and territories, such as Nova Scotia, New Brunswick, Yukon, and Newfoundland and Labrador offer locum opportunity listings and/or locum physicians available for employment on department of health web sites or on medical association web sites. Other provinces and territories go one step further to provide more comprehensive rural locum programs. These services match a host physician seeking coverage with a locum physician seeking employment. Eight provinces and territories offer such programs: Nova Scotia, Prince Edward Island, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, and the Northwest Territories. These programs are similar in the following ways:

- Program administration deals with scheduling.
- Remuneration is offered to locum physicians through the program, although the method for administering remuneration varies.
- Travel expenses are covered, albeit to varying levels.

Most programs define the practice sizes eligible for the service. Practice sizes vary from 7 or fewer physicians in British Columbia and Ontario, to 3 or fewer physicians in Saskatchewan. Typically, programs offer coverage between two and four weeks per year. In Saskatchewan and Alberta, weekend coverage is available as well. Most programs also have an overhead rate, typically ranging from 30% to 40%, although the Manitoba and Northwest Territories programs reimburse overhead and the Ontario program requires the host and locum physician to negotiate overhead rates themselves. Accommodation is typically organized by the host physician. In some cases, the RHA or community arranges

accommodations; in Ontario, the locum physician arranges accommodations and is reimbursed for a maximum of $120/night by the program.

See Appendix B for a more complete context review.

Alberta Rural Locum Program

The Rural Locum Program (RLP) in Alberta is an initiative of Alberta Health and Wellness. The initiative was implemented in 1992 to provide short-term locum coverage in rural communities. Since that time, the RLP has expanded beyond its initial scope of providing short-term relief to include the weekend initiative (1996), the senior weekend enhancement initiative (2000), a Northwest Territories initiative (2000), and specialist services (2001). The specialist initiative will be evaluated in November 2003.

An early evaluation of the RLP was conducted in 1995. Since that time, the weekend, seniors, Northwest Territories, and specialist initiatives have been implemented. This expansion of services and the eight-year time lapse since the first evaluation mean that it is important for funders to obtain feedback from stakeholders to determine the efficacy of these initiatives, and to determine what can be done to improve them. It is especially important to understand what value the RLP has to physicians and others, so that the Program can be refined in the future to respond to the needs of rural physicians in their changing environments.

Since its inception, the RLP has collected utilization statistics and thus has a good sense of usage and general satisfaction with procedures and processes. What is lacking is the in-depth qualitative feedback, especially from rural physicians and locum physicians providing services, about what is working best and what can be improved in the Rural Locum Program.

This document presents the 2003 evaluation of the Rural Locum Program as commissioned by the Alberta Rural Physician Action Plan Coordinating Committee and the Rural Locum Program Steering Committee. The 2003 evaluation includes eight years of data (April 1, 1995 – March 1, 2003).

Evaluation Approach and Methods

Goals of the Evaluation

Several evaluation objectives were outline in the Request for Proposal (2003). The evaluation was guided by these expectations.

RPAP Evaluation Goals

1. Extent to which rural physicians are able to find a locum to cover them for vacations, sickness and continuing education without undue difficulty (Short-term Initiative).
2. Extent to which on-call expectations for rural physicians are reasonable, and locum coverage is provided without undue difficulty (Weekend and Seniors Weekend Initiative).

RLP Evaluation Objectives

1. Extent to which the RLP can be associated with
   a) retaining rural physicians by assuring time is available for personal, family and community activities.
   b) providing continuous medical services in rural communities with fewer than five physicians.
   c) providing crisis coverage during physician shortages.

2. Extent to which the RLP is able to
   a) recruit adequate numbers of locums to meet the needs in communities with fewer than five physicians.
   b) provide weekend hospital emergency coverage in communities with fewer than four physicians enabling on-call frequency of no more than one-in-four weekends.
   c) replace senior physicians who opt to eliminate or reduce weekend call obligations.
   d) provide locum services to the NWT when Alberta needs have been met.

3. Describe and assess stakeholder participation and satisfaction with
   a) program access and scheduling.
   b) communication between locums, rural physicians, the RLP and RHAs.
   c) locum benefit of guarantee, travel and travel honoraria.
   d) rural physician benefits of program access and overhead.
   e) recruitment and retention of locums including return-in-service and signing bonus.

f) the relationship of rural physician retention and the RLP (see RLP Objective 1).
g) the relationship of the RLP to the RPAP Enrichment Program and CME programs for rural physicians.
h) the RLP, RLPSC and RPAP relationship.

4. Describe and assess the Program administration including
   a) financial management.
   b) staff roles.
   c) reporting/communication with stakeholders.

5. Make recommendations regarding program processes and management.

Emphasis of the Evaluation

Following a discussion with the Evaluation Steering Committee, evaluation resources were allocated to emphasize the qualitative aspects of the Program (experience of being a locum, experience of being a community rural physician who uses locum services). In addition, the Committee felt it was important to validate results the Rural Locum Program has received through annual surveys administered to both rural and locum physicians. The administration of the Program was deemed sound, and did not require an evaluative audit.

With the context of the above directives, the following evaluation questions were selected.

1. How has physician retention been improved in rural communities through the Rural Locum Program?

2. To what degree have rural physician needs been met by the Rural Locum Program?

3. What is the experience of stakeholders engaged in the Rural Locum Program?

4. How can the Rural Locum Program processes and management be maintained or improved?

5. In what national and international context does the Alberta Rural Locum Program rest and how does it contribute to the body of knowledge of rural locums as a strategy to meet the needs of rural communities?

Emphasis was placed on questions 1, 2, 3.

Evaluation Approach

The evaluation approach was collaborative. Evaluators met with the Evaluation Steering Committee and management of the Program. During discussions,

various drafts of instruments were discussed and after careful review, interview guides and survey tools were selected.

Evaluation Methods

Two primary evaluation methods were used for data collection—semi-structured telephone interview with rural physicians, locum physicians, and selected stakeholders, and; structured mail-out surveys to physicians supplying and receiving RLP services (see Appendix A for guides and survey tools).

Surveys

A survey method was selected to offer a cost-effective way to capture stakeholder opinion. This method was chosen so that evaluators could assess the "strength" of responses offered by the target population (rural physicians, and rural locum physicians).

The Rural Locum Program management provided contact names and addresses of rural physicians and locum physicians. From June to August 2003 a mail-out survey was administered to these target groups. To increase response rates, regular reminders to respondents followed the initial survey mailing.

Interviews

To gather more in-depth experiences of the target audience a semi-structured interview was developed to elicit stakeholder experiences. Each individual selected was allowed to openly express their views about their experiences with the Program. The interviewee was guided by the evaluators' questions. However, the evaluator did not pre-determine how respondents would respond.

The RLP management staff and Evaluation Steering Committee provided stakeholder names and contact numbers.

Sixteen community rural physicians were interviewed over the telephone. Interviews lasted between 15 and 20 minutes to accommodate the busy schedules of these physicians. Fifteen locum physicians were interviewed. Interviews ranged from 30 minutes to an hour. Twenty stakeholders from a variety of settings were contacted for interviews (AMA, program administration, Regional Health Authorities, College of Physicians and Surgeons, and Government). Interviews ranged from 15 minutes to an hour depending on the involvement the particular stakeholder had in the Rural Locum Program.

Interviews were digitally recorded and entered into an Excel Spread Sheet for analysis. However, analysis was not done electronically—each interview was reviewed with primary meaning units identified, followed by theme identification and narrative description.

Document Review

In order to prepare instruments several documents provided by the Program were reviewed. Especially important, were previous evaluations and instruments used in data collection. In some instances, response rates in past data collection exercises were low and confidence in extrapolating findings to the target population was difficult. Where possible, identical questions (to previous surveys) were formulated in the survey tools selected for this study to test the validity of past results.

Context Review

A literature review was conducted to place this study within a context of locum initiatives both nationally (Canada) and internationally (Appendix B). Three strategies were utilized to obtain relevant data: published literature search, grey literature search, and brief informal interviews.

Published medical databases were searched for articles discussing locum programs. A broad search for "locum$" was conducted in current Medline (1996-August 2003), CINAHL (1982-Augsut 2003), and EMBASE (1996-2003 week 34) databases. Citations and abstracts were examined for relevancy. The most relevant articles were retrieved.

A grey literature search was conducted of Internet sources. Government web sites and medical association web sites were searched for each province and territory in Canada to identify and describe provincial locum programs. These web sites were also examined for mentions or linkages to other programs. Additionally, a search for rural locum programs was conducted on google.ca.

A list of the provincial locum programs available in Canada, along with the program contacts, was obtained from the search for rural locum programs on google.ca. The program contacts were contacted by telephone and asked about program successes and barriers.

Data Collection and Analysis

Data were collected and analyzed by credentialed evaluators with extensive experience in program evaluation.

Client Confidentiality

In order to ensure that interviewees were comfortable sharing their opinions, interview and survey responses were not linked to specific individuals but rather to the type of group interviewed (e.g., locum physicians, rural physicians, Medical Directors). To protect confidentiality and privacy, raw interview data was not released to any third party and will be securely stored by the evaluator for a period of one year following completion of the study.

Data Entry

All data were entered into electronic databases. SPSS V.11.5 was used to tabulate and analyze the survey data. Qualitative interview data were entered into a Microsoft Excel file and manually reviewed and analyzed. A narrative was drafted to represent the interpretation of these data.

Response Rates

Response Rates and reminder notices were tabulated regularly and reported to the Evaluation Steering Committee of the Program each month.

Figure 1. Record of Responses and Reminders

Rural Locum Program Survey Response
August 31, 2003

Group	Survey	Sent	Returned	Response
1	Locum physician	154	114	74.0%
2	Seniors eligible, did not access	26	13	50.0%
3	Rural physician	184	119	64.7%
4	Rural physician, ineligible	35	25	71.4%
5	Seniors, weekend	13	11	84.6%
6	Rural physician, weekend	73	37	50.7%
		485	319	65.8%

Reminders

Group	Survey	Reminder 1A	Reminder 1B	Reminder 2A	Reminder 3A	Reminder 2B
1	Locum physician	38	20	24	0	0
3	Rural physician	46	13	31	23	11
		84	33	55	23	11
	Sent	July 8, 2003	July 22, 2003	July 22, 2003	August 12, 2003	August 12, 2003

Figure 2. Interview Records

Rural Locum Program Interviews
August 31, 2003

Group	Survey	Contacted	Maximum	Scheduled	Completed
1	Locum physician	25	15	15	15
2	Rural physician	27	15	16	16
3	Seniors, accessed*	4	2	3	3
4	Stakeholders	26	20	20	20
		82	52	54	54

* one rural physician and one stakeholder who were interviewed are also seniors who have accessed the program

Limitations

For the most part, limitations to this study are related to selected methods. It is important for the reader to understand that there was no expectation to make a causal link between the Rural Locum Program and physician retention in Alberta communities. To accomplish this would require an experimental design (random

selection and assignment of respondents to treatment and non-treatment groups).

However, the application of qualitative interview and survey data collection does not completely discount the validity of the assumption that the Rural Locum Program is providing value to Alberta medical practice and is contributing to keeping rural Alberta doctors in their communities. Therefore, the primary limitation of this study is in the perception of the degree to which the link between the Rural Locum Program can be thought to impact rural practice.

As with all qualitative and survey designed studies, limitations must be judged against the rigour in which the study was conducted. Criteria for judgment:

1. Qualifications and experience of the evaluators
2. Relative neutrality of the evaluators
3. Perceived validity of data gathering tools
4. Opportunity for review of results and discussion
5. Acceptance of results by the stakeholder community

Stakeholder Experience

This section of the evaluation is a qualitative account of the experience of stakeholders. It is designed to establish the experiential context in which the Rural Locum Program serves its clients.

These accounts are not intended to be the "whole story", but rather, they should provide the reader with a generic rendition of whom the Rural Locum Program impacts.

Following these experiential "stories" is an analysis of survey results received from stakeholder groups, primarily rural physicians and locum physicians.

The Community Physician Experience

In-depth interviews were conducted with rural physicians who have used locum services provided through the Rural Locum Program.

Becoming a Rural Physician

Rural physicians interviewed were all currently practicing in small rural centers in Alberta.

Several explained that rural practice suited their skill set and lifestyle and that they preferred to live and work in rural Alberta. Some had grown up in rural Alberta and had decided to return there following their medical training. Most expressed that they *"enjoy rural medicine but it's exhausting."* They liked the variety of the work and the challenges that it raised. Some also expressed that they like getting to know their rural clients.

Some rural physicians interviewed were trained in South Africa and practiced in rural Alberta as their first medical practice opportunity in Alberta as required by the College of Physicians and Surgeons.

Most interviewees planned to retain their rural practice. Some suggested that as they aged, they intended to reduce their workload.

Reasons for Participation

Most physicians interviewed regard the RLP as a primary reason they are able to maintain their rural practices—not so much for finding replacements with appropriate skill sets, but because the Program offers respite from practice, in other words, for quality of life reasons. The Rural Locum Program allows rural

physicians to be absent from their practices primarily to vacation with their families and to attend Continuing Medical Education (CME) events. Rural physicians regard these "breaks from practice" as essential to maintaining their interest in and commitment to their practices and to their communities.

"We couldn't take a holiday without the Program."

"We wouldn't work in rural Alberta."

For some physicians (e.g., those who are originally from South Africa), at least four to six weeks are needed to accommodate travel time. For one husband and wife physician team, the Program allows them to holiday together. These are significant reasons for participating in the Program.

Service from the Program

Overall, physicians expressed that their experience of the RLP has been very positive. Some have had a few concerns with a couple of locums, but for the most part, they regard their experience of the Program as *"excellent."* Physicians describe the Program as *"generally fantastic."* They feel the Program is very supportive and believe that the Program organizers have a good understanding of physician needs. Physicians regard the Program administrators as *"really accommodating and helpful." "If they've got it they'll give it!"*

Physicians, generally, expressed that they have an excellent relationship with the AMA.

"People who work for Rural Locum Program have been helpful to a fault."

Any wrinkles with the Program have been resolved (e.g., *"As long as you're reasonable, they help you out.")*

Some physicians reported that they cannot always get a locum when they need one. One also expressed that it is difficult to plan far in advance for longer-term relief (physicians are required to give notice by August 15 of each year if they want time off in October, November or December). Some locums are older and want to limit the number of patients they see (e.g., 10 to15 patients per day). This does not always sit well with the other partners in the practice. While several physicians reported that they use the Program mainly for weekend relief, they don't really get the whole weekend because some locums leave at 4:00 PM Sunday rather than 8:00 AM Monday morning. In the physicians' experience, not a lot of locums are available to physicians who want to take longer holidays (e.g., one month or more). Finally, one physician expressed that locums are getting more demanding (e.g., vegetarian meals only, no cats).

The Locums

Physicians generally regard the quality of locums as good and have few concerns with their abilities. *"Ninety-nine percent of locums have been a great fit."*

Physicians expressed that locums tend to be more individualistic, confident, and focused. Because they are always learning, they bring new skills and tips, and opportunity for exchange of ideas to the physician's practice. Locums are someone new to talk with, they have usually traveled extensively, and can share what is done in other clinics. Some physicians say they have developed friendships with locums who regularly practice in their community.

> *"Usually they're young physicians who've just graduated and are up to date on everything, and have seen what's happening in the cities in terms of surgical procedures."*

One physician explained that locums generally *"leave the practice in good or better shape"* than when they arrived. Reciprocally, some physicians expressed that locums get good experience as well (they get a different view of medicine in the physicians' practices).

Some *"minor aggravations"* were expressed regarding the lack of experience of recently graduated locums. Rural physicians regard this as matter of course, and are grateful to be able to get a locum on short notice. In some cases, accommodation of gender is also made (e.g., a female locum to replace a female rural physician).

With respect to clinical/hospital staff perceptions of locums, physicians reported that staff experience locums as competent, confident physicians who keep good notes and practice good handover procedures. Staff regarded the locums as compatible with rural practice, equally capable in office and ER settings. Locums generally fit in well, although there is opportunity for friction given the absence of the rural physician, but that everything has gone well so far. Physicians expressed that locums they have arranged privately have not worked out as well as those secured through the Rural Locum Program.

Physicians reported that their patients are generally very pleased with locums and understand that the physician needs to have some time away from the practice. There have been no complaints from patients to date, physicians say.

Other physicians in the community are also reported to be comfortable with the locums, "*happy to have them.*"

Locums are often housed in physicians' homes (especially for long stays). Physicians liked this because someone cares for their home while they are away. Other times, the locum is housed in the hospital, in an apartment retained by the town, in a hotel or motel, or other arrangement.

Value of the Program

The following quotations from rural physicians illustrate the value of the Program to them personally and professionally.

> *"The Rural Locum Program makes a huge difference."*
>
> *"The Program has really helped to keep me from burning out."*
>
> *"It's the only thing that keeps me going. You need time off and you can't abandon your practice or leave it to overworked partners."*

Physicians regard the Program as valuable in a crisis situation and weekend situations. In some cases, the locum does not cover a single physician, but the entire practice. Some physicians use the Program as good interim coverage while trying to find a permanent rural physician.

Physicians feel that the Program is definitely having an impact on rural practice. They believe the Program improves the quality of life for physicians, reduces resentment and burn out, and allows physicians to spend time with their families. They feel that rural practice would be threatened without the Program.

> *"The physician and family are at risk because of stress levels being transmitted; ends up with nursing staff suffering, people start leaving, and there is a domino effect."*

Rural physicians interviewed also believe the Program will retain the older physicians in rural Alberta who want to reduce their hours of practice.

> *"Rural Alberta won't survive without the RLP."*
>
> *"It adds a layer of comfort to your practice knowing that if a crisis in your practice develops that the AMA is there to help and is supportive."*
>
> *"In a smaller practice it allows physicians to get away on a managed basis for holidays and weekends to get some respite from their practice."*
>
> *"I think the RLP is highly responsible for improving our quality of life. In towns as small and isolated as us, we would like more time off, six weeks instead of four."*
>
> *"Without the Program there would be many crises."*

Staying with the Program

Given the positive experiences, rural physicians interviewed said they would definitely recommend the Program to their colleagues and that they intended to continue their involvement in the Program. Some suggested that as their practices grow, they may require the services of the locums to a lesser extent, but the need for time away from the practice will continue to be important.

"I don't know how other physicians would cope without this program."

One physician suggested that he would resign his practice if no locum program was available and would take up the job again upon his return because he's certain it would still exist after his six-week absence.

Suggestions for Improvement

Most physicians interviewed were comfortable with the overhead split of 30/70%. Others suggested that increased allowances are required and that office overhead needs to be revisited since current levels do not cover physicians' expenses. One suggestion was for the physician to get 30% of the gross rather than $300 per day which they say barely covers expenses. Suggestion was also made for locums to be remunerated to about the same level as the rural physician they're replacing.

More locums are required, especially over the Christmas season and during the summer. Increased stress and changes to the health system have not lessened the demands on physicians.

Physicians suggest that information about the Program should be distributed at family medicine programs at medical schools. Some also suggest that the issue of foreign doctors being excluded from the Program because of the College of Physicians and Surgeons of Alberta (CPSA) requirements for full CCFP licensure needs to be revisited.

The Rural Locum Physician Experience

In-depth interviews were conducted with locum physicians who had participated in all elements of the RLP (Short-Term Program, Weekend Program, and Seniors Weekend Program).

Choosing to be a Locum Physician

Physicians choose to be rural locum physicians for a host of reasons that match choice of practice, preference for lifestyle, economic reasons, opportunity immediately after graduation, and to provide service and support to colleagues in rural practice settings.

Exposure to and opportunity for diverse medical practice are what entices many locums to the Rural Locum Program. The opportunity to practice emergency medicine, practice in a hospital setting, and work with challenging cases is interesting and stimulating for locums.

"It's fun. Exciting medicine. More responsibility in rural medicine. You don't ship people off. You are the emergency."

Several mentioned that opportunity to practice in hospital and emergency settings is not afforded them in urban settings. For those that prefer emergency to clinical work, the RLP provides an alternative to routine clinical practice in urban settings. One locum, for example, works on a contractual basis on a military base where the range of patients is limited (e.g., no in-patient care or geriatric care, limited number of children).

> *"I wanted a practice where I would have access to a hospital and still do some emergency work"*

Other locums have chosen the RLP as an alternative to setting up their own medical practices whether that be in urban or rural settings, or to have a small medical practice but to use the RLP to supplement that practice.

> *"The RLP allows me to do as much family practice as I want without too much of the bookwork, headaches, etc."*

> *"It would be too much for me to be a full time rural physician. I don't like being away from the hospital when I'm responsible for patients."*

Some didn't want their own patient loads (regular patients) or full time practice. They didn't want to be full time rural physicians in small towns, having little privacy and seeing their patients on the street. Other locums had been trained in rural medicine, but had not had an opportunity to practice in a rural setting until the RLP got underway. The training to do rural medicine, however, helped to raise the locum's confidence about practicing in the RLP.

For many locums the RLP provides a good source of income (either primary or secondary). One locum, for instance, aims to do 15 weekends per year to supplement his income. Another suggested that the Program offers greater financial incentives than setting up his own practice or being a locum in an urban environment.

For other locums, the choice of being a locum is more personal.

> *"Every couple of months I seem to go somewhere where I haven't been before."*

Locums talk about their ability to travel and see new places, their love of the north. The Program allows them to live in the city (if they choose) yet practice rural medicine and visit unusual places and meet interesting, *"salt of the earth"* kinds of people. They find rural people "more realistic," say that they don't have unrealistic expectations, and that they're just happy a physician is willing to come to their community. The locum feels appreciated and valued and this is important to them. Several locums talk about enjoying working with rural people. They regard them as "*very genuine people, down to earth."* They regard rural people as generally *"less demanding than a city population."* Some locums were raised in rural Alberta and explained that they are "*more aware of the tenuous situation with their hospital,"* realizing the challenges of living in rural Alberta, but also the benefits to practicing medicine there.

> *"I don't know anything else. I feel wanted. The need is there without a doubt. I feel welcomed."*

For some locums, the Program was a salvation. The local hospital in which they had worked closed, and the Program was a lifeline to fast available work. For these and other locums, the Program provides opportunity for work with ease and confidence. For new graduates, especially, the Rural Locum Program provides a first opportunity for medical practice. Work is available, and they like that they are helping out colleagues. They believe they are helping rural physicians avoid burnout.

> *"I like being the guy who comes to help out. It suits my personality."*

But the Program is not only for the newly graduated. Some locums regard the Program appropriate *"for later stage of life"* in their medical careers. They want to practice fewer hours and have more flexibility when they work.

Practicing as a Locum Physician

While locum practice takes the majority of physicians from one end of the province to the other, due to special circumstances a few locums have restrictions or establish preferences. For example, one locum physician's practice is limited by distance. The physician can accept settings that are within 1.5 hours of his/her home. For others placements become like *"second homes."*

> *"A friend practiced in a solo practice—three weekends off a month plus longer vacation times. I liked the practice and wanted to stay in one town with the same patients and staff….It's almost like being a second physician."*

Another added, *"The one place I go back to most, people now know me well—not just for the role I fill, but as a friend too."*

Without exception, locums like what they do. Some describe themselves as explorers or pioneers. They have an affinity for people and like diversity. Some will say that they are a different breed of physician.

All describe their locum experience as positive. Some describe it as *"scary and rewarding".* They like the *"adrenaline rush knowing it's such hands-on medicine. You're responsible for everyone."* They like *"exhilarating, intense medicine."* *"You are it. You do not have access to tertiary care setting expertise and equipment."* In addition,

> *"It's fun to know you are helping someone out… It is rewarding to be helpful to your fellow doctors."*

> *"I know it isn't everyone's cup of tea to be in these small places, but I don't mind. Sometimes it's fun to manage difficult problems without a whole lot of tools in your tool belt."*

One locum physician mused that because he always felt wanted, his ego *"could get pretty big."*

While locum physicians often expressed that they have become locums because of opportunity for diverse assignments, one explained that, *"Most places are remarkably similar."* They regard locum practice as interesting and fun, and generally like the challenges of rural practice. They find the Program a wonderful opportunity to learn new things and exchange ideas with other physicians. Some rely on expert advice they can access through the Critical Care Line (Capital Health Authority) and they have found that helpful. Several express that they like working with rural physicians because they *"have to do everything."* Some locums describe rural physicians as *"better doctors"* because a rural physician often has a broad scope of practice that includes more than clinical work.

Orientation

Once at the practice setting, locums typically talked of being oriented to the practice. In several cases, locums have a history practicing at the site and they are already familiar with how things are done. In other cases, locums explained that the community physician is generally available to the locum to do a handover orientation that includes information about patient care, special arrangements that have been made, special conditions in the community (e.g., infectious diseases current in the community), and so on. Most locums explained that rural physicians generally leave good notes. Notes helped the locum take over the community practice with ease. After that, locums have developed their own systems of working with local staff. In one case, for example, the locum has the nurse alert him when a patient arrives. In other cases, locums adhere to the processes already established in the rural physician's practice.

One locum explained that he/she had been practicing as a locum for so long that he/she doesn't give it a lot of thought any more. *"All I need to know is where to go."*

Responsibilities

Responsibilities vary across practice settings. For one locum, responsibility includes conducting rounds in hospital on Saturdays, and visits to nursing homes in the area. In another case, coverage focused on emergency care in the rural hospital. In another case it involved going out into the community to deal with emergency situations.

The level of activity/business varies. For example, patient load can vary between five to seven patients to between fifty and sixty. Another explained that he/she brings paper work with them to work on when workload allows. While physicians explain that low patient loads mean they are not exhausted, it also means fewer opportunities to bill for service.

The level of complexity of cases varies as well. For example, one locum explained that sometimes cases call for locums to use skills they rarely use, or haven't had much training in. Another explained that they work weekend emergency shifts and are often very busy. *"Working with the native population is challenging but fun."* Diabetes, suicide, drug abuse, and alcoholism were mentioned as illnesses in addition to cultural considerations that locums have to address.

Side Benefits

But the locum experience is not all work.

> *"One good aspect was meeting new families when you were there. Sometimes you stay with them, ski, wind surf, bike."*

Members of the community often regard the locum as special. Some locums mentioned that female patients, in particular, will book their appointments when they know the locum (especially if the locum is a female) is coming to town. Patients have developed a relationship with the locum and looked forward to seeing them. Locums feel valued. They believe they fill an important role in the lives of rural physicians and rural families. But the benefit is reciprocal.

> *"I have expertise in emergency, while they have more experience in chronic conditions."*

> *"I'm a resource in the community. They have maybe six elderly people in hospital. They have things to teach me."*

> *"Being a rural locum physician has made me a better physician."*

The locum experience provides an opportunity for the locum to *"get a sense of people living outside cities,"* and provides an opportunity to *"discuss cases, trade perspectives re: type of medicine practiced. There is an education process there."* Locums have a chance to chat with elderly patients, learn about how people live in remote communities, and think differently about life. Locums generally find the experience enriching. They are able to explore new communities and integrate medicine with other interests in their lives (e.g., writing, photography). In quiet times locums are able to catch up on their professional reading and paper work. Some take time to renew themselves. Some take their families with them on the placement and treat the locum as a family outing. For all these reasons, locums describe the locum experience as "*broadening their repertoire,"* and contributing to their own personal growth and opportunity to get to know themselves better.

Rural Staff and Patients

Locums express that they are well received by rural physicians, nurses and other staff. Several expressed that they are made to feel they belong. *"People are friendly and welcoming, and there is a sense of gratitude."*

"You feel important like you're needed and making a contribution."

"I feel like a big fish in a little pond."

Locums expressed that people are very understanding of the locum physician. The rural public know that the locum's overall understanding of the patient's circumstances and the environment is not as detailed as that of the community rural physician.

"The nursing staff is generally appreciative of the skills I bring. Generally they would not function well in a busy emergency, but that's not their role."

Urban community physicians are sometimes surprised at the variety of work of the locum. *"I have talked to a few community-based physicians. Some of them are just boggled at the fact that you can go out and do this kind of work, especially those that have worked in the office and maybe done a little hospital work."*

One locum physician expressed that the rural physicians they have worked with have been *"outstanding."*

Patients, too, have been very receptive to locums.

"Patients perceived me really well. You're a doctor. They are happy for you to be out there."

Some routine is being built in rural communities. For example, one locum explained that patients expect to see him/her when their regular physician is away.

Accommodation

For the most part locums were happy with the accommodations they received in the rural communities. They realized that small communities have limits on the amenities that they can offer (selection of restaurants, hotels, etc.).

Many appear to like staying in the physicians' home where they can avail themselves of the kitchen and television. Others, such as weekend locums with hospital assignments, preferred to stay close to hospital so that they can easily attend patients.

Most locums appeared to be tolerant of less than ideal accommodations. Some were quite used to "roughing it." For example when asked about rural comforts, one locum expressed, "not bad. I was in the army, so I'm not too picky."

Memorable Experiences

While locums mentioned that fractures of legs and arms are fairly common, atypical situations emerged where patients had to be airlifted to trauma centres in larger cities. More unusual events have involved rattlesnake bites, carbon monoxide poisoning, and psychiatric patients. In these exceptional circumstances, locums typically consult the Critical Care Line (Capital Health Authority), or specialists in larger nearby centers. In all cases interviewed, locums have found the consultants to be *"very accommodating"* with respect to providing advice and direction to the locums.

For most locums, the most memorable experiences relate to serious traumas where, for example, CPR was delivered in the clinic, vehicular injuries have resulted in serious injury or death. Incidents involving children and youth (e.g., resuscitating a sixteen year old girl who had been ejected from her vehicle) were mentioned as most troubling. STARS air ambulance has been used. Heart attacks and other cardiac cases stand out in locums' minds. Some locums mentioned that when several emergency procedures are required to be administered simultaneously, local staff are not always adequately resourced or currently trained to assist the physician. Locums express that staff are not always comfortable dealing with the critical situation, but that everyone does their part to contribute to the patient's treatment. One locum physician expressed that in his/her experience, *"nursing staff are really well trained…and really quite good, quite helpful in terms of dealing with common cardiac and trauma."*

For other locums, most memorable locum experiences are not the trauma cases.

> *"The most memorable experience that stands out is the people. One week you are talking to some Hutterite poultry ranchers. Next week some coal miners, Metis, Cree, whatever. In medicine you spend a lot of time talking to people."*

Other experiences mentioned included dinner at other doctors' homes or the mayor's house, conversations with nurses and pharmacists. For others, it is the location of the locum that stands out, e.g., spending time in Jasper, Christmas in Grande Cache.

The Downsides

Locums mentioned that practicing in the Program has its downsides. Working out of a suitcase is not ideal. *"It can get boring when it's quiet,"* they explained. Sometimes placements take locums to very isolated locations where cases typically deal with recurring alcoholism and troubling family situations. One locum said he tries to avoid these types of placements, although he recognizes that someone needs to cover these situations. Another locum explained that they avoid weekend shifts because some clinics are difficult to work in due to under-staffing or under-trained staff, particularly on weekends.

Locum work is hard on the family. While single physicians can travel more easily and be away from home for longer periods of time, locums with families and partners expressed that practicing as a locum is difficult to balance with raising a

young family. These locums are considering other options besides the Rural Locum Program. Even for the locum who has no partner, there are not a lot of social activities or culture designed for single professionals in rural areas.

Some trepidation was expressed about encountering an electronic medical record.

> *"I don't have a clue how to work it. I imagine it could be a problem for locums down the road with different systems."*

And, *"These are intimidating for docs who are used to writing."*

Some other downsides were also mentioned including

- reduced access to sophisticated care,
- variability in clinics' organizational skills,
- burnout--on call 24/7 several days in a row,
- long distances to drive,
- variability in lab forms across practices , and
- frustration was expressed at the level of familiarity of staff with critically ill patients (nursing staff lack of familiarity with mixing medications, how to do CPR and protect airways).

Staying with the Program

Despite the downsides, most locums intend to continue their involvement in the RLP. Only those physicians who have young families and those who want reduced workloads mentioned considering other options.

All locums interviewed said they speak highly of the Program and would recommend it to other physicians.

> *"I certainly try to sell the Program…to newer physicians or people who have moved in."*

One locum physician expressed that while some of his/her friends were no less competent than he/she, they had not practiced in rural settings and were feeling hesitant about providing treatment in emergency situations that might occur. Even to these colleagues, the RLP was recommended. Another suggested that if the physician didn't mind being alone in the middle of the night and didn't mind traveling, the RLP would be ideal.

Having an Impact

There is no doubt in the minds of locums that the Program has made and continues to make a significant difference in the lives of rural physicians, and in the sustainability of rural communities. With having to work one weekend in four, the Program has improved the lifestyle of rural physicians, increasing their longevity in the community. In practices where a single physician is located, the RLP allows for some weekends off. As one locum explained, *"The guy was*

getting pretty tired. So getting three weekends off a month was making a big difference in his life."

Several locums expressed that the Program has *"saved a lot of rural physicians' sanity out there." "Some [rural physicians] have actually benefited and commented to me [a locum physician] personally."*

Locums believe that the Program has a significant impact on retaining rural physicians. In fact, some cannot imagine how difficult it was to be a rural physician before the Program was in place.

> *"There are not as many physicians in rural areas as there could be. The Rural Local Program has taken us one step closer to making it easier and more enjoyable for physicians who have decided to dedicate their time and their careers to working in smaller communities in rural Alberta."*

Support from the Program

In a word, locums regard the administration and implementation of the RLP as excellent.

> *"The AMA serves as a broker and makes the bureaucratic aspect totally painless."*

The following comments made by locums attest to the efficiency and effectiveness of how the Program is run:

> *"The Program is run very well, meets all my expectations, everything has been perfect."*
>
> *"Administration is superb…friendly, organized, personable—almost feels like your own private manager."*
>
> *"Fabulous. Organization is excellent, emails, paper work is done, flights are done, paid quickly."*
>
> *"I've never had any problems scheduling and getting the paper work done. If I do my bit they do a great job. I find it convenient to have my schedule 4-6 months in advance."*
>
> *"They are very helpful in getting claims settled and can get in touch with parts of the AMA that are outside the RLP like the billing assistance people."*
>
> *"When you are just done the training it was helpful. I didn't have to spend a lot of time figuring out how the system works."*
>
> *"I feel supported. They go out of their way to answer questions/concerns."*

Suggestions for Improvement

For the most part, locums are very happy with all aspects of the Program. The primary recommendation from locums is recruiting more locums.

> *"I know one physician who I provide my own services to. She is a one physician practice in a five physician town and can't get a locum."*

Other suggestions offered by locums interviewed include the following:

- reduce maximum overhead rate,
- standardize the quality of accommodation across sites,
- increase rate per km (cut off before 400 km),
- organize rental cars for locums (use one company that gives a preferred rate),
- let family medicine residents know about the Program and that it is an option,
- ensure that locums make more money than they would in the city,
- speed the process of getting critical care claims accepted and processed by AHW,
- encourage physicians to keep better clinical notes,
- on call should not be considered part of overhead rates,
- help to negotiate overhead rates with community physicians,
- provide locums with cell phones if on call,
- share some statistics about the Program, and
- provide feedback from the places to the locum (perhaps a PAR type of feedback).

Governance, Management, and Regional Administrator Observations and Perspectives

Stakeholders identified with governance and management of the Program were interviewed. As well, a sample of health region administrators was contacted to discuss their perceptions of the Program.

A Valuable Program

Consensus among governance, management and regional administrators is that the Rural Locum Program is of significant value to rural physicians. That value, primarily perceptual and anecdotal at the time of stakeholder interviews, has been difficult to measure, and therefore, challenging to prove. Nevertheless, these stakeholders believe that the Program has been successful in retaining physicians in rural practice by providing them time away from their medical duties, time away with their families, and time for continuing medical education events (CME).

> [The Program] *"allows physicians to take leave knowing that their practices are covered, the AMA is providing a service that is essential for rural doctors and ensures continuing care, and the province is retaining physicians."*
>
> *"I think this program is one of the best we've got in the province."*
>
> *"The best thing the Program does is to say to physicians that we really value them, and that we value them enough to try and replace their services to allow them flexibility with personal time, a better lifestyle, ability to get away with families, a lighter load with the Seniors Program."*
>
> *"The Program has given rural physicians a sense of empowerment that there was someone who cared and spoke for them. They weren't forgotten."*
>
> *"I think it's a valuable program in terms of what we hear from members and in terms of them being able to practice in a rural environment."*

The Program is regarded as *"a good concept that has become a good program."* It is rated highly by all interviewees, and acknowledged to be a resource that is used differently by different health regions. Some stakeholders believe that the RLP has raised the profile of rural medicine in Alberta. The Program has maintained quality care in rural Alberta by relying on the College of Physicians and Surgeons to screen and credential locums. Quality of care has also been maintained through the Program by keeping physicians from burning out, and providing opportunities for rural physicians to keep current by learning new things from new graduates who, stakeholders believe, comprise a large portion of the locum population. Through the success of the Program, some stakeholders believe that a valuable opportunity has been created to expand the number of family medicine graduates in the province.

Additional Value

> *"The RLP acts as a non-threatening stimulus to the discussion [on practice issues, practice relationships] and out of that flows some very effective problem solving. For example, it allows a discussion of differences and issues of why three docs each with their own clinic aren't getting along, why they won't cover for each other."*

Some stakeholders suggest that the AMA has become more sensitive to rural physicians as a result of the RLP primarily through interested and committed staff members getting out and learning from rural physicians what their practice issues were and are. They regard the Program as very service oriented, but having a much broader system impact - *"a social purpose delivered in an individual way."*

The Program has also been an evolving mechanism for CME. While not as heavily used for CME purposes as some stakeholders believe it could be, its value as a professional development opportunity is acknowledged.

Also, service has been provided to the Northwest Territories (after Alberta's needs have been satisfied).

Furthermore, some of these stakeholders are of the opinion that the RLP concept could have value in larger urban centers as well as rural Alberta. Some regard specialist services as a more pressing need.

> *"I think we should continue to try and expand this program, expanding into the specialties was an experiment. We've had wonderful response."*

Program (Non-Use)

Governance and management of the RLP and region administrators suggest that the Program is accessed more frequently by physicians in northern Alberta than by those in southern Alberta. Some attribute differential use to a collaborative tradition in the north. Due to its isolation and limited access to human resources, Northern Alberta has a history of collaborative recruitment, they say.

Some stakeholders suggest that some physicians make a personal choice not to access the Program. These stakeholders suggest that some physicians prefer to keep their patients to themselves, and to keep their on-call funds rather than sharing them with a locum replacement.

Other non-use is attributed to the fact that some physicians want 6-12 months of locum time (for enrichment purposes), and the Program cannot typically respond to a request over such an extended time period. Stakeholders suggest that it is unrealistic for the AMA to cover overhead fees for 6-12 months when RPAP (Rural Physician Action Plan) also funds the physician to engage in enrichment opportunities. There may also be issues around splitting overhead costs between the rural physician and the Program. (Some stakeholders suggest this issue needs to be addressed and that the Program needs to continue to encourage rural physicians to access the Program for CME.)

Finally, some physicians make private locum arrangements and do not use the RLP services.

Program Linkages

Linkages between the Rural Locum Program and the Rural Physician Action Plan lack clarity for a majority of stakeholders.

In the view of one interviewee, the RLP should link to other RPAP programs. The need to get locums in a short time frame[1] is an example of how the RLP could be enriched by RPAP and RLP working more closely together. However, this view is not held by all stakeholders.

[1] Locums are scheduled 30 days in advance. Locums may accept a shorter time frame if they are available.

> *"Linkage between RPAP and RLP should be arm's length. RPAP has difficulty retaining its focus. Its definition of rural keeps expanding. RPAP should be a funding agency, not hands on.*

While the Program is most likely to be used for personal leave, it does link with continuing professional development opportunities, commonly referred to as CME (continuing medical education). In some instances, where a CME event is important to several physicians in the same community, the RLP will provide locums to communities with 5 or more physicians to facilitate physician attendance.

Attempting to link the RLP and the RPAP Enrichment Program is difficult if not impossible. For the most part, locums are not assigned as longer term replacements for rural physicians.

Also, many physicians in communities of four or fewer doctors just do not access extensive enrichment programs due to the lack of need for specialized skills in their practice setting.

From a RLP perspective, there is some concern around the linkage of the Program and Return In Service Agreements. These agreements have been very helpful in attracting and recruiting locum physicians (does not apply to specialists). Because RISA was not supported by RPAP (at least at one point) some tension between RPAP and the RLP developed.

Program Governance

Governance of the RLP is the only contentious issue raised by stakeholders, and then, only by a small number of stakeholders. These stakeholders acknowledge that relationships between the RLP and RPAP are not always positive, and that ownership may be an issue.

> *"Is it an AMA or an RPAP program, or a shared program? This causes conflict. The underlying issue is, whose program is it?"*

Some regard the governance structure of the Program as less than ideal.

> *"The structure has created more distance between Coordinating Council and management than is favourable."*

What is clear is that views are strongly held by some individual stakeholders. A sample of diversity follows:

> *"RPAP direction may be somewhat different than the direction that the AMA wants to take the RLP."*

> *"The RLP can be more creative and responsive to physicians by being housed and managed at the AMA. In a large bureaucracy there is a real danger of getting caught up in red tape."*

"The Program is essentially run by two staff. We have direct access to accounting people, have the infrastructure needed, staff integrated with the building functions. A lot of extras would be lost if it moved elsewhere. It makes sense for it to be here. It fits very well with the rest of the AMA philosophy and culture."

"Part of the reason it's worked well in Alberta is that the right people are administering it."

"The AMA as its best home for the RLP since there are many benefits to physicians in addition to those offered by the Program."

"RLP began as a contract under Alberta Health and Wellness, but became operationalized under the benefit stream of the Medical Services Budget. Weekend and Senior's components are funded directly by the RPAP."

"Accountability of the RLP is good although there have been some gaps in meetings."

"Accountability needed to be examined. There is some concern with administrative cost of the Program."

"The contract was signed with Minister of Health and Wellness, not RPAP. RPAP was only recently mentioned in the 2001 clause of the contract. RPAP became involved as a funder of the Weekend Program. The Committee viewed having the RPAP Manager sit on the Steering Committee as a possible conflict of interest. Therefore, a physician was selected to sit on the Steering Committee."

"Performance indicators for the Program are unclear."

"Coordinating Council is the decision-making body for establishing direction. We work with what was given to us by Health and Wellness in terms of funding and expectations."

Generally, management of the RLP by the AMA is considered efficient and effective. However, there is lack of clarity and shared understanding of the historical and current relationship of the RLP to the RPAP. Some stakeholders know there is a relationship, but are uncertain as to the nature of that relationship. Others suggest that without clear control of the RLP by the RPAP, RPAP cannot influence eligibility requirements of communities for RLP service.[2]

[2] Note: RPAP funds only a portion of the total RLP.

Survey Findings

Survey findings are first organized according to the respondent groups who completed a mail-out survey. Within group results are discussed according to themes emerging from the data.

Groups surveyed were:

- Rural Physicians who access the Short-Term Program (also referred to as the regular program)
- Rural Physicians who access the Weekend Program
- Rural Physicians who access the Seniors Weekend Program
- Rural Physicians (seniors) who do not access the Seniors Weekend Program
- Rural Physicians who are ineligible for any aspect of the RLP
- Locum physicians

Rural Physicians (Accessing Short-Term Program)

Participant Demographics

Rural physicians responding to the survey report varying lengths of time that they had been in practice (range 0-50 years). The average length of practice reported was 20 years.

Figure 3. Years of Practice

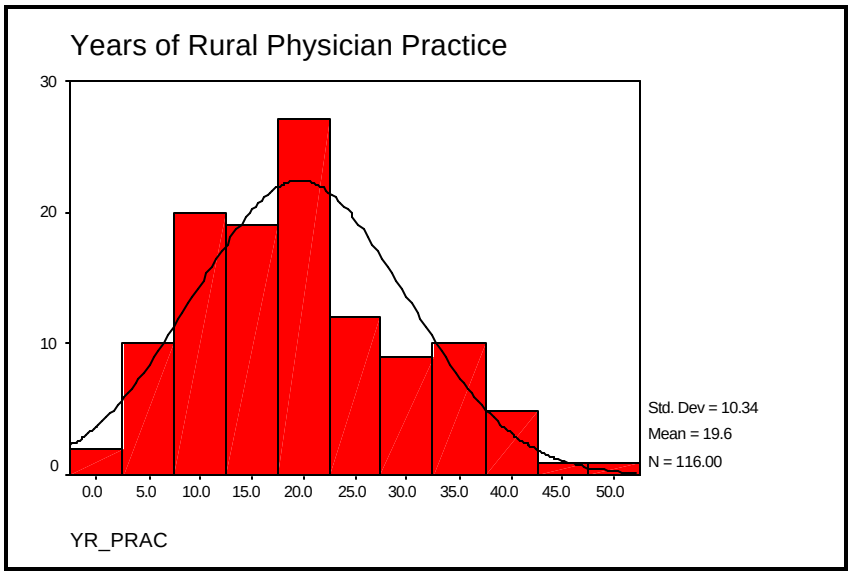
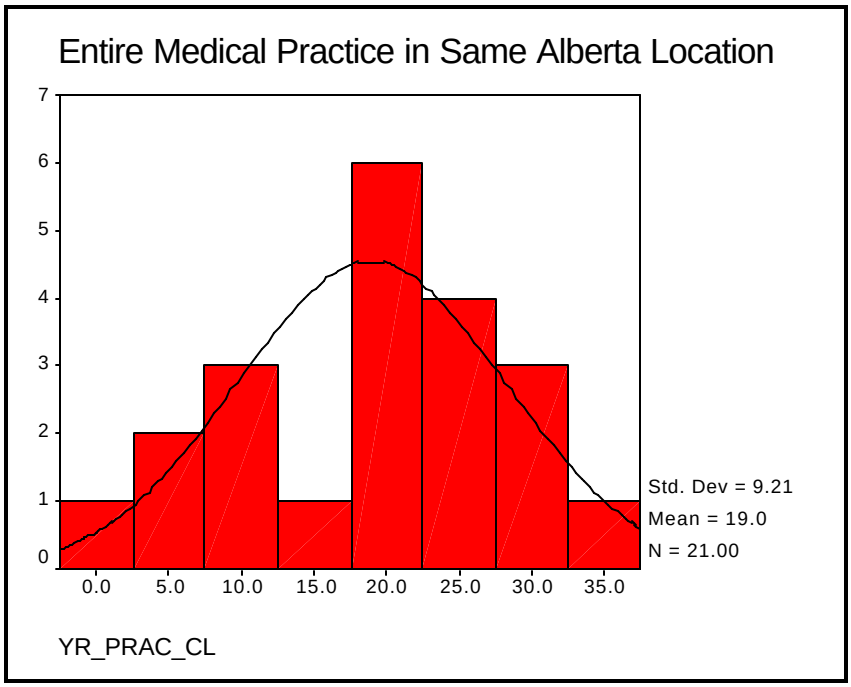


Chart 1. Location of Physician Practice

Location	Percentage	Mean Yrs
Physicians who have spent their entire practice time in a rural location	38.1%	19.47
Physicians who have spent their entire practice time in Rural Alberta	24.5%	19.38
Physicians who have spent their entire practice time in current location	17.8%	18.95

Figure 4. Years of Practice at Same Location



Projected Use of the Short-Term Program

When physicians were asked if they "planned to use the Program next year," 69% indicated yes. Projections for amount of use are as follows:

Chart 2. Projected Use of the Short-Term Program Next Year

Number of Physicians	Projected Use Next Year (Weeks)
1	1
7	2
9	3
33	4
3	5
14	6
2	8
1*	12
1*	14

*Likely interpreted the question to mean all doctors in clinic

Eighty-four percent (84%) of physicians surveyed say they will want locums to cover their practice in the future. The small percentage of physicians who will not want locums in the future offer these reasons:

1. We now have enough physicians in the community
2. I am no longer in rural practice
3. I am semi-retired
4. My practice is no longer office based
5. I prefer to make my own arrangements

Short-Term Program Satisfaction

Overall satisfaction with the Rural Locum Short-term Program is high. The following elements were responded to by physicians surveyed.

Chart 3. Rural Physician Satisfaction with Short-Term Program

Element of Satisfaction n=115 to 118	**Very Satisfied (%)**	**Satisfied (%)**	**Not Satisfied (%)**
Negotiations for Letter of Agreement	80.2	19	0.8
Satisfaction of Office Staff	75.4	22.9	1.7
Satisfaction of Hospital Staff	69.5	30.5	0.0
Satisfaction of Patients	58.0	41.9	0.1
Patient Record Transfer	65.5	34.4	0.1
Quality of Locum Services	74.3	25.6	0.1
Scheduling of Assignment	63.5	35.7	0.8
Process of Documentation	73.2	25.9	0.9
Communication with AMA Staff	86.0	14.0	0.0
Financial Administration	68.7	31.3	0.0
Overall RLP Administration	86.2	13.8	0.0

Also physicians were asked if they had “ever been denied access” to the Short-Term Program. Twenty-two percent (22%) indicated that they had been denied access to the Program and offered the following reasons.

1. Locum not available because of high demand in summer and at Christmas
2. Ineligible (too many doctors in the community)
3. Too short notice to the Program

Thirty-two percent (32%) of physicians report that they have had to cancel plans because they could not get a locum. Most of the time plans are cancelled result of a change in original plans, sudden emergencies, or not able to plan far enough in advance for certain events (CME, etc.). Occasionally two or more physicians from the same community want to attend the same event and have difficulty due to unavailability of a locum or because of program restrictions on the number of locums provided to a community at one time.

Also, satisfaction with RLP overhead reimbursements to physicians up to 30% or a maximum of $300 per work day was high as indicated by the following survey results.

Chart 4. Physician Satisfaction with Overhead Reimbursement

Element of Satisfaction n=113	**Not Satisfied (%)**	**Somewhat Dissatisfied (%)**	**Somewhat Satisfied (%)**	**Satisfied (%)**
Amount of Overhead Reimbursement	1.8	4.4	24.8	69.0

Short-Term Program Impact

Physicians were asked if the Program contributed to their staying in rural Alberta and whether or not they felt that the RLP influenced retention of new physicians to the community. Physicians responded accordingly:

Chart 5. Physician Perception of Short-Term Program Impact

Does access to the Rural Locum Program contribute to your staying in rural Alberta? n=112	
YES	**NO**
83%	17%
Do you feel that the RLP influences retention of a new physician to your community? n=155	
YES	**NO**
86%	14%

Short-Term Program Use

The following charts indicate how physicians use the Rural Locum Program and in which ways they use it most.

Chart 6. Purpose for Past Use of the Short-Term Program

USE n=118	**Percentage of Physicians Who Use the Program for this Purpose**
Vacation	80.5%
CME Events	57.6%
Personal Leave	48.3%
Reduced On-call Duties	42.2%
Crisis	20.3%
Illness	11.0%
Other	5.9%

Chart 7. Purpose for which the Short-Term Program is Most Often Used

USE N=102	**Percentage of Physicians Who Use the Program for this Purpose Most Often**
Vacation	60.8%
Reduced On-call Duties	12.7%
Personal Leave	12.7%
CME Events	6.9%
Crisis	3.9%
Illness	2.0%
Other	1.0%

When physicians were asked if they had used the Rural Locum Program to cover participation in the RPAP Enrichment Program, 94% indicated that they had not used the RLP for this purpose.[3]

Physicians With Electronic Medical Records

With the introduction of the Physician Office System Program (POSP) more physicians in Alberta will obtain and begin using an Electronic Medical Record (EMR). This may or may not pose some adjustment for locums as they are faced with differing systems across the province.

Survey results indicate that 34% of rural physicians who are eligible for locums have acquired an EMR (as of summer 2003).

[3] Note: This question was not sensitive to whether a physician used or wanted to use the RPAP Enrichment Program and thus provides very limited information.

Suggestions for Change to the Short-Term Program

Forty-two percent (42%) of physicians completing the survey offered some parting comment when asked for suggestions for change in the Rural Locum Program. Comments were sorted according to theme and quantified. Results are reported in the following table.

Chart 8. Suggestion for Change to the Short-Term Program

Suggestion	**Percentage of Responses (n=65)**
No changes required	41.5%
More Locums required	13.9%
Program should be based on need, not community size or number of available doctors	12.5%
Better summer and Christmas coverage	7.7%
More weeks per coverage	7.7%
Should be fewer restrictions (reasons for getting a locum)	3.1%
Better coverage for sudden needs	3.1%
Contact us if there is a surplus – we make special arrangements or take advantage	1.5%
Consider semi-retired physicians covering for each other	1.5%
Better locum accommodations	1.5%
Guaranteed maternity leave	1.5%
Mandatory coverage for all rural physicians (not an option)	1.5%
Increase reimbursements (35%)	1.5%
EMR training or coverage for transcriptions	1.5%

Rural Physicians (Weekend Program)

Physicians who access the Weekend Program received a similar survey to the Rural Physicians who access extended aspects of the Program.

Participant Demographics

The mean years of medical practice for physicians accessing the Weekend Program is 21 years.

Figure 5. Years of Medical Practice (Physicians Accessing Weekend Program)

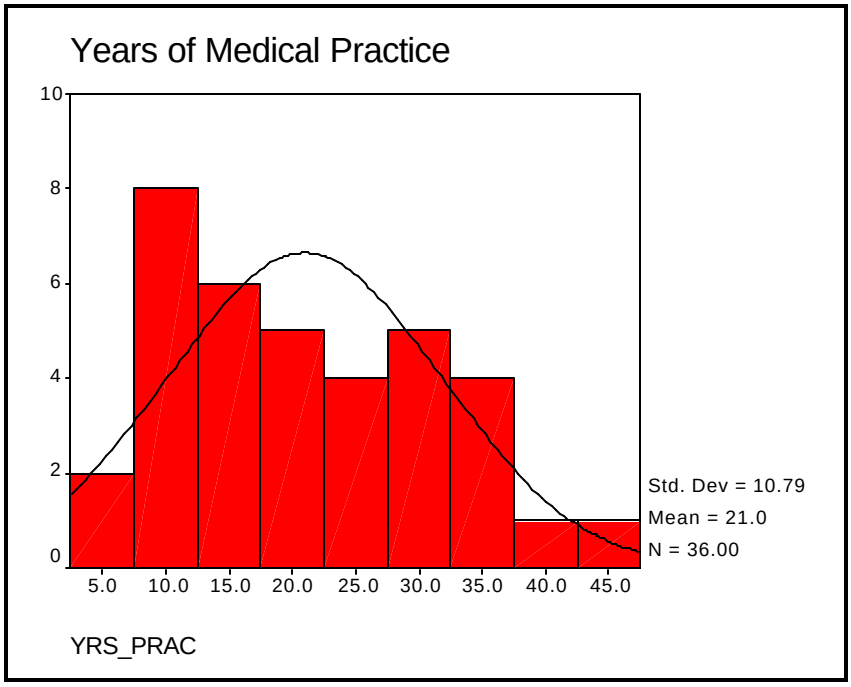


Chart 9. Location of Physician Practice (Weekend Program)

Location	Percentage	Mean Yrs
Physicians who have spent their entire practice time in a rural location	36%	16.92
Physicians who have spent their entire practice time in Rural Alberta	28%	18.6
Physicians who have spent their entire practice time in current location	19%	18.0

Projected Use of the Weekend Program

When physicians were asked if they "planned to use the Program next year," 72% indicated yes. Projections for amount of use are as follows:

Chart 10. Projected Use of the RLP Weekend Program Next Year

Number of Physicians	Projected Use Next Year (Weekends)
1	1
1	3
4	4
1	5
1	7
1	11
2	12
1	14
1	24

Eight-nine percent (89%) of physicians reported wanting to use the Weekend Program in the future. The few (3) who said they would not be using the service said they were fully staffed at the moment, one was retiring, and the other said they were not going to use locums at all.

Weekend Program Satisfaction

Overall satisfaction with the Rural Locum Program is high. The following elements of satisfaction were responded to by physicians surveyed.

Chart 11. Physician Satisfaction (Weekend Program)

Element of Satisfaction **n=115 to 118**	**Very Satisfied (%)**	**Satisfied (%)**	**Not Satisfied (%)**
Weekend Locum Services (overall)	72.2	27.8	0.0
Patient Record Transfer	63.9	33.3	2.8
Satisfaction of Hospital Staff	61.1	38.9	0.0
Satisfaction of Patients	50.0	47.2	2.8
Quality of Care Provided by Locums	58.3	38.9	2.8
Scheduling of Assignment	77.8	22.2	0.0
Process of Documentation	75.0	25.0	0.0
Communication with AMA Staff	91.7	8.3	0.0
Satisfied with RLP Administration	91.7	8.3	0.0

Weekend Program Impact

Physicians were asked if the Program contributed to their staying in rural Alberta and whether or not they felt that the RLP influenced retention of new physicians to the community. Physicians responded accordingly:

Chart 12. Physician Perception of Weekend Program Impact

Does access to the Rural Locum Program contribute to your staying in rural Alberta? n=112	
YES	**NO**
88.9%	11.1%
Do you feel that the RLP influences retention of a new physician to your community? n=155	
YES	**NO**
91.4%	8.6%

Suggestions for Change to Weekend Program

Sixty-one percent (61%) of physicians completing the survey offered some parting comment when asked for suggestions for change in the Rural Locum Program (Weekend). Comments were sorted according to theme and quantified. Results are in the following table.

Chart 13. Suggestion for Change (Weekend Program)

Suggestion	**Percentage of Responses (n=22)**
No changes required	68.2%
More Locums required	13.6%
Expand coverage to ineligible	13.6%
Need basic obstetric coverage	4.6%

Rural Senior Physicians (Seniors Weekend Program)

Eleven physicians who access the Seniors Weekend Program received a survey.

Participant Demographics

The mean years of medical practice for physicians accessing the Weekend Program is 32.7 years. Mean number of years they have been practicing in a rural setting is 29.7 years. Average number of years these physicians have practiced in Alberta is 28.4 years and at their current location 23.45 years.

Projected Use of the Seniors Weekend Program

None of the respondents was retired and ten of the 11 respondents plan to use the Program next year. A couple of physicians plan to use the Program for the entire year. Two more expect to use it 4-6 weekends and another two hope to access locums 6-12 weekends. The remaining respondents did not know how much they would access the Program in the next year.

Eight of the responding senior physicians say they will access the Program next year.

Seniors Weekend Program Satisfaction

Overall satisfaction with the Seniors Weekend Rural Locum Program is again high. The following elements were responded to by physicians surveyed.

Chart 14. Physician Seniors' Satisfaction with Seniors Weekend Program

Element of Satisfaction n=10	**Very Satisfied (number)**	**Satisfied (number)**	**Not Satisfied (number)**
Communication with the locum	8	2	
Services provided	5	5	
Satisfaction of Hospital Staff	4	5	1
Satisfaction of Patients	3	6	1
Records Transfer	4	5	1
Scheduling of Assignment	5	5	
Communication with RLP Staff	6	4	

Seniors Weekend Program Impact

Physicians were asked if the Program contributed to their decision to remain working in Alberta. Eight said yes, two said no, and one did not respond to the question.

Nine of 11 respondents expect that the Program influences the day of retirement of physicians in their community. There is a sense among these physicians that the time off extends the time that a physician will stay in practice.

Four respondents indicate that the Program will influence them not to take calls mid-week. The others indicate that the Program will not have an impact on their intention to take call during the week.

Electronic Medical Record

Four of 11 seniors who responded use an EMR.

Suggestions for Change to the Seniors Weekend Program

Other than the suggestion to offer the Seniors Weekend Program at age 50, there were no suggestions for changing the Program.

Rural Senior Physicians (Who Do NOT Access the Seniors Weekend Program)

Thirteen physicians who do NOT access the Seniors Weekend Program received surveys.

Note: The small number of respondents limits the ability to extrapolate these findings to other physicians beyond those surveyed.

Participant Demographics

The mean years of medical practice for senior physicians not accessing the Weekend Program is 30.85 years. The average number of years these physicians have practiced in Alberta is 25.38 years.

Weeks Away from Practice

Senior physicians reported the following amounts of time that they were away from their practice and how much time they planned to be away in the future.

Chart 15. Average Number of Weeks Away

Away n=13	**Average Number of Weekends (median)**
Away from practice last year and required coverage	11.0 (4.0)
Plan to be away this year	14.7 (8.0)
Plan to be away next year	20.3 (12.0)

When asked if they could make use of the Seniors Weekend Program, how many weekends would they use, only three physicians said they would access it (average number of weekends 4).

Arrangements for Coverage

Senior physicians not accessing seniors weekend RLP services reported making the following arrangements for coverage when they were away.

Chart 16. Types of Arrangement and Frequency of Use

Arrangement n=13	**Number of Physicians Who Use this Arrangement**
Private Locum	2
Other Physicians in the Practice	10
None (no arrangement)	2

Seniors Weekend Program Impact

The Seniors Weekend Program appeared to have little impact on those who do not access it. Three said that access to the Program would help alleviate stress, but the others indicated that they are quite happy with their current arrangements.

Rural Physicians (Ineligible for the Program)

A small number of rural physicians who were considered not eligible for any aspects of the Rural Locum Program were surveyed.

Note: The small number of respondents limits the ability to extrapolate these findings to other physicians beyond those surveyed.

Participant Demographics

The mean years of medical practice for physicians ineligible for the Rural Locum Program is 16.7 years (13.7 years practicing in Alberta).

Weeks Away from Practice

Program ineligible physicians report the following amounts of time that they were away from their practice and how much time they plan to be away in the future.

Chart 17. Average Number of Weeks Away

Away n=25	**Average Number of Weeks (median) (mode)**
Away from practice last year and required coverage	6.6 (6.0) (6.0)
Plan to be away this year	7.5 (6.0) (8.0)
Plan to be away next year	8.3 (6.0) (8.0)

When asked if they could make use of the Program, how many weeks would they use, the average number of weeks they would access a locum was 4.5 weeks.

Arrangements for Coverage

Physicians ineligible for RLP services report making the following arrangements for coverage when they are away.

Chart 18. Types of Arrangement and Frequency of Use

Arrangement n=25	**Percentage of Physicians Who Use this Arrangement**
Private Locum	24.0%
Other Physicians in the Practice	84.0%
None (no arrangement)	8.0%

Sixty-four percent (64%) of physicians responding say they had to modify/cancel plans because they could not get coverage for their practice.

A few of these physicians report what may be significant impacts on their practice/community if they do not provide coverage.

"I feel like leaving rural area and moving to the city to work 8-5 job!"
"Cannot do CME"

Suggestions for Change to RLP

"Allow all rural practices to access RLP"

"Provide availability of locums to cover periodic weekend call when unable to get coverage through own group or traditional locums. Would not be frequent but would help when group had exhausted all other means for coverage."

"GP surgeon/GP anesthesia rural locums would be very helpful to our group."

"Increased access at times of special needs, e.g., for group CME and retreats locally."

"It would be good if we could get coverage for the odd weekend when we have a CME like ALARM or ACLS in the region."

"It would be helpful to have locums available for practice, strategy meeting, and retreats – to allow all physicians in a town or region to meet and be involved."

"It galls me that the locums end up getting paid more than the resident Dr. and then walks away with zero responsibility – nice job!"

Locum Physicians

Participant Demographics

Rural locum physicians responding to the survey report varying lengths of time that they had been in practice (range 0-50 years). The average length of practice reported was 11.5 years (median 8, mode 1).

Figure 6. Years of Practice

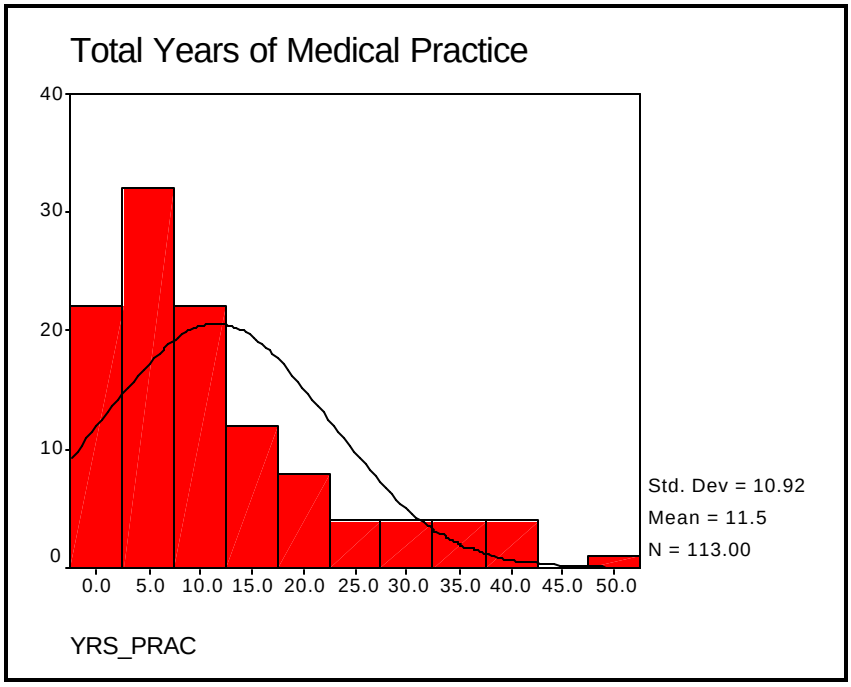


Chart 19. Location of Physician Practice

Location	Percentage	Mean Yrs
Physicians who have spent their entire practice time in Alberta	53.0%	8.37
Physicians who have spent their entire practice time as a locum	23.9%	2.89

Primary Value of the Locum Experience

Respondents were asked to identify what they received as the “primary value” from the locum experience. A chart of their responses follows.

Chart 20. Primary Value of Locum Experience

Value Category n=114	**Percentage of Locum Physicians**
Primary Source of Income	40.4%
Secondary Source of Income	52.6%
Augmentation of Retirement or Pension Income	2.6%
Other	68.4%
OTHER Categories Mentioned	**Percentage of Locum Physicians**
Maintain/Enhance Medical Skills	9.6%
Experience a Variety of Practice	7.9%
Exposure to Rural Life/Travel	4.4%
Gain Experience Before Settling on a Practice	3.5%
Help Rural Doctors	1.8%
Get Some Rural Practice Experience	1.8%
Want to Slow Down	1.0%
More Security	1.0%
Pay Down Debts	1.0%

Program Satisfaction

Locum survey respondents were provided with an opportunity to express their level of satisfaction with program elements. The following chart reflects their perceptions of satisfaction.

Chart 21. Locum Physician Satisfaction

Element of Satisfaction n=114	**Very Satisfied (%)**	**Satisfied (%)**	**Not Satisfied (%)**	**No Response (%)**
Experience with rural locum program administration	86.0	14.0	0.0	-
The locum/assignments experience overall	67.5	30.7	1.8	-
Patient records for continuing care	28.1	65.8	3.5	2.6
Perception of patients of locum services	50.8	47.4	0.0	1.8
Accommodation	30.7	60.5	3.5	5.3
Level of support of staff at the hospital	59.6	40.4	0.0	-
Level of support of staff at the physician's practice	45.6	33.3	20.2	0.9
Level of support of other physicians in the community	41.3	47.4	10.4	0.9
Adequateness of patient records at the hospital	29.8	67.5	1.9	0.9
Adequateness of patient records at the rural physicians office	10.5	61.4	23.7	4.4
Expectations of the community rural physician	36.8	55.3	7.9	-
Communication with the community rural physician	32.5	60.5	7.0	-
Remuneration for services	50.9	42.1	6.1	0.9
Recruitment services/activities	46.5	46.5	0.9	6.1
Administration/management of the RLP	86.0	12.3	0.0	1.7

When locum physicians were asked whether they would recommend the Rural Locum Program to their colleagues, 94.7% said they would.

While most locums were happy with the accommodations they received in rural Alberta, in the past this issue has surfaced in evaluation comments. Locums were asked on this survey to indicate where they most often stay and where they would prefer to stay.

Chart 22. Accommodation

Accommodation n=114	**% Most Often**	**% Preferred**
Physician's Home	22.8%	27.2%
Hotel/Motel	41.2%	27.2%
Bed & Breakfast	3.5%	7.0%
Other	24.6%	23.7%
No Response	7.9%	14.9%
OTHER Accommodations Mentioned		
Apartment	8.8%	15.8%
Hospital	20.2%	7.9%

Suggestions for Change from Locum Physicians

Sixty-two percent (62%) of locum physicians completing the survey offered some parting comment when asked for suggestions for change in the Rural Locum Program. Comments were sorted according to theme and quantified. Results are in the following table.

Chart 23. Locum Physicians' Suggestion for Change

Suggestion	**Percentage of Responses (n=71)**
No changes required	36.6%
Improved remuneration	15.5%
Assistance with billing	12.7%
Improved accommodations	11.4%
Ability to select and return to same community more often	2.8%
Treat locums well to maintain enough	2.8%
Meet other locums to share experiences	1.4%
Encourage physicians to book locums earlier	1.4%
Provide performance feedback to locums	1.4%
Provide CME opportunities	1.4%
Disproportionate ON-Call assigned to locums	1.4%
Develop easier to understand statement	1.4%
Improved physician records	1.4%
Option to have longer locums (3+ months)	1.4%
Ability to electronically bill	1.4%
Community physician available for patient transfers in and out	1.4%
Determine my own schedule	1.4%
Cell phone/pager for every locum	1.4%
More efficiency through bulk deals (e.g., rental cars)	1.4%

RLP 8-Year Statistics

The following statistics were generated through an analysis of the Rural Locum Program database (April 1995 to March 2003).

Assignments

Total Locum Assignments 3,136
Total Days of Coverage 17,313

Chart 24. Locum Assignments

Number / Assignment Type	Percent of Total Assignments
1309 Regular	41.7%
1668 Weekend	53.2%
150 Seniors Weekend	4.8%
9 Northwest Territories	0.3%

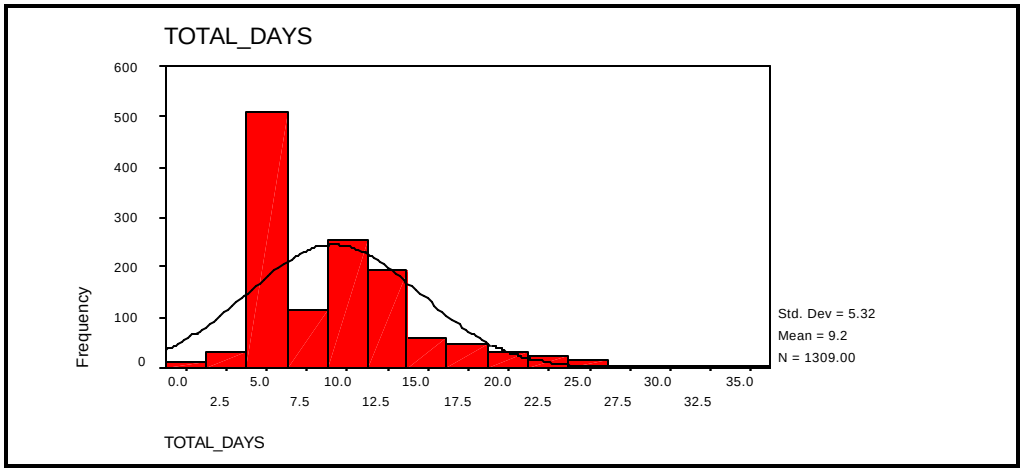
Short-Term Program (Regular Program)

Crisis Assignments[4] 292 (22.3%)
Non-crisis Assignments 1,017 (77.7%)

Total Days of Coverage 12,025 days
Average Duration of Assignment 9 days
Median (middle number) Duration of Assignment 8 days
Mode (most frequent number) Duration of Assignment 5 days

[4] Crisis Assignments are considered to exist in rural communities when there are fewer physicians than the community physician resource plan requires due to illness, physician departure from the community, and retirement.

Figure 7. Duration of Locum Assignment



Weekend Program

Crisis Assignments	359	(21.5%)
Non-crisis Assignments	1,309	(78.5%)

Total Days of Coverage 4,914 days
Three-day Coverage[5] (83% of Weekend Program assignments)

Seniors Weekend Program

Crisis Assignments	5	(3.3%)
Non-crisis Assignments	145	(96.7%)

Total Days of Coverage 273 days
One-day Coverage (53.3% of Seniors Weekend Assignments)
Two-day Coverage (14.7% of Seniors Weekend Assignments)
Three-day Coverage[6] (28.7% of Seniors Weekend Assignments)
Four-day Coverage (03.3% of Seniors Weekend Assignments)

Communities Served

The Rural Locum Program serves communities throughout Alberta.

Divisions by Latitude

Northern Alberta (North of Edmonton/Fort Saskatchewan)

[5] Three-day coverage in the Short-Term Program means from Friday at 5:00 p.m. through Monday at 8:00 a.m.

[6] Three-day coverage in the Seniors Weekend Program may include 12/24/48 hours (1,2 days). The expectation is that coverage would be the local standard.

Central Alberta (Edmonton to Drumheller)
Southern Alberta (South of Drumheller to American Border)

Total Assignments

Total Northern Assignments	1,298	(41.4% of Total Assignments)
Total Central Assignment	962	(30.7% of Total Assignments)
Total Southern Assignments	876	(27.9% of Total Assignments)

Regular Program

Total Northern Assignments	650	(49.7% of Regular Assignments)
Total Central Assignment	459	(35.1% of Regular Assignments)
Total Southern Assignments	200	(15.3% of Regular Assignments)

Weekend Program

Total Northern Assignments	601	(36.0% of Weekend Assignments)
Total Central Assignment	401	(24.0% of Weekend Assignments)
Total Southern Assignments	666	(40.0% of Weekend Assignments)

Physicians Served

A total of 230 community rural physicians are listed in the RLP database.

Short-Term Program (Regular Program)

206 of community rural physicians listed accessed the Short-Term Program (Regular Program)

Weekend Program

33 physician communities listed (communities represented under a single physician contact name) accessed the Weekend Program.

Locum Physicians Serving

181 locum physicians are listed in the RLP database.

The average number of assignments per locum across 8 years of activity is 18 assignments.
Range of number of assignments per locum physician is 1 to 169 assignments
Median number (middle number) of assignments is 9 per locum physician.

Mode number (most frequent number) of assignments is 2 per locum.

Chart 25. Number of Locum Physicians Receiving Assignments by Year of the RLP

YEAR	Number of Locum Physicians Receiving Assignments
1995-96	15
1996-97	40
1997-98	55
1998-99	52
1999-00	43
2000-01	52
2001-02	63
2002-03	82

Locums over the past 8 years (1995-2003) have served in the Program for an average of 2.3 years. Approximately 80% of locums serve 3 years or less, 67% serve 2 years or less, and 37% serve only for 1 year.

Observations and Conclusions

Meeting the Evaluation Objectives

The objectives of this evaluation were five fold. The observations and conclusions have been organized below according to the evaluation questions that guided the evaluation.

Improvement in Rural Physician Retention

How has physician retention been improved in rural communities through the Rural Locum Program?

As stated earlier in this document, it is extremely difficult to measure the direct relationship of the Rural Locum Program and retention of physician services in rural Alberta. However personal perspectives of stakeholders should not be discounted as valid evidence of success.

Eighty-three percent (83%) of rural physicians surveyed say that the Rural Locum Program contributes to them staying in rural Alberta. Eighty-six percent (86%) indicate they feel that the RLP influences the retention of new physicians in their community.

During qualitative interviews with rural physicians it became apparent that some of these individuals depend heavily on the Program, and that discontinuation of the Program would force them to leave their rural practices.

Observation/Recommendation: There is little question that intuitively the Rural Locum Program makes sense. Many rural physicians practice in communities that might be described as isolated—access to equipment, facilities, and specialists is limited. They work long hours and often go for extended periods where they do not have a weekend break or a holiday. According to many of these physicians, their colleagues, and other stakeholders, the extra pressures of rural practice (especially without the benefit of some respite) can lead to "burnout".

The Rural Locum Program provides a valuable service to the rural medical community and the many Albertans it serves.

There will always be a problem in developing a causal link between the Program and physician retention. This does not mean such an exercise should be abandoned, but rather that sufficient circumstantial evidence currently exists to warrant support for and continuation of the Program. It would be an asset to the rural medical practice literature for the evidence of success associated with the RLP to be published.

Meeting the Needs of Rural Physicians

To what degree have rural physician needs been met by the Rural Locum Program?

The needs of rural physicians are being met through the Rural Locum Program. The only drawback appears to be in the extent to which the Program can meet the needs of rural physicians that practice in communities with five or more physicians, and the extent to which the Program can facilitate the longer holiday requirements of rural physicians whose extended families are internationally located (e.g., South Africa).

In some rural communities, the community physician numbers are not always stable so that at any given time a doctor shortage can occur and a locum is required, even though that community has been designated as outside the parameters of the Program.

While not pressing, some rural physicians would like better locum coverage for extended CME events or when multiple doctors from the same community want to attend the same event.

Observation/Recommendation: It appears that the above circumstances are handled with some success by the Program. However, some discussion of program expansion should be considered. Of course, a shortage of locums would impact any intent to expand.

Program ideas can often be generated through discussion with stakeholders. Currently that takes place but an opportunity for a more formal meeting may assist in providing more ideas for the Program. One locum suggested a meeting of locum physicians. A “locum conference” may be in order.

A survey format does not adequately reveal the degree to which any of the above issues are significant. A closer monitoring of the reason for locum requests and of requests that are not honoured may be considered.

Capturing the Experience of Stakeholders

What is the experience of stakeholders engaged in the Rural Locum Program?

For the most part, stakeholders (Regions, funders, and Program advisors) are very pleased with the Rural Locum Program. However, some concern has been raised over the relationship of the RLP and the Rural Physician Action Program.

Observation/Recommendation: All the evidence would suggest that stakeholders believe that the RLP is situated in the right location (AMA) and that the Program is exceptionally well managed. A discussion between funder and program is, however, warranted to address any issues of information/communication that may have developed over the evolution of the Program. The Program is too important to physicians and Alberta communities

for any unintended circumstances (misunderstandings) to threaten its current facilitation and administration. An annual strategic session is not uncommon for a program of this magnitude, usually held in the form of a retreat where administration and key stakeholders get together to review success and future direction.

Program Improvement

How can the Rural Locum Program processes and management be maintained or improved?

All surveys and interviews were conducted with protection of respondent confidentiality. Even under these circumstances (open, candid) the participants interviewed found little fault with the Rural Locum Program. In fact, almost to person, respondents were extremely generous with their praise of the Program and the people who manage it.

Expansion of the Program appears to be the number one recommendation coming from stakeholders.

Observation/Recommendation: Again, a "conference" of stakeholders may give management a better idea of the significance of any of the comments offered by respondents in the sections of this report where suggestions are listed.

Suggestions from Rural Physicians

Suggestion	**Percentage of Responses (n=65)**
More Locums required	13.9%
Program should be based on need, not community size or number of available doctors	12.5%
Better summer and Christmas coverage	7.7%
More weeks per coverage	7.7%

Suggestions from Locums

Suggestion	**Percentage of Responses (n=71)**
Improved remuneration	15.5%
Assistance with billing	12.7%
Improved accommodations	11.4%

RLP in the Context of National and International Programs

> *In what national and international context does the Alberta Rural Locum Program rest and how does it contribute to the body of knowledge of rural locums as a strategy to meet the needs of rural communities?*

It is clear that the RLP is one of, if not the most, comprehensive and successful locum programs in Canada.

Observation/Recommendation: The knowledge gained through several years of experience developing and implementing the RLP will be of value to both national and international medical communities, associations, and health funders. At a minimum, this "experience" should be published for distribution.

Validity of Previous Assessments

In addition to the primary objectives of the evaluation, evaluators were asked to assess the validity of the previous assessment approaches (surveys) to gathering data concerning Program satisfaction.

Surveys are administered to community physicians (doctors receiving locum physician services) annually and locum physicians (doctors providing locum services) receive post-assignment evaluations. Selected items used on both surveys were included in the Howard Research surveys of both audiences. A comparison of results was conducted (see Appendix C).

Observation/Recommendation: There appears to be consistency of results between Program survey and Howard Research survey results. However, 2001-2002 community physician survey results are skewed significantly toward the positive. We suspect the low response rate for this survey suggests those most satisfied with the Program took the time to complete the survey and submit it to the Program.

A "moderation" in community and locum physician satisfaction is indicated. Fewer physicians are very satisfied and more physicians are satisfied. This is to be expected given the longevity of the Program and number of times these physicians have been surveyed. Most importantly, those physicians reporting being "not satisfied" has generally decreased on all survey items. The trend has been toward an increase in Program satisfaction. That trend appears to have stabilized. Overall, physicians in both audiences are very satisfied with the Program.

While continued monitoring of the Program can be achieved through the annual survey, response rates (representativeness) for community physicians will have to increase to improve validity of results. Consideration should be given to instituting an independent survey (response rate goal 70%) of both audiences every 3-5 years, if evaluation of the Program is to continue.

Additional Comments

The following comments are based on further discussion with stakeholders and reflections of the evaluator. There were no specific data collected to support these comments. Therefore, they are presented as points of interest that the reader may wish to ponder.

- This evaluation did not explore stakeholder opinion concerning the adequacy of the current RLP to meet future demand. Are there likely to be shortages of locums? What strategies are the most effective in recruiting of locums, should the demand for locums increase?
- Often, both community physicians and locum physicians surveyed referred to their satisfaction with the Program by naming the excellent service they receive by specific individuals managing the Program. Could succession planning be warranted if the Program's success is partially dependent on the people who manage the Program.
- Programs outside the RLP were not analyzed as potential threats to the RLP. Might they be?
- While there were suggestions for improvement, many respondents could not think of further improvements. A program can be very vulnerable to "malaise" when it has reached a certain pinnacle of success. Are suggestions of increased remuneration and assistance with billing significant at this time?

Appendix A: Instruments

Rural Locum Program
Stakeholder Interview Guide (2003)

We would like to conduct in-depth interviews with stakeholders of the Rural Locum Program to gather your experiences and perspectives of the Program for the period 1995 to 2003. Interviews, approximately 30 minutes in length, will be conducted by telephone by an experienced researcher from Howard Research. Data will be transcribed by content rather than verbatim and returned to you for verification. Results will then be thematized across all stakeholders interviewed in this process. Following are the questions to be discussed during the interview:

Value of the RLP

1. In your view, what is the greatest value of the Rural Locum Program?

   (Probe: Consider such things as retention of rural physicians due to increased family/personal time; provision of continuous medical services in rural communities; crisis coverage during physician shortage.)

Administration/Management

2. To what extent is the RLP currently organized for optimal benefit to locum physicians and rural physicians who participate in the program?

   (*Probe: Consider recruitment of adequate numbers of locums; weekend ER coverage, reduced on-calls for senior physicians; service to NWT.)*

Utilization

3. Why do some rural physicians not access the program?

Linkages

4. What is the benefit of the linkage between the RLP and

   a) the RPAP Enrichment Program?
   b) CME programs?
   c) RISO?

5. How can these linkages be improved?

6. How can the RLP be improved?

   (Probe: Consider access, scheduling; communication between locums/rural physicians/RLP/RHAs; locum benefits of guarantee/travel/honoraria; rural physician benefits of access/overhead; recruitment/retention of locums including return-in-service and signing bonus.)

7. How is the Rural Locum Program having an impact on retaining physicians in rural practice?

Rural Locum Program
Locum Physician Interview Guide (2003)

We would like to conduct in-depth interviews with a sample of rural locum physicians to gather your experiences and perspectives of the Rural Locum Program for the period 1995 to 2003. Interviews, approximately 30 minutes in length, will be conducted either in person or by telephone by an experienced researcher from Howard Research. Data will be transcribed by content rather than verbatim and returned to you for verification. Results will then be thematized across all locum physicians interviewed in this process. Following are the questions to be discussed during the interview:

1. How long have you been serving as a rural locum physician?
2. Why did you choose to become a rural locum physician?
3. What rural practice settings have you provided services to?
4. Please articulate what it is like to practice as a rural locum physician as part of the Rural Locum Program.
5. **How do you think you are perceived by the rural practice staff/ other community physicians?**
6. **How do you think you are perceived by the patients?**
7. Generally, how would you describe your most memorable experiences as a rural locum physician?
8. Will you continue to practice as a rural locum physician? Why/Why not?
9. Would you encourage other physicians to become rural locum physicians? Why/Why not?
10. What is your perspective on the recruitment process of the Rural Locum Program?
11. What is your perspective on the administration of the Rural Locum Program?
12. In what ways do you think the Rural Locum Program is having an impact on retaining physicians in rural practice?
13. How can the Rural Locum Program be improved? (*Probe: standards of accommodation, overhead rate, isolation.*)

Rural Locum Program
Rural Physician Interview Guide (2003)

We would like to conduct in-depth interviews with a sample of rural physicians to gather your experiences and perspectives of the Rural Locum Program for the period 1995 to 2003. Interviews, approximately 30 minutes in length, will be conducted by telephone by an experienced researcher from Howard Research. Data will be transcribed by content rather than verbatim and returned to you for verification. Results will then be thematized across all physicians interviewed in this process. Following are the questions to be discussed during the interview:

1. Please describe your rural practice setting.
2. Why did you become a rural physician?
3. How much longer do you plan to practice in a rural setting? Why?
4. Why did you choose to participate in the Rural Locum Program?
5. **Please describe your overall experience with the program.**
6. What has been the greatest value or benefit of the program to you?
7. What has it been like to work with a locum?
8. How do you think your staff perceive the locum physicians?
9. How do you think your patients perceive the locum physicians?
10. How do other physicians in your community perceive the locum physicians?
11. Will you continue to be involved in the RLP (Rural Locum Program)? Why/Why not?
12. Would you encourage other physicians to access the RLP? Why/Why not?
13. What is your perspective on the recruitment process of the Rural Locum Program?
14. What is your perspective on the administration of the Rural Locum Program?
15. In what ways do you think the Rural Locum Program is having an impact on retaining physicians in rural practice?
16. How can the Rural Locum Program be improved? (*Probe: standards of accommodation, overhead rate, isolation.*)

Rural Locum Program
Rural Physician Survey (2003)

The Rural Locum Program would like to collect the perspectives of rural physicians about the Rural Locum Program. You will have seen some of these questions before. This will allow comparison with historical data. Some questions are new to provide insight into planning for the future. Please complete all questions and post your completed survey in the stamped envelope provided**.**

D1. Years of Practice: _____
D2. Years of Rural Practice: _____
D3. Years of Rural Practice in Alberta: _____
D4. Years of Rural Practice in Current Location: _____
D5. Plan to use the RLP in the next year?

❑ Yes ❑ No

If Yes, for how many weeks? _____

Q1. Please rate your level of satisfaction with:

a. Were you satisfied with negotiations for the Letter Agreement for locum assignments?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

b. How satisfied was your office staff with locum services?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

c. How satisfied was hospital staff with locum services?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

d. How satisfied were your patients with locums' services?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

e. How satisfied were you with the patient records transfer of care of locums' services?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

f. How satisfied were you with the quality of care provided by locums?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

g. How satisfied were you with the scheduling of assignments?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

h. How satisfied were you with the process of documentation e.g., letter agreements?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

i. How satisfied were you with communication with AMA staff?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

j. How satisfied were you with financial administration e.g., billing, payments?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

k. How satisfied were you with the Rural Locum Program administration?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

l. Have you ever been denied access to the Rural Locum Program?

❑ Yes ❑ No

If Yes, please describe

_____

_____

m. Does access to the Rural Locum Program contribute to your staying in rural Alberta?

❑ Yes ❑ No

n. Do you feel that the RLP influences retention of a new physician to your community?

❑ Yes ❑ No

Q2. In the past, which needs has the RLP covered for you? (Check all that apply)

❑ CME events
❑ Reduced on-call duties
❑ Personal leave
❑ Illness
❑ Vacation
❑ Crisis
❑ Other

Q3. Please mark the ONE need for which you have MOST OFTEN used the RLP.

- ❑ CME events
- ❑ Reduced on-call duties
- ❑ Personal leave
- ❑ Illness
- ❑ Vacation
- ❑ Crisis
- ❑ Other

Q4. In the past, have you used the RLP to cover your participation in the RPAP Enrichment Program?

❑ Yes ❑ No

Q5. Have you ever had to cancel plans because you couldn't get a locum to cover your practice?

❑ Yes ❑ No

If YES, please provide details:

_____

_____

_____

Q6. The Rural Locum Program reimburses physicians up to 30% or a maximum of $300 per work day. How satisfied are you with the amount of overhead reimbursement?

❑ Not satisfied ❑ Somewhat dissatisfied ❑ Somewhat satisfied ❑ Satisfied

Q7. Would you want locums to cover your practice in the future?

❑ Yes ❑ No

Why? _____

_____

Q8. Electronic Medical Records are being used in some practices. Do you use an EMR?

❑ Yes ❑ No

Q9. What changes to the Rural Locum Program would you suggest?

_____

_____

_____

Rural Locum Program
Rural Physician Survey – Ineligible (2003)

The Rural Locum Program would like to collect the perspectives of rural physicians from communities who are not currently eligible for the Program. Your response is important to compare perceptions over time, and to improve the Program. Please post your completed survey in the stamped envelope provided.

D1. Years of Practice: ____

D2. Years of Practice in Alberta: ____

D3. Years of Practice in current location: _____

Q1. How many weeks were you away from your practice last year that required someone to cover for you? _____(weeks)

Q2. How many weeks do you plan to be away from your practice this year? _____

Q3. How many weeks do you plan to be away from your practice next year? _____

Q4. In the past year, what arrangements have you made for coverage?
(Check all that apply)

- ❑ Private locums
- ❑ Other physicians in the practice
- ❑ None

Q5. Have you ever had to modify/cancel plans because you couldn't get coverage?

❑ Yes ❑ No

What other impact has not having locum coverage had on you / your practice?

_____

_____

_____

Q6. If you were eligible for the RLP how many weeks do you think you would access the service next year? _____(weeks)

Q7. Although your community is not currently eligible for locum coverage, what changes would you suggest to improve the Rural Locum Program?

_____

_____

_____

Rural Locum Program
Locum Physician Survey (2003)

The Rural Locum Program would like to collect the perspectives of locum physicians on the Rural Locum Program. Your responses to this survey are important for Program improvement and comparison over time. Please use your Statement of Assignments as context for your responses then post your completed survey in the stamped envelope provided.

D1. Years of Practice: ____

D2. Years of Practice in Alberta: ____

D3. Years of Practice as a Locum: _____

D4. What is the primary value of the locum experience to you? (Please check all that apply)

- ❑ Primary source of income
- ❑ Secondary source of income
- ❑ Augmentation of retirement or pension income
- ❑ Other (Please specify)

_____

_____

Q1. Please rate your level of satisfaction with:

a. Experience with rural locum program administration

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

b. The locum/assignments experience overall

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

c. Patient records for continuing care

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

d. Perceptions of patients of locum services

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

Q2. Please rate your level of satisfaction (overall locum experience) with

a. Accommodation

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

b. Where you stayed MOST OFTEN

❑ Physician's home ❑ Hotel/Motel ❑ Bed & Breakfast

❑ Other (Please specify_____)

c. Where you prefer to stay

❑ Physician's home ❑ Hotel/Motel ❑ Bed & Breakfast

❑ Other (Please specify_____)

d. Level of support of staff at the hospital

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied ❑ NA

e. Level of support of staff at the physician's practice

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied ❑ NA

f. Level of support of other physicians in the community

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied ❑ NA

g. Adequateness of patient records at the hospital

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied ❑ NA

h. Adequateness of patient records in the rural physician's office

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied ❑ NA

i. Expectations of the resident rural physician

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied ❑ NA

j. Communication with the resident rural physician

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied ❑ NA

k. Remuneration for services

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

Q3. Please rate your level of satisfaction with recruitment services/activities

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

Q4. Please rate your level of satisfaction with administration/management of the RLP

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

Q5. Would you recommend the RLP to your colleagues?

❑ Yes ❑ No

Comments_____

_____

_____

Q6. What changes would you suggest to improve the RLP?

_____

_____

_____

_____

_____

_____

_____

_____

Rural Locum Program
Rural Physician Survey—Weekend Program (2003)

The Rural Locum Program would like to collect perspectives from rural physicians about the weekend program. Your response to the survey is important for the program to be able to compare progress over time. In the past, response rates have been so low that comparison has been difficult. YOUR RESPONSE IS IMPORTANT FOR PROGRAM IMPROVEMENT. Please post your completed survey in the stamped envelope provided.

D1. Years of Practice: _____

D2. Years of Rural Practice: _____

D3. Years of Rural Practice in Alberta: _____

D4. Years of Rural Practice in Current Location:_____

D5. Plan to use the RLP in the next year?

❑ Yes ❑ No

If Yes, for how many weeks? _____

Q1. Please rate your level of satisfaction with:

a. How satisfied were you with weekend locum services?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

b. How satisfied were you with the patient records and transfer of care of weekend locum services?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

c. How satisfied was hospital staff with the weekend services?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

d. How satisfied were patients with weekend locums' services?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

e. How satisfied were you with the quality of care provided by locums?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

f. How satisfied were you with the scheduling of weekend assignments?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

g. How satisfied were you with the process of documentation e.g., notification of assignments, hospital privileges?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

h. How satisfied were you with communication with AMA staff?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

i. How satisfied were you with the Rural Locum Program administration?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

j. Does access to the Rural Locum Program for weekend coverage contribute to your staying in rural Alberta?

❑ Yes ❑ No

Q2. Do you feel that the RLP influences retention of new physicians in your community?

❑ Yes ❑ No

Q3. Would you want locums to cover your practice in the future?

❑ Yes ❑ No

Why?_____

_____

Q4. What changes would you suggest to improve the RLP?

_____

_____

_____

_____

_____

_____

_____

Rural Locum Program
Rural Physician Weekend Program – Do Not Access (2003)
Interview Guide

The Rural Locum Program would like to collect perspectives from rural physicians who are currently eligible for weekend locums, but do not access them. Your responses to these questions are important for Program improvement.

1. What are the major reasons your community does not access weekend locums?

2. What is the impact, if any, of not having weekend locums (on you, on your practice, on your colleagues, and on your community)?

3. Do you foresee that your community will access weekend locums in the future?

4. What suggestions would you offer to improve the Weekend Program?

Rural Locum Program
Rural Physicians – Seniors
Access Weekend Program (2003)

The Rural Locum Program would like to collect perspectives from rural physicians about the Seniors Weekend Program. Your response to this survey is important for Program improvement and comparison over time. In the past, response rates have been so low that comparison has been difficult. Please post your completed survey in the stamped envelope provided.

D1. Years of Practice: _____

D2. Years of Rural Practice: _____

D3. Years of Rural Practice in Alberta: _____

D4. Years of Rural Practice in Current Location:_____

D5. Are you currently retired?

❑ Yes ❑ No

D6. Do you plan to use the Weekend Program in the next year?

❑ Yes ❑ No

If Yes, for how many weekends? _____

Q1. Please rate your level of satisfaction with:

a. Were you satisfied with communication with the locum(s) prior to the weekend assignment?

❑ Yes ❑ No

b. How satisfied were you and your colleagues with the weekend locum service?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

c. How satisfied was hospital staff with the weekend locum services?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

d. How satisfied were patients with weekend locum service?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

e. How satisfied were you with the patient records and transfer of care of weekend locum services?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

f. How satisfied were you with the scheduling of assignments?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

g. How satisfied were you with communication with RLP staff?

❑ Very Satisfied ❑ Satisfied ❑ Not Satisfied

h. Has the Weekend RLP influenced your decision to remain working in rural Alberta?

❑ Yes ❑ No

Q2. Do you feel that the Weekend Program influences the day of retirement of physicians in your community?

❑ Yes ❑ No

If so, in what way?

_____

_____

Q3. Would you want locums to cover your practice in the future?

❑ Yes ❑ No

Why?_____

_____

Q4. Do you think the Seniors Weekend Program may influence you to NOT take calls mid-week?

❑ Yes ❑ No

Comments_____

_____

_____

Q5. Do you use an Electronic Medical Record in your practice?

❑ Yes ❑ No

Q6. What suggestions for improving the Seniors Weekend Program would you make?

_____

_____

Rural Locum Program
Rural Physicians – Seniors
DO NOT Access Seniors Weekend Program (2003)

The Rural Locum Program would like to collect perspectives from rural physicians about the Seniors Weekend Program. Your response to this survey is important for Program improvement and comparison over time. In the past, response rates have been so low that comparison has been difficult. Please post your completed survey in the stamped envelope provided.

D0. Are you currently retired? If so, do not complete this form; BUT please return the survey in the envelope provided.

D1. Years of Practice: ____

D2. Years of Practice in Alberta: ____

D3. Years of Practice as a Locum: _____

D4. Do you use an Electronic Medical Record?

❑ Yes ❑ No

Q1. How many weekends were you away from your practice last year that required someone to cover for you? _____(weekends)

Q2. What arrangements did you make for coverage? (Please check all that apply.)

Private locums ❑
Physicians in office ❑
None ❑
Other (Please specify)

_____

_____

Q3. How many weekends do you plan to be away from your practice this year? _____(weekends)

Q4. How many weekends do you plan to be away from your office next year?_____(weekends)

Q5. How frequently do you think you will access the Seniors Weekend Program next year? _____(weekends)

Q6. What is the impact of not having a weekend locum (on you, on your practice, on your colleagues, your community)?

Appendix B: Literature Review

Literature Review

Description of Rural Locum Programs in Canada

Locum physician services are used in Canada to alleviate some coverage issues for rural physicians, and can be accessed in a number of ways. Rural physicians may advertise for locum physicians in medical journals. Some provinces and territories, such as Nova Scotia, New Brunswick, Yukon, and Newfoundland and Labrador offer locum opportunity listings and/or locum physicians available for employment on department of health web sites or on medical association web sites.

Other provinces and territories go one step further to provide more comprehensive rural locum programs. These programs match a host physician seeking coverage with a locum physician seeking employment. Eight provinces and territories offer such programs: Nova Scotia, Prince Edward Island, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, and the Northwest Territories. These programs are similar in the following ways:

- Program administration deals with scheduling.
- Remuneration is offered to locum physicians through the program, although the method for administering remuneration varies.
- Travel expenses are covered, albeit to varying levels.

Most programs define the practice sizes eligible for the service. Practices sizes vary from 7 or fewer physicians in British Columbia and Ontario, to 3 or fewer physicians in Saskatchewan. Typically, programs offer coverage between two and four weeks per year. In Saskatchewan and Alberta, weekend coverage is also available. Most programs have an overhead rate, typically ranging from 30% to 40%, although the Manitoba and Northwest Territories programs reimburse overhead and the Ontario program requires the host and locum physician to negotiate overhead rates themselves. Accommodation is typically organized by the host physician. In some cases, the RHA or community arranges accommodations; in Ontario, the locum physician arranges accommodations and is reimbursed for a maximum of $120/night by the program.

Comparison with Other Provincial Programs

Intuitively, the primary benefit of rural locum programs to host physicians appears to be the ability to take time away from the practice. Rural locum programs ensure that the practice is covered while the host physician is away. However, there are other considerations that may affect a host physician's ability or inclination to participate in such a program. These include financial issues, burden (time and effort to arrange a locum), and quality control.

All locum programs in Canada attempt to deal with financial issues by minimizing overhead so that if the practice is running, it is not completely losing money. Overhead costs range from 30% (Alberta), 40% (British Columbia), and $800 per week (Nova Scotia), to an amount to be negotiated with the locum physician (Ontario). In terms of burden, most programs reduce some of the steps by scheduling a locum physician when a request is made by a host physician. Often, however, host physicians still must arrange hospital privileges and/or complete paperwork such as billing. Some provincial programs cover parts of this administration. In Alberta, burden is reduced further than in other provinces because all administration is covered by the program. Finally, quality control is important to ensure that patients receive appropriate quality of care while the host physician is away. Although most programs require some qualifications such as ACLS certification, ATLS certification, and up-to-date licensure, the Alberta RLP appears to be the only Canadian program that interviews and referees locum physicians and attempts to recruit physicians with compatible backgrounds. In Saskatchewan, the Saskatchewan Medical Association employs physicians to act as locums and likely interviews and screens candidates, but this process is not described in the literature.

From locum physicians' perspectives, pressing issues include adequate remuneration, overhead expenses, travel expenses, arrangements for accommodations, and administrative burden. The Alberta RLP appears to be one of the highest paying, if not the highest paying program (no data were available for some programs). Overhead in Alberta, at 30%, is lower than in most provinces. Only the Northwest Territories and Manitoba are lower; there is no overhead or overhead is fully reimbursed in these two programs. Travel reimbursement for mileage appears to be second only to Ontario ($0.35/km in Alberta; $0.36/km in Ontario) and only Alberta, British Columbia, and the Northwest Territories offer honoraria for travel time. The Alberta RLP is similar to most other provinces in regards to accommodations. All except Ontario have the host physician (or RHA, in some cases) arrange for accommodations. The Ontario program reimburses accommodation expenses to $120/day, but accommodation must be arranged by the locum. In terms of burden, the Alberta program again provides more services than most. Alberta RLP program administration deals with many of the arrangements, as discussed above.

Overall, the Alberta Rural Locum Program has many of the advantages that other provincial programs offer, has a number of additional components that reduce burden on host and locum physicians, and offers additional components that may serve as incentives to host and locum physicians. Indeed, the Alberta Locum Program appears to be more comprehensive and cohesive than any other locum program in Canada.

Impacts of Rural Locum Programs

Little research has been published on the impact of rural locum programs on physician retention.

In a British Columbia survey, rural physicians ranked the availability of locum coverage as their highest concern. The British Columbia Physician Recruitment Agency does offer such a service but only 64.8% of physicians surveyed were aware of this survey. Physicians who were aware of the program were skeptical of its effectiveness (Rural Issues Committee, 1998). For rural locum programs to be effective, rural physicians must be aware that they exist and must trust that the programs are able to provide the service.

Rural locum programs appear to have an impact on whether rural physicians stay or leave their rural practices. In an Australian study comparing rural physicians' intentions in 1986 to stay or leave their rural practice to the 1996 outcome of staying or leaving, Kamien (1998) found that lack of locum relief was an issue in physician retention. Among survey respondents who intended to leave but stayed, most had identified lack of locum relief as an issue in 1986 but had solved this problem in 1996. Of those who intended to stay but left, the problem of locum relief had not been resolved (Kamien, 1998).

Providing coverage alone does not guarantee host physician satisfaction. In a United Kingdom study of urban general practitioners utilizing locum physicians, approximately 20% of practices that had hired a locum in the past year were dissatisfied with the services or attitude of the locum physician hired (Morgan, McKevitt & Hudson, 2000).

Perceptions of Locum Program Success and Challenges in Other Provinces

Locum program contacts for the following provinces were contacted by telephone and asked about the success of the program in their area:

- British Columbia,
- Saskatchewan,
- Manitoba,
- Ontario, and
- Nova Scotia.

Contacts for all of these provinces thought that their province's locum program was successful. Key successes were identified in the following areas:

- the program provides a necessary service as it can be difficult for physicians to secure locums privately;
- the program allows rural physicians an opportunity for respite, and in some cases enables practices to remain open that otherwise may have to close for a period of time; and
- most eligible physicians do use the program.

The most common challenge for the locum programs, as identified by program contacts, was recruiting enough locum physicians to meet the needs of rural doctors. Accommodation was also identified as a challenge by two of the five program contacts.

List of Canadian Programs

In Canada, the following provinces have initiatives similar to the Alberta Rural Locum Physician Program:

- Prince Edward Island Department of Health and Social Services;
- Nova Scotia Department of Health - Insured Programs Branch;
- Ontario Medical Association (OMA) Locum Program For Rural Physicians;
- Manitoba Locum Tenens Program (appears to operate out of the University of Manitoba);
- Saskatchewan Medical Association's Rural Relief Services and Locum Program;
- British Columbia Office of Primary and Rural Health Services offers a Northern and Rural Locum Program; and
- Northwest Territories AMA Rural Locum Program accesses Alberta's Rural Locum Program.

These programs are compared and described in detail in Table 1.0.

Other provinces offer locum listing services including

- Newfoundland and Labrador Health Boards Association NLMS;
- New Brunswick, as part of the Department of Health and Wellness Physician Recruitment and Retention Program;
- Yukon Department of Health and Social Services offers a locum registry; and
- Nova Scotia Medical Society operates an informal locum contact service.

Table 1.0. Provincial Locum Programs in Canada

	AB	**PEI**	**NS**	**ON**	**MB**	**SK**	**BC**	**NWT**
Responsible Body(ies)	Alberta Medical Association; Alberta Health and Wellness	Department of Health and Social Services	Department of Health	Ontario Medical Association	Government of Manitoba; University of Manitoba (joint initiative)	Saskatchewan Medical Association	Department of Health Services	Department of Health and Social Services
CMPA increases paid						Yes		
Licensing fees paid		Yes				CPSS		
Medical Society fees paid		Yes						
Travel allowance	$0.35 per km; honoraria between $250 and $500; commercial travel provided		0.34/km	0.36/km; economy travel or rental car is reimbursed		Mileage reimbursed or use of leased vehicle	All travel expenses plus honorarium max. $600 for travel time	0.29/km or commercial travel provided; honoraria for travel time
Remuneration	$800/day minimum on average; $1000/day standby if no positions available for locum	$100/day to a maximum of $200/month or $5700/year	$4,808.69 to $4,917.88 bi-weekly, on average; $100/day	Fee-for-Service: $500/day. Non-Fee-for-Service: $750/day flat rate		Salary; for weekend program, $1175 in addition to fee for service	$750/day; on-call payments and retention premiums from RHA or physician	Minimum $800/day
Type/length of coverage	Four weeks per year; weekends				Duration 5 to 28 days	4-14 days; weekends	Up to four weeks; minimum 5 days per request	
Type of practice	Fewer than 5 physicians			Fewer than 8 physicians	Fewer than 5 physicians	Fewer than 4 physicians	Fewer than 8 physicians	

	AB	PEI	NS	ON	MB	SK	BC	NWT
Overhead rate	30% maximum overhead rate on fee for service and on-call remuneration. No overhead for weekend coverage		$817.20 per week maximum	To be worked out between locum and physician. No overhead paid for non fee-for-service.	Program reimburses overhead expenses to community physicians		40% maximum overhead on fee for service remuneration.	No overhead paid
Office support	Provided by physician							Provided by health board
Administration (e.g., hospital privileges)	Provided by AMA			Provided by locum			Provided by physician and Program	
Accommodation	Provided by physician; provided by RHA for weekends			To $120 max per night	Provided by physician		Provided by physician	Provided by health board
Bookings	30 days in advance, minimum							
Quality control	Locum interviews, must have ACLS, ATLS				ACLS, ATLS		ACLS, ATLS	Locum interviews, must have ACLS, ATLS
Contracts available			3, 6, or 12 months			Physicians are employed by SMA		
Program Information	Alberta Medical Association web site	Provincial Locums Program chart	Department of Health, Physician Recruitment	OMA Placement Services web site	University of Manitoba J.A. Hildes Northern Medical Unit	Saskatchewan Medical Association	Department of Health Office of Rural Health	Alberta Medical Association web site

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Appendix C: Data Comparison

Table 1.0. Community Physician Survey Results

Question		AMA Survey Results (%)			Howard Research Survey Results (%)
		1999-2000	2000-2001	2001-2002	
How satisfied were you with negotiations for the Letter Agreement for locum assignments?	Very Satisfied Satisfied Not Satisfied	65.1 34.9 0.0	75.0 25.0 0.0	93.3 6.7 0.0	80.2 19.0 0.8
How satisfied was your office staff with locum services?	Very Satisfied Satisfied Not Satisfied	62.8 37.2 0.0	71.9 28.1 0.0	93.3 6.7 0.0	75.4 22.9 1.7
How satisfied was hospital staff with locum services?	Very Satisfied Satisfied Not Satisfied	57.1 42.9 0.0	68.8 25.0 6.3	86.7 13.3 0.0	69.5 30.5 0.0
How satisfied were your patients with locums' services?	Very Satisfied Satisfied Not Satisfied	44.2 53.5 2.3	50.0 50.0 0.0	NA	58.0 41.9 0.1
How satisfied were you with the patient records and transfer of care of locums' services?	Very Satisfied Satisfied Not Satisfied	53.5 44.2 2.3	56.3 43.8 0.0	86.7 13.3 0.0	65.5 34.4 0.1
How satisfied were you with quality of care provided by locums?	Very Satisfied Satisfied Not Satisfied	NA	65.6 34.4 0.0	NA	74.3 25.6 0.1
How satisfied were you with scheduling of assignments?	Very Satisfied Satisfied Not Satisfied	60.5 34.9 4.7	68.8 25.0 6.3	NA	63.5 35.7 0.8

Question		AMA Survey Results (%)			Howard Research Survey Results (%)
		1999-2000	2000-2001	2001-2002	
How satisfied were you with the process of documentation e.g. letter agreement, privileges?	Very Satisfied Satisfied Not Satisfied	65.1 34.9 0.0	78.1 21.9 0.0	NA	73.2 25.9 0.9
How satisfied were you with communication with AMA staff?	Very Satisfied Satisfied Not Satisfied	69.8 27.9 2.3	87.5 12.5 0.0	NA	86.0 14.0 0.0
How satisfied were you with financial administration e.g. billing, payments?	Very Satisfied Satisfied Not Satisfied	53.5 44.2 2.3	75.0 21.9 3.1	NA	68.7 31.3 0.0
How satisfied were you with the Rural Locum Program administration?	Very Satisfied Satisfied Not Satisfied	NA	84.4 15.6 0.0	93.3 6.7 0.0	86.2 13.8 0.0
Have you ever been denied access to the Rural Locum Program?	Yes No	9.5 90.5	3.1 96.9	NA	22.0 88.0
Does access of the Rural Locum Program contribute to you staying in rural Alberta/influence retention of rural physicians?	Yes No	92.9 7.1	87.1 12.9	NA	83.0 17.0
Do you feel that the RLP influences recruitment/retention of new physicians to your community?	Yes No	62.5 37.5	72.4 27.6	NA	86.0 14.0

Table 2.0. Locum Physician Survey Results[7]

Question		AMA Survey Results (%) 2001-2002	Howard Research Survey Results (%)
How satisfied were you with the Rural Locum Program administration?	Very Satisfied Satisfied Not Satisfied	79.2 20.8 0.0	86.0 14.0 0.0
How satisfied were you with the experience overall?	Very Satisfied Satisfied Not Satisfied	66.9 31.3 1.9	67.5 30.7 1.8
How satisfied were you with the level of support of the hospital staff?	Very Satisfied Satisfied Not Satisfied	73.5 25.6 0.8	59.6 40.4 0.0
How satisfied were you with patient records for continuing care?	Very Satisfied Satisfied Not Satisfied	62.5 33.3 4.2	28.8 67.6 3.6
How satisfied were you with accommodation?	Very Satisfied Satisfied Not Satisfied	64.8 30.9 4.2	28.9 67.6 3.6

[7] The measures compared in the data comparison are only those that appeared in both the AMA evaluations and Howard Research Surveys. For the locum physician surveys, only five measures appeared on both AMA and Howard Research surveys, and thus only those five can be compared and appear in Table 2.0.