

***Evaluation
of the
"Free Tuition"
Physician Recruitment
Incentives***

FINAL REPORT

Prepared for

Ministry of Health and Long-Term Care (Ontario)

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Executive Summary

In July 2000, the Ontario government introduced a program of incentives to encourage new doctors to locate in parts of the province where there are physician shortages. Called the Free Tuition Program, the initiative reimburses up to \$40,000 of the applicants' medical school tuition or, if their tuition is less, an equivalent amount in the form of a location grant. In exchange, recipients commit to practice (for either three or four years depending on the amount of their grant) in a community that has been designated as underserved. To date, about 200 physicians have taken advantage of the program.

The Ministry of Health and Long-Term Care commissioned the Centre for Rural and Northern Health Research to do a formative evaluation of the program two years after its inception. Information was compiled from three sources:

- 1 the ministry's database on the 196 grantees who enrolled prior to August 19, 2002;
- 2 a mail out survey completed by 116 of the physicians participating in the program; and
- 3 in-depth telephone interviews with key informants representing underserved communities, Ontario's medical schools, Community Development Officers across the province, and representatives of the Professional Association of Interns and Residents of Ontario (PAIRO), the Ontario Medical Association (OMA) and the OMA student section.

This report presents the results of the evaluation. It provides an overview of grant recipients, describing their personal and professional backgrounds, situations, and the factors influencing their decisions to apply to the program and to locate in specific communities. It also assesses experiences with the program on the part of applicants and other stakeholders, taking into account both its content and process components. The report then summarizes the opinions of the various respondent

groups about its strengths, weaknesses and possible improvements. Finally, it makes recommendations grounded on the feedback received.

Findings and Recommendations

Overall, the evaluation shows that this is a well administered program that promises to meet the needs of underserved communities, while helping new physicians establish themselves in practice. The vast majority of those who have enrolled in the program originally planned to work in an underserved area; for them free tuition is a welcome bonus. Still, one-fifth of those attracted to the program had not intended on this type of practice. The majority of them admit that their accumulated debt load was a primary factor in their decision to participate.

Rather than being prescriptive, the recommendations identify issues that warrant consideration by those at the Ontario Ministry of Health and Long-Term Care who are responsible for the program's design and implementation. These fall broadly into three categories: program provisions, options and administration.

Program Provisions

Respondents had a number of concerns about present program provisions. The data suggest that many of the physicians surveyed would like the program amended in certain areas. A significant number also believed that the application window should be extended, to permit applicants to spend a period of time doing locums or other activities immediately after completing their residency. Comments also revealed that the \$5,000 administration fee charged to grantees wishing to buy themselves out of their obligation was widely seen as excessive for "administrative" purposes and, hence, coercive.

There also was concern that the \$40,000 (or \$10,000 per annum) cap on the Free Tuition Grant is less than the amount of tuition at four of Ontario's five schools of medicine; this differential was seen as contributing to heavy indebtedness on the part of medical students. There was some dissatisfaction with the amount actually received, due to an apparent lack of awareness that the Free Tuition Grant is taxable. There was also concern that the name of the program itself was somewhat misleading, given the fact that it is based on tuition reimbursement. With respect to these concerns, it is recommended that the Ministry of Health and Long-Term Care, in consultation with key stakeholder groups:

- 1.1 Review the current six month post-residency window of opportunity to apply for the program.
- 1.2 Review the amount being charged as an administrative fee for buy-outs. If there is a penalty component embedded in the fee, then it should be labelled as such.
- 1.3 Review the overall amounts available to individual applicants.
- 1.4 Review all promotion materials to ensure that the tax implications are clearly spelled out to potential applicants.
- 1.5 Consider making the grants "tax free", recognizing that this might require a reduction in the total amount received.
- 1.6 Consider changing the name of the program, to reflect the fact that the program's focus on tuition reimbursement.
- 1.7 Consider tying the amount of the grants to rates of tuition currently charged (or an average thereof) at Ontario's five medical schools.
- 1.8 Consider tying the amount of the grant to practice location; those choosing more remote settings would be eligible for larger grants.

Program Options

The study revealed that many of the program applicants were interested in providing locum services in a number of communities as part of the process of looking for a place to establish their practice. Adding the option of part-time return-of-service was also seen as beneficial, in recognition of the fact that full-time practice

is not feasible for physicians with young children or other family commitments.

The evaluation confirmed that most of the current program participants face heavy debt loads, accumulated during medical school and residency. There was also an interest in allowing physicians to make annualized commitments, while recognizing that these may not meet the health human resource planning needs of communities. Since these program options might encourage additional physicians to enroll in the program, thereby meeting some of the physician human resource needs of underserved communities, it is recommended that the Ministry of Health and Long-Term Care, in consultation with key stakeholder groups:

- 2.1 Consider the option of allowing grant recipients to fulfill their return of service commitments, at least partially, by providing locum services to designated communities.
- 2.2 Explore the option of allowing grant recipients to fulfill their return of service commitments on a part-time basis.
- 2.3 Investigate the option of making Free Tuition payments to individuals while they are still at medical school or during their residency.
- 2.4 Explore the feasibility of flexible return of service options, including the year-by-year plans suggested by some responding physicians.

Program Administration

While the evaluation revealed that nearly all participating physicians felt that the administration of the Free Tuition program was satisfactory, there were a number of areas in which it could be improved. Some applicants had difficulty obtaining information about the communities currently designated as underserved. Other grantees were unaware of changes to the program's guidelines, such as the parental leave provisions.

Comments revealed that the wording of the return of service contracts also

required clarification. A number of applicants noted that the contracts were vague with respect to certain definitions (ie. full-time work) and provisions (ie. parental leave). Respondents also noted a lack of information in the return-of-service contracts about the appeals process, should grantees not be able to fulfill their return of service commitments due to a serious impediment (i.e. major illness). Recognizing that these administrative adjustments would improve the application process, it is recommended that the Ministry of Health and Long-Term care and key stakeholder groups:

- 3.1 Ensure that the information about communities eligible for consideration be kept up-to-date and made available to those in the process of selecting return of service locations.
- 3.2 Provide periodic updates on policies and procedures to all those who are enrolled in the program.
- 3.3 Review the contracts to ensure that all definitions and program provisions are clearly spelled out.
- 3.4 Consider adding information about the appeals process, should applicants not be able to fulfil their return-of-service contracts for compassionate grounds.

Introduction

Like most other provinces and territories, Ontario offers a “basket” of incentives to encourage doctors to locate in underserved parts of the province.¹ The Free Tuition Program is part of that package. Introduced in July 2000, the program provides tuition reimbursement up to \$40,000 in total, or \$10,000 per year, to final-year medical students, residents and physicians who have completed training. In cases where tuition is less than the total allowed, candidates may apply for a location grant equal to the difference. The funds are designed to offset tuition costs in exchange for a full-time return-of-service for three or four years in any community within the province designated as being underserved or undersupplied with physicians. At the request of the Ministry of Health and Long-Term Care, in July 2002 the Centre for Rural and Northern Health Research (CRaNHR) undertook a formative evaluation of the program that incorporates information from several stakeholder groups – successful applicants to the program, community representatives, Ontario’s medical schools, the Professional Association of Interns and Residents of Ontario (PAIRO), Community Development Officers, the Ontario Medical Association (OMA) and the OMA student section.

¹ Free Tuition Program candidates may also be eligible for support through the Incentive Grant for Family Physicians Program (\$40,000 over four years for those starting practice in designated northern communities and \$15,000 over four years for southern locations; Incentive Grants for Specialists (limited to northern communities and spread over four years, \$40,000 for psychiatrists or \$20,000 for other specialists with a further \$20,000 for those providing outreach services; Community Sponsored Contracts guarantee annual incomes over 1 to 3 years for general practitioners or family physicians in 24 communities requiring services of 1 - 2 doctors; Northern Funded Group Practice and Community Sponsored Contracts provide income to family doctors who practice in a small northern community for the full scope of primary care service delivery (primary care + overhead base).

Objectives

Based on findings of the evaluation, this report provides an overview of Free Tuition recipients for the first two years, describing their personal and professional backgrounds, situations, and factors influencing their decisions to apply to the program and to locate in specific communities. It also assesses experiences with the program on the part of applicants and other stakeholders, taking into account both its content and process components. The report then summarizes the opinions of the various respondent groups about its strengths, weaknesses and possible improvements. Finally, it makes recommendations grounded on stakeholder feedback. Rather than calling this a *report*, it might better be termed a *report card* – a summary of how things are going. A good indication of the complex answer is the comments one young doctor wrote: “This program has helped us immensely [with] debt management. The main problems that I have with it, however, are twofold: (1) restricting OSAP² availability to \$4500/yr and then offering such a program as the inappropriately named “free” tuition program is coercion, evidenced by a \$5,000 penalty for withdrawal [and] (2) \$40,000 is not sufficient to cover tuition . . . This being said, I have greatly appreciated the effort – thank you.” These thoughts foreshadow the thrust of the findings; recognizing the value and real strengths of the program, while identifying a number of issues that may impede uptake and, hence, full achievement of its objectives.

² Ontario Student Assistance Program, commonly referred to by its acronym, “OSAP.”

Approach

Our centre's first step was to develop a comprehensive evaluation framework for consideration by the ministry. The document³ outlined evaluation issues, summarized other assessments done on reimbursement programs and location incentives in several jurisdictions, and explored the relative merits of various methodological approaches. Taking this information into account, in consultation with the ministry it was agreed that the present evaluation would be based on data from three sources:

- 1 the Free Tuition program's database for 2000/01, 2001/02 and 2002/03 (partial);
- 2 a survey of all successful applicants from this period; and
- 3 in-depth telephone interviews with 25 key informants.

Free Tuition Program Database

After masking unique identifiers to protect the anonymity of individuals, the ministry provided data on 196 people enrolled in the program as of August 19, 2002. This data included areas of specialization, location of practice (north/south), and length of return of service commitments on a individual-by-individual basis.

Survey of Free Tuition Recipients

A draft questionnaire based on issues identified during the framework setting phase, combined with feedback from program officers at the ministry, was prepared for review by members of the Free Tuition Program Advisory Committee. It was then considerably revised to incorporate committee suggestions and

³ Bruce Minore, Raymond Pong and Mary Ellen Hill. *Development of An Evaluation Framework for the "Free Tuition" Physician Recruitment Incentives*. First Stage Report prepared for the Ministry of Health and Long-Term Care, July 2001, pp. 107.

resubmitted for further review by the ministry. The approved questionnaire (see appendix “A”), was mailed on August 19, 2002 to all of the 196 grant recipients, along with a stamped, addressed return envelope. The mail out was done by the ministry to protect the identity of respondents. Their replies were returned directly to the CRaNHR office in Thunder Bay, in order to ensure that responses could not be linked to individuals. Two weeks later, the complete package was sent to all potential respondents again, asking those who had not yet returned their forms to do so prior to September 27th. The return envelopes were colour coded to track whether returns were from the first or second mailing.

In-depth Interviews

A small purposive sample of key 25 key informants⁴ in four categories was drawn, using lists of possible contacts provided by the ministry. The sample included six individuals directly involved in physician recruitment on behalf of specific underserved communities across the province (geographically dispersed and selected to reflect factors such as varying size and proximity to a major health science centre). It also included representatives of family medicine programs in Ontario’s five medical schools and one specialist program selected by the family medicine representative at their respective institutions. Since they were seen as playing a strategic role in dissemination of information about the program, all of the province’s six Community Development Officers⁵ were interviewed. The final category included three individuals representing organizations that advocate on

⁴ Given the narrow scope of the phenomenon being investigated, 25 key informant interviewees well exceeds the number (10 - 15) considered necessary when using this method (Jackson,2003).

⁵ Community Development Officers, funded by the Ministry of Health and Long-Term Care, are strategically located across the province to assist underserved communities in their recruitment efforts, as well as physicians who are looking for suitable locations to establish their practices.

behalf of practitioners: the Professional Association of Interns and Residents of Ontario (PAIRO), the Ontario Medical Association (OMA) and the OMA student section.

Response to Survey

Of the 196 questionnaires sent, 116 were completed and returned and a further six were returned as undeliverable. This gives an effective response rate of 61.0 per cent.⁶ It is possible to partially assess the resulting sample for non-response bias by comparing it to the population of grant recipients as a whole on variables where the data can be matched using the program's database. For example, those who replied are characteristic in terms of their place of medical education. Some 74.1 per cent studied in Ontario, which reflects the similar distribution (70.1 per cent) among all grantees. Their preferred or chosen practice locations also follow the overall pattern, with slightly more naming a southern location (51.7 per cent) than one in the north (48.3 per cent). Among the entire group the division is close to an even split, although a marginal difference favours the south.

The breakdown of the sample by family medicine or other areas of specialization also mirrors that in the population; in both cases about two-thirds currently, or intend to, practice family medicine, while the remaining third presently, or will, concentrate in a diverse array of other disciplinary areas. In sum, where the available data allows comparison, it appears that those who took the time to respond to the questionnaire are typical of their colleagues in the program.

⁶ In reference to representativeness, Sullivan (2001) considers response rates in the 60 per cent range to be "good" for mailed questionnaires.

Free Tuition Program Applicants: Who Are They?

Age, Sex and Family Status

A few demographic statistics from the survey serve to draw a quick picture of those doctors who are taking advantage of the Free Tuition Program. In age, they are between 26 and 48 years old, a range accounted for, in part, by the varied points at which people are in the process, from individuals who applied in fourth year medical school and have just entered a residency program to those who have started to fulfil their return of service commitments. Twelve more males responded than females (64 *vs.* 52), but the total numbers of each suggest that gender is not a factor affecting the appeal of the program overall. When non-family physician specialists were looked at separately, however, there is a distinct difference by sex – with three males for every female in this sub-group. Since the ministry data supplied did not include demographic data, it is not known whether this division is found in the population as a whole.

The vast majority (85.3 per cent) of all respondents are married or living with a partner. In terms of known retention factors, this fact may have positive and negative features. Positive in the sense that entry into a new community is eased by the companionship of a spouse or partner, but negative – especially in smaller places – if that person wants to find employment themselves. Except in a few cases where either father or mother were staying home with young children, the respondents indicate that their mate is working, or wants to work. The list of spouse/partner occupations is long and varied; all but 13 are professional in nature, however. The two most commonly cited occupations were school teacher or physician (each identified 15 times). Exactly half of the sample have children

already, most of them still quite young. In only five families are all of the children older than ten years of age. This means, in virtually all cases the children are still at home.

The literature on physician recruitment consistently identifies what might be termed the *hometown* factor; in other words if a person and/or their partner grew up in an underserved community, it is more likely that they will be attracted to that type of practice environment. The Free Tuition

sample seems to bear this out. Indeed, there is a high correlation between coming from and choosing a northern place (82.4 per cent), or southerners' choice of a southern destination (93.3 per cent). A glance at figure 1 shows that in little more than one out of four cases did neither the applicant nor their partner come from a rural community, small town or undersupplied urban centre. It is not surprising, then, that 83.1 per cent were confident they were either "generally" or "well prepared" to live in such places.

Asked about their cultural identity, most individuals responded with reference to their ethnic heritage. Very few (8.8 per cent) are not of a Euro-Canadian background. As well as defining themselves ethnically, a number of people used geographical descriptors, such as Atlantic Canadian (especially from

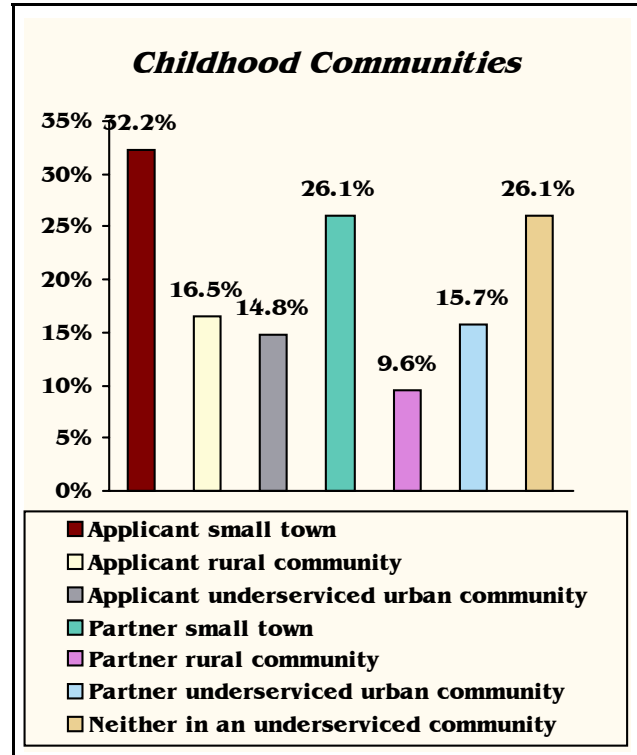


Figure 1 Childhood Communities

Newfoundland) or *Québécois*. Individuals stated that they spoke several European and Asian languages, although French was the common denominator, claimed by 41.9 per cent. Although proficiency levels are not indicated, the latter statistic is of interest, given the difficulties Franco-Ontarian communities face in recruiting physicians who are able to practice in French.

Education

With reference to their educational preparation, just under one-quarter of the respondents received their undergraduate medical education at McMaster University. This group, together with graduates of the four other medical schools in Ontario, make up the bulk of program participants (74.8 per cent) who responded to the survey. The province's other institutions contribute, in descending order: Ottawa (13.9 per cent), Western (13.9 per cent), Queen's (12.2 per cent), and Toronto (11.3 per cent) of the sample.⁷ Most of those educated out-of-province are from other Canadian institutions, led by Dalhousie (7 individuals) Memorial (6) and the University of Calgary (3). In six cases people graduated from a foreign medical school. The grantees' year of graduation spans almost a quarter of a century (1978 - 2002), but the majority (57.2 per cent) graduated between 1998 and 2000, reflecting the fact that most of those who replied had completed their residency already. Of those who have not done so, the projected completion dates extend through to 2007.

Specialty Areas

Given differences in the time needed to fulfill residency requirements in various discipline areas, a larger proportion (41.2 per cent) of those currently doing a residency are in a specialty area other than family medicine, compared with the number of specialists (29.1 per cent) among those who have finished. Both the

⁷ For the population as a whole, the breakdown by Ontario institutions is as follows: McMaster (17%), Western (16%), Ottawa (15.5%), Toronto (13.9%), and Queen's (7.7%).

residency and post-residency groups include a variety of specialist practice areas, from anesthesia to thoracic surgery (if ordered alphabetically), but the numbers are small in each category. For example, in a high demand area like psychiatry the sample includes four current residents and two who have completed their residency requirements. For the population as a whole, psychiatry is the area of specialization from which the single largest group has been recruited (11 in total); there have been nine surgeons, eight orthopedic specialists, and eight obstetrician/gynecologists and seven internal medicine specialists. There are fewer than five individuals in each of the other specialist categories.

Rural Medicine Training Opportunities

Ontario's designated underserviced communities include urban centres as well as rural areas; the Free Tuition Program is available to those intending to practice in any of these places. However, recruitment of physicians to rural communities is an issue of long-standing concern within the province. Consequently the program's officers have an interest in knowing the nature and type of learning experiences that applicants have that would prepare them to work in rural settings. As figure 2 shows, very few individuals had no opportunity to learn about rural medicine, and many had several options available to them.⁸ Of course, self-selection probably accounts for the extent of the exposure; those attracted to work in an underserviced area are more likely to choose rural medicine electives or other opportunities to learn about this distinct type of practice. A national survey done in 2001 shows that Canadian medical schools provide rural-specific training as an option for interested students, rather than including it as part

⁸ The reader should note, because respondents were asked to identify all of the ways in which they were exposed to rural medicine, cross-category per centages exceed 100 per cent.

of the core curriculum.⁹

Considered by type of learning opportunity, 83.3 per cent completed an elective/clerkship usually lasting between one and three months in an underserved community, either urban or rural in the north or south. Some 71.0 per cent have done (or are doing) a residency rotation in an underserved area, ranging from one to twelve months in duration. When asked, considering their previous learning experiences, how well prepared they felt for this type of practice, 78.9 per cent said they were either “generally” or “very well” prepared.

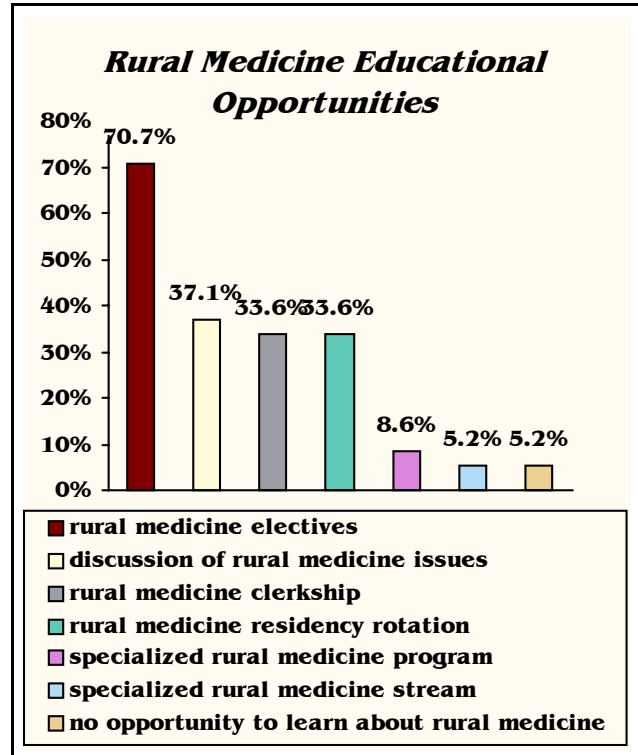


Figure 2 Rural Medicine Educational Opportunities

Financial Issues

Since the Free Tuition program is based on financial incentives, there was also an interest in knowing how the funding level meshes with the monetary needs of potential recruits. Further, how do these needs and the funding available factor into individual’s location decisions? First, most of those who have entered the program were heavily in debt by the time they completed their undergraduate medical training. More than half (57.4 per cent) owed over \$60,000, while 15.7 per

⁹ Minore, B., J. Kulig, N. Stewart (2001). *Rural Health Research Training in Canada: Where Do We Stand?* Report prepared for The Consortium for Rural Health Research.

cent had debts in excess of \$100,000.

Their period of residency already had or was expected to add significantly to these totals. Figure 3 shows all of the sources of funding relied upon to finance their medical education. The two cited most frequently – government loans and lines-of-credit – add debt not fully offset by less frequently mentioned sources such as employment income, family monies, scholarships or bursaries.

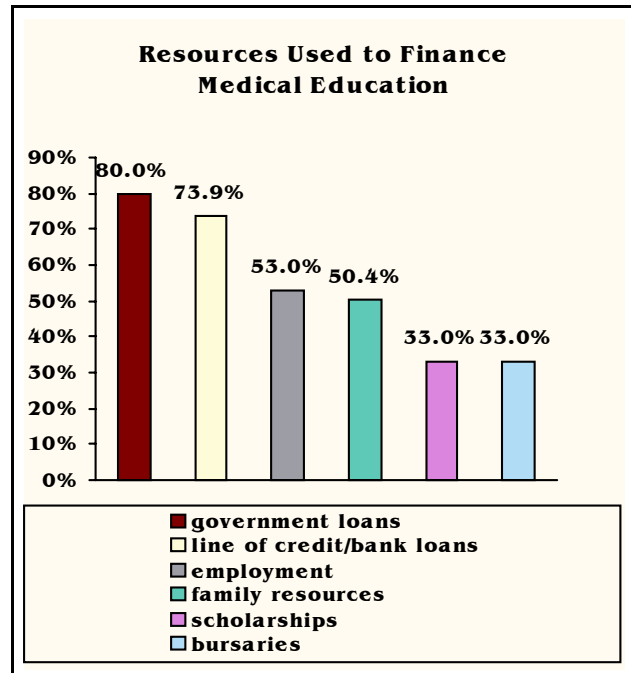


Figure 3 Resources to Finance Medical Education

A key question, then, is the extent to which their financial situation influenced their decision to enter practice in an underserved community, given the attendant debt relief that results through initiatives like the Free Tuition program. In 18.1 per cent of cases, individuals state that “all” or “most” of their decision was driven by financial considerations. A further 44.8 per cent acknowledge that money concerns were at least “somewhat” of a factor. Still, 37.1 per cent said that they were “not at all” affected by money issues in making up their minds. For them, presumably, the Free Tuition Grants come as a bonus.

Experiences with the Program

Although physicians’ experiences with the program are sometimes marred by particular irritants, on balance they are positive. This is evident in the following

section.

Learning About the Program

Figure 4 shows the various avenues through which recruits learned about the program; in many cases this knowledge came *via* several routes. The single most often cited source is a job fair information booth (mentioned by 40.5 per cent), followed in declining order by a poster or pamphlet (28.4 per cent), representatives from communities (24.1 per cent), other applicants to the program (22.4 per cent), and news releases (21.6 per cent). All other sources were identified by less than one-fifth of the respondents. What is of interest is the small number referring to their medical school's newsletter or finance office (2.6 per cent each, respectively), or their residency program (1.7 per cent). It is possible that these low figures may be misleading. If, for example, the individual picked up a pamphlet at the financial aid office, they may remember and credit their source in the poster/pamphlet category, without noting where they found it. Among other sources specified are the PAIRO's placement services. Written comments on the

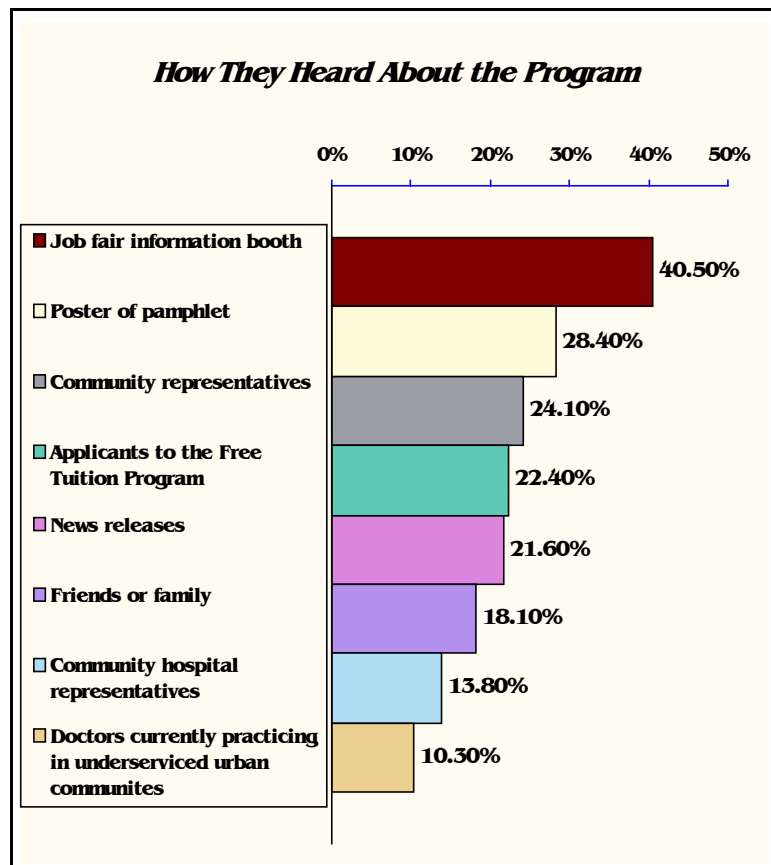


Figure 4 How They Heard About the Program

question about information dissemination suggest that the ministry “mail applications to residents who trained outside of Ontario [since their] medical school/residency program may not have been aware of program.” As well, that the program “make hospital administrators/recruiters aware that the program is not only for family medicine, but also for specialists.” Several people felt that the ministry needs to advertize the program aggressively to stakeholders: “many small towns/underserviced areas are not even aware of it.”

The fact that respondents do not remember their medical school or residency training as playing a part in dissemination of this information is consistent with observations made in interviews with the Community Development Officers. Although some report having done in-class information sharing about the program at the invitation of either a medical school or residency program, they felt this was a function in which they could play a much larger part. Reflecting on the competing demands for students’ attention, it might be more productive to have a few minutes during class time when students could “concentrate their minds” on this one topic.

Participation

As might be expected with a new program, based on the survey it appears that enrollment first multiplied, doubling from 2000 to 2001, and then stabilized; 2002 figures to date appear on target with those for the previous year. Comparatively few people applied during their last year of medical school (12.2 per cent). The majority entered the program during their residency (51.3 per cent), or after its completion (36.5 per cent). Program policies currently restrict the window of opportunity for applications to a period ending six months after finishing residency, although the first cohort were able to apply even if they had exceeded this limit. Consequently, the sample included individuals who made post-residency applications after longer periods had elapsed (up to two years in a few cases), but

three-quarters of them were within the allotted time frame. Critics of the program argue that the six month policy is too restrictive, preventing physicians from exploring their options by, for example, having more extensive periods for locum work in a number of different underserved communities. For that reason, respondents were asked their views on the six-month policy. Opinion was split: 55.2 per cent felt it provided sufficient time for those in the post-residency group to decide, while 44.8 per cent did not agree. The words of one person in the latter category sum up the general tone of written comments on this topic: "Having to apply [within] six months . . . is ridiculous! Most residents like to travel or do locums for an extended period of time before committing. I think you are losing a lot of [potential] applicants."

Effect of Grant on Practice Location

There is an interest in knowing whether the incentives offered through the Free Tuition Program attract new recruits or simply reward those who would have located in an underserved community regardless. This is not to imply that the grants are not needed or deserved by the latter group, but rather to focus solely on the "pull" power of the program's financial inducements in the recruitment process. Certainly, an overwhelming majority (79.5 per cent) of those receiving grants had been intending to work in an underserved community before they heard about the program. Still, about one-in-five of those enrolled had not been planning this type of practice. Of this sub-group 65.2 per cent said that "all" or "most" of their decision was based on their debt load. To the extent that their recruitment may be attributable to the program, it is a measure of success in the view of some key informants. "The challenge is getting doctors, regardless of the reason they come," one community-based recruiter argued. Once they had a chance to enjoy the benefits of small-town life, he felt they could be convinced to stay.

Adequacy of Amounts Offered

A related question concerns the adequacy of the amount currently offered to reimburse tuition. There was an extreme variation in the tuition people had paid for their undergraduate medical education, from nothing in the cases of two individuals to \$120,000 reported by two others. However, 87.9 per cent report tuition amounts of \$40,000 or less, the program maximum. A further 10.1 per cent had paid between \$40,000 and \$50,000. Those who paid less than \$10,000 a year for tuition are eligible for a location grant through the program also. Of those who responded to the survey, 52.8 per cent had taken advantage of this option. The amounts they report receiving range from \$200.00 upward, exceeding \$20,000 in more than one-half of the cases. Most people (82.9 per cent) opt for a single lump sum payment of both tuition and location grants. One person wrote that: "Had I not received it in a lump sum, I most likely would have left by now. However since we [had] to 'stick it out', we are happier here and [may] stay after [the return of service completion date]."

Community Selection Process

The process of selecting or being matched with a community that qualifies as underserved is an integral part of grantees' experience with the program. In most cases (65.2 per cent) individuals had decided where they wanted to work before applying. An additional 7.8 per cent decided at the time of making their application. Of those who waited until later, 13.0 per cent still have not selected a community. As indicated above, their choices as to north or south are evenly split. In making that decision, candidates considered a number of factors directly related

to the nature of the medical practice available, as well as personal or other considerations.

Figure 5 shows the practice issues identified by more than 10 per cent of respondents as the “top three” factors influencing their location decisions. Most commonly cited is the availability of a group practice, with numerous positive comments about

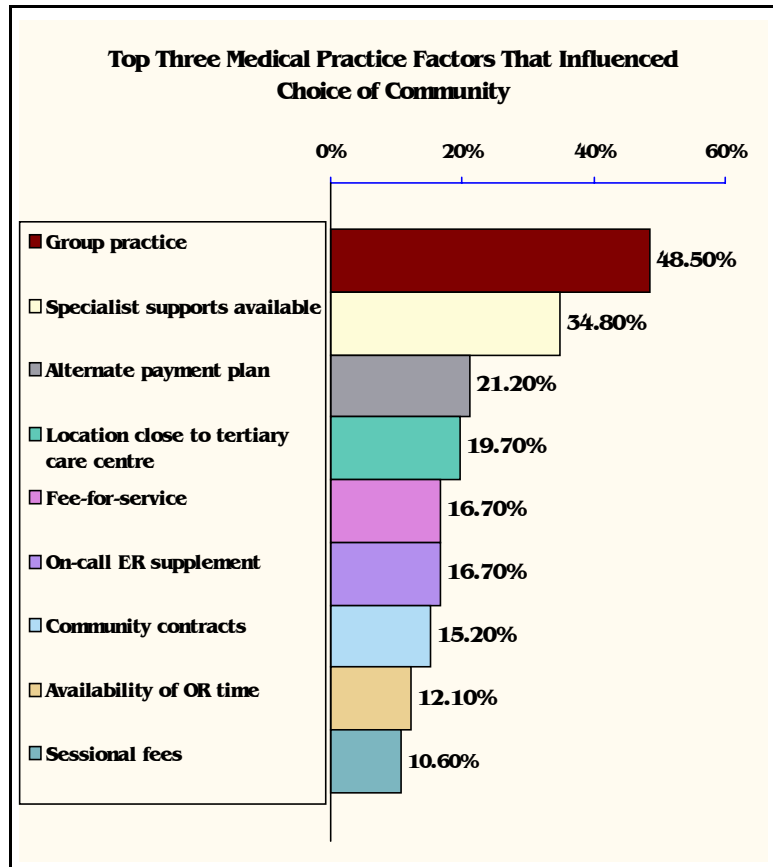


Figure 5 Top Three Medical Practice Factors That Influenced Choice of Community

the “great fellow MDs in group”, “collegiality” and “doctors in group get along with one another.” Other frequently mentioned preferences were the range of specialist supports available and the proximity to a tertiary care centre. For a large number of participants the availability of alternate payment plans is important, although reliance on fee-for-service payment continues to be popular. The on-call emergency room supplement is valued, too. Other financial benefits highly ranked by more than one in ten recruits is the availability of community contracts and sessional fees. Only one clinical matter is included in this cluster of top rated factors; the availability of operating room time. Numerous other clinical issues were mentioned, but none by more than an handful of people.

Personal Factors

Similarly, figure 6 gives the “top three” personal factors that grantees took into account. The one given most frequently is proximity to the person’s extended family. This is closely followed by the appeal of a small town lifestyle as well as the recreational activities available. Having a location close to friends or significant others is important, too. The

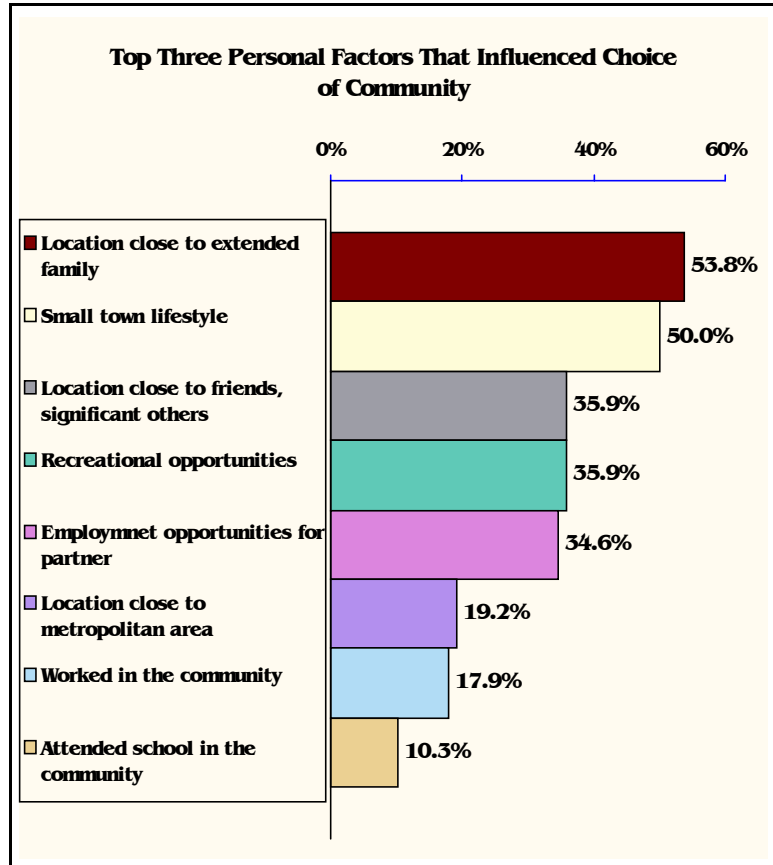


Figure 6 Top Three Personal Factors That Influenced Choice of Community

availability of employment opportunities for their spouse or partner rounds out the list of top priorities. Mentioned less often, but still by a substantial number of individuals, are exposure through previous work in the community and the fact that the selected location is close to a metropolitan area. Combined, the list of practice and personal influences on location choice among this group of physicians introduces no surprises; rather it contains factors commonly noted in the literature on recruitment to underserved areas.

Placement Services

While there are placement services to assist in the selection process, 58.8 per

cent of those who have made their choice did not use any of them. Of those who did seek help, most often it was through the services of a Community Development Officer (26 cases) or PAIRO (7 cases). University placement services played a small role for this sample of individuals, at least in terms of the number assisted (2). In four cases, individuals were helped directly by hospital-based recruiters.

Asked about their experience on first contact with eligible communities, it is evident that things did not always go well. The two problems given most often revolve around difficulty obtaining information about practice opportunities, or the lack of suitable practice opportunities in some communities. Both were cited by one-third of the respondents. There were, as well, difficulties in obtaining information about the communities. In written comments, one physician noted that “some communities don’t respond,” while another reported “difficulty in getting timely response from community once interest expressed.” Generally, there were “differences in [the] process of communicating [with] different communities,” with some named as places where individuals encountered, in the words of one: “big time problems.” A quarter of those who replied to the survey felt that there was a lack of suitable sites on the current eligibility list. One person expressed the conundrum this creates for candidates, because their “debt load makes a suboptimal practice location with good money tempting.”

Among those who have already selected a return-of-service location, as might be expected given the high proportion of respondents who are married or in committed relationships, most often (79.6 per cent of the time) both the applicant and their partner made a site visit prior to their decision. In six cases neither one visited, and in one instance only the partner went to the community in advance of the selection. Otherwise, candidates went on their own. Ultimately, all of those

who have begun their return of service were able to locate in the community of their choice.

Free Tuition: Influence on Practice Location

When asked whether they would have picked the community had it not been designated as underserved, thus making them eligible for Free Tuition support, 74.7 per cent said “yes.” However, the remaining quarter said that they would not have done so. With respect to the Underserved Area Program Location Incentive Grant, there was a similar three to one split. Since most grantees would have considered several places as possible practice locations, they were also asked whether the availability of the latter grant caused them to choose one community in preference to any other ones that were not designated. In this regard, opinion was evenly divided, with about one half declaring that the availability of the grant was a deciding factor.

Recipients Opinions about the Free Tuition Program

The dissemination of information about any program can be assessed on four continua: accessibility, timeliness, completeness and accuracy. Figure 7 shows how the Free Tuition program rated in each area.

Accessibility

First, with regard to accessibility, the majority (85.1 per cent) experienced no difficulties getting

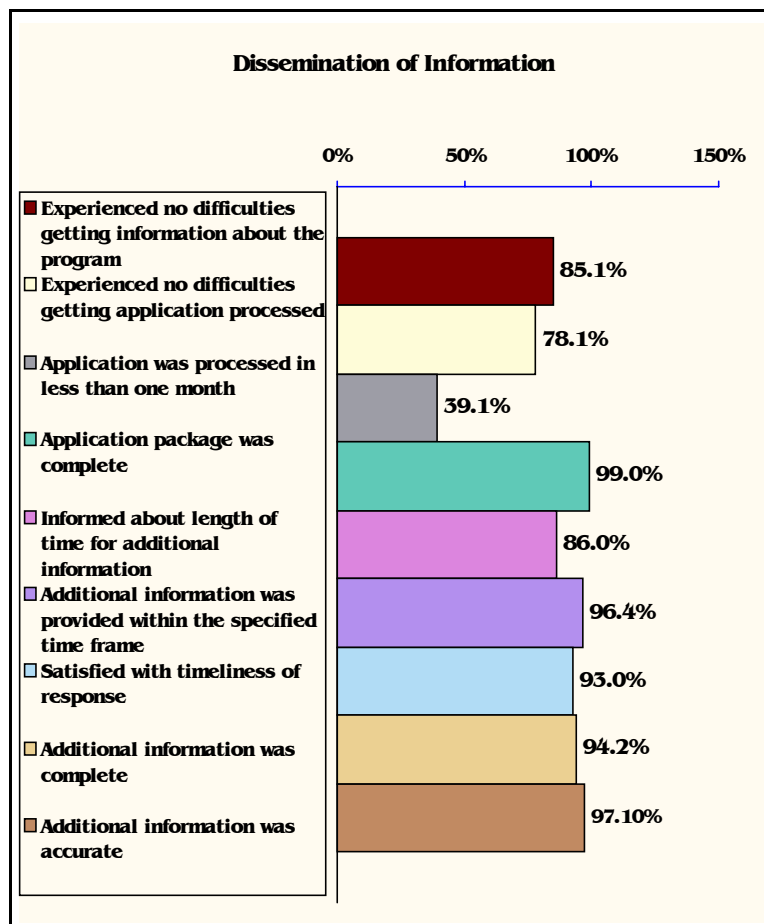


Figure 7 Dissemination of Information

information about the program and the application process. For those who indicated a problem, it was most often about which communities were designated as underserved (4.4 per cent) and what practice opportunities exist (3.5 per cent). Written comments noted that the information on designated communities was “out of date” or that they would have “appreciated receiving a copy of the up-to-date

LADAU¹⁰ by mail.”

Timeliness

Timeliness is the second dimension of quality. Asked if they had experienced any delays in getting their applications processed, 78.1 per cent report encountering no difficulties. Those who had experienced difficulties consistently identified the cause of delays as the 7 ½ week long strike by public service workers which occurred in the spring of 2002. The reason for other delays were beyond the control of the program; either documents were not received from the applicants’ universities, return of service contracts were not signed or hospital privileges approved as quickly as expected. In most cases (92.2 per cent) applications were processed within three months or less, with 39.1 per cent handled in less than a month.

Completeness

In terms of completeness, 99.0 per cent report receiving all of the information required in the application package. Some individuals found the information regarding contracts confusing, although they did not specify how or why this was so. If people had to contact the Free Tuition program staff for additional information, 86.0 per cent said that they were told how long it would take for it to be delivered, 96.4 per cent that it was received when promised, which was quickly enough (93.0 per cent). Most of the time (94.2 per cent) the additional information was sufficient. But, if not, usually only one further enquiry was required. Specific facts identified as missing were “how grant would be paid,” “details [about] obligations,” and “eligible locations.”

¹⁰ LADAU is the acronym for List of Areas Designated As Underserved, which is periodically updated by the Ministry of Health and Long-Term Care.

Accuracy

The final dimension in assessing information quality is its accuracy. In 97.1 per cent of cases the materials initially provided were judged to be accurate; if not, the follow up information was considered to be accurate. Given the provisions of the program, however, the one example of inaccurate information provided by a respondent suggests that there was a misunderstanding. The person states they were “told all tuition would be reimbursed, even if over \$40,000 – when [money] was deposited, portion of tuition over \$40,000 not reimbursed.” In sum, when considered in terms of the indicators for information quality, the Free Tuition Program does very well. The one area of weakness, delays in the processing of applications, appears to be an anomaly attributable to the OPSEU strike.

Application Form

The application forms themselves were generally viewed as acceptable, with 86.8 per cent saying that no improvements were required, although the “initial application was very copious and process was tedious.” However, those who disagreed had a number of specific criticisms and suggestions for improvement. A few individuals characterized the contracts as vague regarding certain provisions (i.e. maternity leave) and some definitions (i.e. “full time” employment). Moreover, people asked that all supporting documents be clearly described on the principal application form. Others felt the applications could be streamlined to do away with apparent redundancies. For example, they complain, much of the same information had already been submitted to the Underserviced Area Program (UAP). Or the required evidence is unnecessary: “Why not just the FRCPC? Obviously you need an M.D. first!” One idea for improvement was to have return of service communities develop separate “subcontracts” in which they outline their unique objectives and requirements.

Issues and Options

For the most part, individuals who have already started to return services report having no difficulties (74.4 per cent) with the Free Tuition Program. Where problems arose, they were principally delays in receiving the Underserved Area Program Incentive Grant (13.4 per cent) rather than the Free Tuition grant, although some (4.9 per cent) reported slow payment of their tuition reimbursement. Again, however, respondents attributed the delays to the “strike [which] caused many problems.”

Three options have been added to the program since its inception; provisions for maternity/paternity leave, and a six month extension to the time post-residency for applying to the program and starting a return of service contract. Of those who replied to the survey, only three individuals had taken advantage of the leave provision (another person indicated that this question on the survey was the first she had heard of this option). The delayed application and start dates are popular, both having been invoked by 24 individuals.

Proposed Changes

Participants were also invited to rate the desirability of a number of additional changes that have been proposed. A quick glance at figure 8 shows that most of these are widely endorsed by those already enrolled in the program. Heading the list is the conviction (64.9 per cent) that all or part of the return to service commitment might be made through locum contracts. This is followed by the view of 55.9 per cent that it should be possible to fulfill the service commitment on a part time basis. One woman wrote: “Ability to complete contract part time would be great. I have two kids and would like to work three-quarters or half time.” Another physician echoed her sentiment, saying “my major complaint is my

wife's inability to apply because she decided to work as a family doctor part-time in an underserved area to devote more time to raising children."

Equally strongly felt is disapproval of the \$5,000 administration fee charged to those who opt out of their contract through repayment. "An incentive program should be just that, not an incentive and disincentive program. I

have a hard time believing that it costs \$5000 to administer this plan." Another person dismissed it as a "silly fee." There was also a feeling that candidates should have the opportunity to receive payments while they are still in medical school (42.3 per cent), when their debt load is most pressing and they are not yet in positions to earn any money as physicians.

Other ideas received considerable support as well. Some 27.0 per cent felt that people should be able to sign on for less than three years worth of reimbursement. The idea of year-by-year commitments was appealing: "Make it

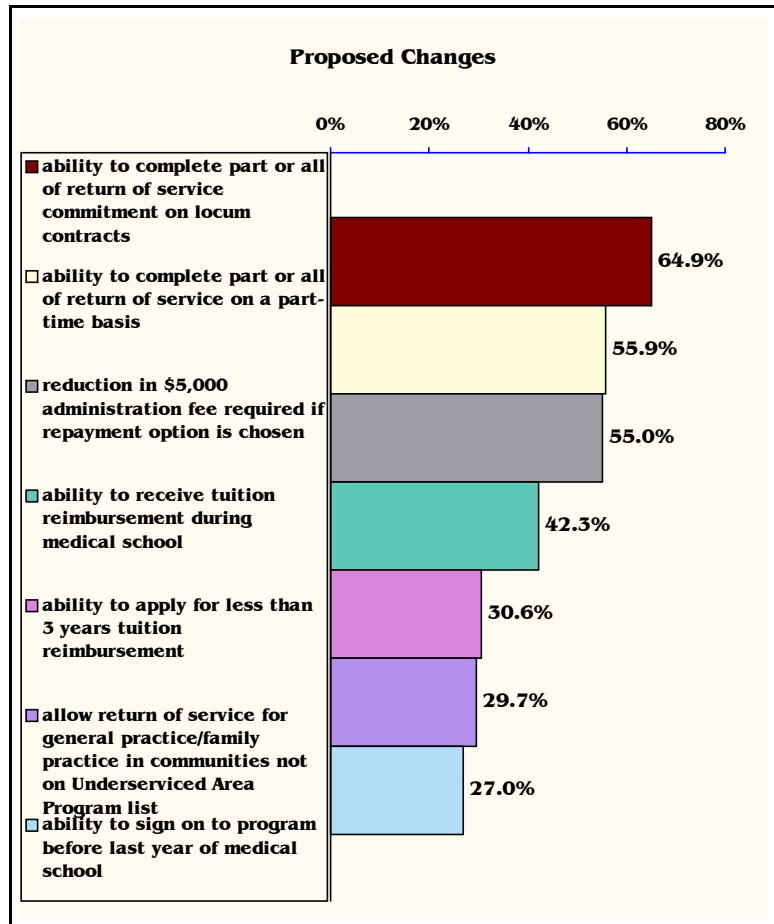


Figure 8 Proposed Changes

more flexible with the ability to renew at one year intervals” one person said. Another provided a simple equation: “Complete one year, get paid. Do not complete, 0 paid, 0 penalties, 0 disincentives.” A similar number believe return of service should be possible in communities that are not on the underserved list, although they are demonstrably undersupplied in terms of physician services. “My area was initially not considered underserved because of two part-time physicians considered full-time (one is 75 years old) and another counted who was deceased. It would be helpful if appropriate full-time physician data were used to define underserved communities.”

Finally, 27.0 per cent felt that applications should be accepted even though people are not yet in their fourth year of medical school. To the last suggestion, however, one person wrote “bad idea” and another said “definitely not!”

Suggested Ideas for Improvement

Three ideas for improvement emerge from written comments – each expressed in different ways by a substantial number of respondents. One of these, in fact, emerges from the combined effect of the other two.

Raise Tuition Cap

First, people felt that the \$40,000 cap needs to be raised. “Cover the entire amount if over \$40,000” and take into account “debt acquired in residency.” Indeed, there were calls for substantial increases, since the current amount “is not much considering the average medical student debt now is between \$150,000 and \$200,000.” It was also noted that non-Canadians are in particularly difficult situations: “I paid ‘international’ fees which are five times greater than [those] of

Canadian students.” A number of respondents felt they were misled; where they expected *free* tuition they perceived they only got partial reimbursement. As one observer said: “Either be straight up with students and say ‘*This is no long the Free Tuition Program*’, or pony up the bucks and continue it.”

Tax Free Grants

Second, many believe the money should not be taxed. By far, this was the thrust of most written comments. A sampling of quotes serve to illustrate the points that were made. “The fact that the monies are taxable is an insult. Presumably this is on the basis that my tuition was tax deductible . . . [but] now I am practising the money that I get is taxed at the highest rate.” This was one of only two people who acknowledged their tuition had been tax deductible. More commonly people interpreted this as a matter of double taxation. For example, “the amounts are misleading because the tuition was paid with after tax dollars yet the 10,000 per year incentive is fully taxable thus leaving only approximately half that amount after income taxes are paid.” Another person wrote “Taxing ‘free’ tuition is ridiculous. Why not just half the money?” She or he added that “many residents I have talked to share my opinion.” And that is borne out by others: “Tax-free money would be nice even if, then, the amount was less.” Again, the issue of taxation resulted in a strong sense that the program’s marketing was misleading: “this results in a false image based on the program name,” one respondent wrote, while another said, “the money is taxed – therefore not nearly the gift it is marketed as.”

Change the Name

Combined, these perceived inadequacies are the foundation for the third idea. Unless the amount and/or tax issues are addressed, one person wrote in capital letters “CHANGE THE NAME!” Among those who took the time to add comments to the questionnaire – as many did – this was a repeated theme. The

word “free”, while appealing and marketable, creates expectations. When these are not realized, it has a backlash effect that is detrimental to achieving the program’s objectives. Better, they argue, to publicize the program in a way that does not invite misunderstanding; doing so requires a change in the name, albeit to one that is less inviting. Far better, in their view of course, to raise the amount and adjust the tax status so that tuition really is *free*. People acknowledge that either course – changing the name or changing the terms – has political implications, however.

Other Concerns

In addition, some individuals question program requirements that restrict the way in which they may practice. These comments were made by single individuals; they are included here simply to flag them as expressed sources of concern. For example, one person characterized themselves as stressed “that you have to have hospital privileges for the free tuition program. It is stressful to me as I plan to have a busy office . . . and walk-in clinics.” Another person asked “why is the criteria for qualification equal to ‘opening a full-time family practice’? Why not use this incentive as a means of introducing family doctors to the north without having them commit to the large business burden of ‘opening up shop’?”

Intentions to Stay or Leave

“The Free Tuition Program was an incentive for me to return to the north; not to stay in a southern Ontario community as I was being encouraged to do by some of my southern Ontario colleagues!” wrote one recruit. An encouraging comment that begs the question – will people stay once they have completed their return of service commitment? Eight out of every ten say that they will. For this group, 45.2 per cent are unable to estimate for how long, but 39.8 per cent say that they will stay

more than ten years longer. Of those who plan on continuing for between one and five more years, the factors expected to cause a move were of a personal rather than professional nature. For example, the social limitations of the community (cited by 40.7 per cent), the wish to be closer to friends (37.0 per cent) or family (33.3 per cent) and the lack of either employment for their partner or educational opportunities for their children (25.9 per cent, respectively).

Those who planned to leave were asked about options that might induce them to stay on. Many of these were financial in nature. What they said would be most appealing were alternate payment plans (56.8 per cent), followed by on-call payments (45.9 per cent). But of equal importance to the latter, were support networks for their partners or other family members.

The Views of Other Stakeholders

The following section reports the views of those who were interviewed for this study. They fell into several categories: individuals representing six underserved communities across the province, Ontario's medical schools, the Professional Association of Interns and Residents of Ontario (PAIRO), Community Development Officers, the Ontario Medical Association (OMA) and the OMA student section. There was a high degree of consensus on most questions. Because of this fact, and because the numbers in particular groups are small, the content of the interview are summarized by issue, rather than category of respondents. Although efforts were made to include the dean of all five family medicine programs, two declined to participate.

Location Decisions

The Free Tuition Program is just one of several enticements being offered to attract new family medicine and other specialists to areas of the province where shortages exist. During their interviews, various stakeholders emphasized that the program's benefits, alone, are not going to determine location decisions. But they add to what one Community Development Officer referred to as a "basket" of inducements, helping to keep communities competitive in their quest for physicians. In fact, the recruitment officer from a northern urban centre notes, some communities are packaging the UAP and Free Tuition program dollars together with monies from other sources and presenting them as a \$100,000 "signing bonus." It is a sellers market, in which the mayor of a southern city said, there is "cut-throat competition with three or four communities bidding for a doctor." Private and public sector money combined is being used to offer bonuses, like the "one-year free office and lodging" mentioned by the recruitment officer in another, but smaller city. In other words, interviewees argue the Free Tuition Program has to be considered as part of a total package.

Knowledge of the Program

Those interviewed have varying relationships and, hence, degrees of familiarity with the program. The individuals in advocacy positions have a real depth of understanding, as do most of the Community Development Officers. Those speaking on behalf of the communities who, themselves, are actively engaged in recruitment are also knowledgeable. The medical school representatives who agreed to be interviewed admitted that they were unfamiliar with the particulars of the program, but offered insider insight into "what works" in terms of physician recruitment generally.

Success

While there was general understanding of the goals and objectives of the program, opinions differed as to its success. Many of those interviewed, drawn from different sectors, believe that to date the program is meeting its targets. The rest did not disagree; rather they thought it too early to judge, given that the program commenced little more than two years ago. However, the rapid increase in enrollment combined with the minimal number dropping out was taken as evidence of success. It is probably too early to measure the latter; one of the medical school deans noted that return of service programs are not usually successful because, in time, people start to buy their way out of their commitments. There was consensus that multiple-year return of service contracts were reasonable, and helped meet community needs by providing physician human resource stability, as well as ensuring that individual doctors were in the communities long enough to establish roots and, hence, more likely to stay.

Dissemination

Asked whether information was sufficiently widely disseminated, opinions were fairly consistent across key informant categories. There was a sense that the information was available, and that this was improving with the program description, application forms and return of service addendum available on-line. At the same time, people thought that audience penetration was variable. Recruiters and Community Development Officers both report encountering students who do not know about the program.

Although brochures are “front and centre” in medical program offices, there was a sense that the information needs to be “presented” to potential recruits in a more formal manner, for example during class time. Several people pointed out that this should happen when students are still in their second or third year. Even though they are not yet eligible to apply, they would have the program in mind

when considering their options. Interviewees also felt that vital information was missing. For example, the “brochure does not provide a lot of information regarding what happens in the event that they do not fulfill their ROS, i.e. about the administration fee. Nor is it clear whether they can transfer to another underserviced area. Or about the ins and outs of maternity leave and buy-out options.” All of this information is given to physicians when they enroll, but apparently not in the initial information package.

Expectations

When it comes to physicians’ expectations, key informants sensed that they thought “the deal sounds better in the initial description than it actually turns out to be.” The issues they identify are the same ones raised by the physicians who responded to the survey. The amount on offer is too little. And it is reduced by income taxes. Again, the name of the program was seen as misleading; while it may “get attention as a marketing strategy, it is a misnomer.” This contributes to confusion and, ultimately, disillusionment on the part of potential recruits – emotions which are counterproductive in terms of the program’s objectives. At the community level, the program is a welcome addition to the other inducements they can offer. Interviewees thought that most of those responsible for recruitment on the part of underserviced communities likely have a reasonable understanding of the program and its provisions. It was noted that communities may be overly optimistic about their ability to keep physicians after their return of service is complete; there is often a disconnect between physicians’ aspirations and communities’ expectations, according to several of those interviewed.

Strengths

The strengths of the program identified tend to be consistent across the spectrum of key informant categories. Outstanding among these was the program management team within the ministry. Interviewees state that there are “good people running the program.” Often named individually, program staff are described variously as “very, very helpful,” “practical,” “flexible,” and “enthusiastic.” A recruiter for one southern community said: “We get excellent service from people [at the ministry office] in Sudbury. They are cordial and service oriented.” Similar positive comments were made by physicians on the survey. For example, one wrote: “Excellent program – as far as I can tell, very well administered. The staff involved have been very helpful and very efficient.”

It was generally felt that the program was filling a specific need at a key point in physicians’ careers. “One of the primary issues a new physician deals with is debt load” a northern community’s recruitment officer said. Others concurred and felt the option of a lump-sum payout when the return of service begins allows individuals to deal with a significant portion of their debt when it weighs most heavily – before they start to earn much money as physicians. It may also offset the disincentive effect that deregulation of tuition has caused, according to a medical school administrator, “that the high tuition fees will deter people who would otherwise make excellent physicians.” This view was echoed by the director of a residency program, who noted that higher costs will further discourage recruits from populations that are traditionally under-represented in medical school, i.e. rural and Aboriginal communities. In effect, an advocate from the medical community argues, tuition deregulation has created an environment where many people have few choices – if they do not come from well-to-do families, their only access to a medical education is by signing up for return of service programs like this one. In effect, these programs are “differentially targeted at those with less

financial options.”

The fact that the program was available to individuals who choose to practice in a wide variety of settings, from rural to urban and north to south, was seen as a strength. People are not compelled to practice in types of places where they do not want to be, simply because of a lack of openings. On the other hand, a few individuals felt that a differential grant structure should be adopted to encourage doctors to locate where they are needed most. For example, the director of one family medicine program suggested targeting the program selectively to support those from rural areas serving rural areas. Indeed, he wondered if the program might not, one-day be available exclusively to graduates of the new northern medical school. As things stand, however, another person believed that “a gradient of rurality” should be incorporated into the payment structure, so physicians selecting more remote communities would be eligible for higher grants.

With a couple of exceptions, interviewees collectively agreed that the program should not be offered to students before they are in their fourth year, and in the view of some, not until the end of that year. There was concern that financial anxiety would cause people to make choices that they were ill equipped to decide. In fact, it is PAIRO’s position that individuals should not be allowed to enroll until after their Canadian Resident Matching Service (CaRMS) match was complete. Expressing the minority view, one person argued that the Free Tuition Program should be open to those in third as well as fourth year; acknowledging the possibility of “students making decisions too early in their career,” he felt “some students really know what they want to do and where they want to go.”

There were three issues on which key informants’ opinions differed

markedly. First, is the amount of reimbursement adequate? Several people characterized the \$40,000 potential payment as substantial and sufficient – although they tend to be individuals who have little direct contact with potential recruits, like community spokespeople. Others who interact more with the physicians, especially the Community Development Officers and those actively involved in recruitment for specific communities, argue that the amount falls short of that needed to make a meaningful dent in the candidates accumulated debt load. The head of the family medicine department at one university said: “[The amount] doesn’t come close to covering the cost of medical education, especially since it is taxed.” Another person said, not only does \$10,000 not cover tuition, “it doesn’t cover the interest on the average med student’s line of credit.”

Second, is the return of service period appropriate? The three or four year commitment was alternately considered “relatively brief” and “too long” or, in other words both a strength and weakness to the program. On balance, however, the majority of those interviewed felt that it was a reasonable period of commitment to expect, even those who did not agree with the amount of money involved. The return of service is not “too high a price to pay for receiving a medical education.”

Third, should locums be included as a return of service option? A number of those interviewed felt that this was a reasonable option, and one that would be appealing: “a lot more people would sign on if this option were available.” A physician advocate believed the concerns of some organizations that individuals would be “traipsing around the province with no intention of settling in a rural community” were misplaced. Rather, this person felt most would use a period of locum service to “seek out a community with a good fit for them.” This view was not shared by some of those charged with recruiting physicians for communities,

however. “They cannot provide the same service as a resident physician. They are not there for patients with long-term needs and they do not usually handle the very difficult cases.” If locums are accepted as part of the program, they suggest that it be allowed for a limited period only (possibly for six months) and be credited on a prorated basis (i.e. at half the value).

Weaknesses

The weaknesses identified by stakeholders repeat those raised by physicians earlier in this report – the fact that the money is taxable and the existence of an administrative fee. Taxes temper the appeal of the program; the 46 per cent tax rate (claimed by participants) was thought to reduce the amount to a point where the dollar value might not outweigh the time cost involved in the return of service commitment. The \$5,000 administration fee was described by those who consider it a weakness as both “punitive” and “coercive.” There was a sense that the level of fee devalues the physicians as individuals because it fails to take into account the changes that occur in peoples lives; for example, their spouse’s employment may require relocation, their children may develop special education needs, or the doctor may not get along with others in a small medical community. According to one physician educator, the results can be detrimental: “A physician may have a negative attitude toward the community [if] they feel forced to be there.”

Specific provisions of the program were also seen as weaknesses because they appear to dictate the nature of the practice allowed. The requirement that physician attain and maintain hospital privileges, for example. Some physicians do not want a hospitalist role, one community recruiter said. Similar comments were made about the requirement that individuals work on a full time basis, which may

be difficult for individuals wanting to start a family. Moreover, the maternity/paternity leave provisions were described as “like a penalty.” One community development officer said: “Physicians want a balance in their lives – don’t be shortsighted by punishing them for starting families.”

There were also concerns about the absence of provisions to defer or exempt people from their return of service obligations for compassionate reasons. They may make an appeal to the steering committee for consideration on a case-by-case basis, but apparently criteria are not spelled out in the contract.

The final weakness identified, perhaps an unanticipated outcome of this *recruitment* program, is the effect that it may have on retention. Specifically, there was a sense that it sends a negative message to physicians who are already practising in underserviced communities. One interviewee who described this as the “what about me?” phenomenon, felt that it had serious implications. In her view, the value placed on new, young doctors, can be interpreted as devaluing those who are experienced and, potentially, mobile. “I remind them that tuition wasn’t so high when they graduated,” a recruiter for a southern Ontario city said, but he agreed that the sentiment exists and could be damaging.

Findings and Recommendations

Overall, the evaluation shows that this is a well administered program that promises to meet the needs of underserved communities, while helping new physicians establish themselves in practice. The vast majority of those who have enrolled in the program planned to work in an underserved area; for them free tuition is a welcome bonus. Still, one-fifth of those attracted to the program had not intended on this type of practice. The majority of them admit that their accumulated debt load was a primary factor in their decision to participate.

Rather than being prescriptive, the recommendations identify issues that warrant consideration by those at the Ontario Ministry of Health and Long-Term Care who are responsible for the program's design and implementation. These fall broadly into three categories: program provisions, options and administration.

Program Provisions

Respondents had a number of concerns about present program provisions. The data suggest that many of the physicians surveyed would like the program amended in certain areas. A significant number also believed that the application window should be extended, to permit applicants to spend a period of time doing locums or other activities immediately after completing their residency. Comments also revealed that the \$5,000 administration fee charged to grantees wishing to buy themselves out of their obligation was widely seen as excessive for "administrative" purposes and, hence, coercive.

There also was concern that the \$40,000 (or \$10,000 per annum) cap on the Free Tuition Grant is less than the amount of tuition at four of Ontario's five schools

of medicine; this differential was seen as contributing to heavy indebtedness on the part of medical students. There was some dissatisfaction with the amount of grant received, due to an apparent lack of awareness that the Free Tuition Grant is taxable. There was also concern that the name of the program itself was somewhat misleading, given the fact that it is based on tuition reimbursement. With respect to these concerns, it is recommended that the Ministry of Health and Long-Term Care, in consultation with key stakeholder groups:

- 1.1 Review the current six month post-residency window of opportunity to apply for the program.
- 1.2 Review the amount being charged as an administrative fee for buy-outs. If there is a penalty component embedded in the fee, then it should be labelled as such.
- 1.3 Review the overall amounts available to individual applicants.
- 1.4 Review all promotion materials to ensure that the tax implications are clearly spelled out to potential applicants.
- 1.5 Consider making the grants “tax free”, recognizing that this might require a reduction in the total amount received.
- 1.6 Consider changing the name of the program, to reflect the fact that the program’s focus on tuition reimbursement.
- 1.7 Consider tying the amount of the grants to rates of tuition currently charged (or an average thereof) at Ontario’s five medical schools.
- 1.8 Consider tying the amount of the grant to practice location; those choosing more remote settings would be eligible for larger grants.

Program Options

The study revealed that many of the program applicants were interested in providing locum services in a number of communities as part of the process of looking for a place to establish their practice. Adding the option of part-time return-of-service was also seen as beneficial, in recognition of the fact that full-time practice is not feasible for physicians with young children or other family commitments.

The evaluation confirmed that most of the current program participants face heavy debt loads, accumulated during medical school and residency. There was also an interest in allowing physicians to make annualized commitments, while recognizing that these may not meet the health human resource planning needs of communities. Since these program options might encourage additional physicians to enroll in the program, thereby meeting some of the physician human resource needs of underserved communities, it is recommended that the Ministry of Health and Long-Term Care, in consultation with key stakeholder groups:

- 2.1 Consider the option of allowing grant recipients to fulfill their return of service commitments, at least partially, by providing locum services to designated communities.
- 2.2 Explore the option of allowing grant recipients to fulfill their return of service commitments on a part-time basis.
- 2.3 Investigate the option of making Free Tuition payments to individuals while they are still at medical school or during their residency.
- 2.4 Explore the feasibility of flexible return of service options, including the year-by-year plans suggested by some responding physicians.

Program Administration

While the evaluation revealed that nearly all participating physicians felt that their administration of Free Tuition program was satisfactory, there were a number of areas in which the administration of the program could be improved. Some applicants had difficulty obtaining information about the communities currently designated as underserved. Other grantees were unaware of changes to the program's guidelines, such as the parental leave provisions.

Comments revealed that the wording of the return of service contracts also required clarification. A number of applicants noted that the contracts were vague

with respect to certain definitions (ie. full-time work) and provisions (ie. parental leave). Respondents also noted a lack of information in the return-of-service contracts about the appeals process, should grantees not be able to fulfill their return of service commitments due to a serious impediment (i.e. major illness). Recognizing that these administrative adjustments would improve the application process, it is recommended that the Ministry of Health and Long-Term care and key stakeholder groups:

- 3.1 Ensure that the information about communities eligible for consideration be kept up-to-date and made available to those in the process of selecting return of service locations.
- 3.2 Provide periodic updates on policies and procedures to all those who are enrolled in the program.
- 3.3 Review the contracts to ensure that all definitions and program provisions are clearly spelled out.
- 3.4 Consider adding information about the appeals process, should applicants not be able to fulfil their return-of-service contracts for compassionate grounds.

Appendix A Survey Questionnaire

Evaluation of the Free Tuition Physician Recruitment Incentives
Evaluation Conducted for the Ministry of Health and Long-Term Care (Ontario)
Centre for Rural and Northern Health Research

Instructions: As one of the physicians who have chosen to participate in the "Free Tuition" program, we are asking you to complete the following survey, which will tell us something about your experiences with the program. Please complete all sections of the survey.

Part A - Your Medical Education:

1. Medical school attended:

- | | |
|---|--|
| <input type="checkbox"/> McMaster University | <input type="checkbox"/> University of Toronto |
| <input type="checkbox"/> Queen's University | <input type="checkbox"/> University of Western Ontario |
| <input type="checkbox"/> University of Ottawa | <input type="checkbox"/> Other |

(If other, specify name of medical school and province or country) _____

Graduation year (month/year): _____

Pre-med education (university/discipline/year graduation): _____

2. During medical school, did you have the opportunity to learn about rural medicine?

- | | |
|---|---|
| <input type="checkbox"/> no opportunity to learn about rural medicine | <input type="checkbox"/> rural medicine residency rotation |
| <input type="checkbox"/> discussion of rural medicine issues | <input type="checkbox"/> specialized rural medicine stream within program |
| <input type="checkbox"/> rural medicine electives | <input type="checkbox"/> specialized rural medicine program |
| <input type="checkbox"/> rural medicine clerkship | |
| <input type="checkbox"/> other (please specify): _____ | |

3. If you are currently enrolled in a residency, indicate type:

- Family medicine Specialty

(If specialty, indicate type): _____ (If known, indicate location of program): _____

Start date (month/year): _____ Completion date (month/year): _____

4. If you have already completed your residency, indicate type:

- Family medicine Specialty

(If specialty, indicate type): _____ (Indicate location of program): _____

Start date (month/year): _____ Completion date (month/year): _____

5. How did you finance your medical education? (check all that apply)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> government loans | <input type="checkbox"/> family resources | <input type="checkbox"/> bursaries |
| <input type="checkbox"/> line of credit | <input type="checkbox"/> scholarships | <input type="checkbox"/> employment |
| <input type="checkbox"/> other (please specify): _____ | | |

6. Overall, how much debt load did you incur/will you have incurred in completing medical school?

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 - \$20,000 | <input type="checkbox"/> \$40,000-\$59,000 | <input type="checkbox"/> \$80,000-\$99,000 |
| <input type="checkbox"/> \$20,000-\$39,999 | <input type="checkbox"/> \$60,000-\$79,000 | <input type="checkbox"/> \$100,000 and over |

7. Overall, how much debt load have you incurred/will you have incurred in completing your residency?

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 - \$20,000 | <input type="checkbox"/> \$40,000-\$59,000 | <input type="checkbox"/> \$80,000-\$99,000 |
| <input type="checkbox"/> \$20,000-\$39,999 | <input type="checkbox"/> \$60,000-\$79,000 | <input type="checkbox"/> \$100,000 and over |

8. Considering your financial obligations, how much of your decision to work in an underserved community is dictated by your debt load?

- not at all somewhat most all

Part C - Community Matching/Selection Process:

1. When did you select the specific community in which you would complete your return-of-service?

- before making application to the Free Tuition Program
- at time of application
- after making application, but prior to completing residency
- after completion of residency, but prior to signing return-of-service contract
- have not yet selected community practice location

Specify community selected as practice location, if known: _____

2. If you have selected a community, which of the following factors of medical practice in that community affected your decision to locate there? (check all that apply)

- a. group practice
- b. partnership
- c. fee-for-service
- d. alternate payment plan
- e. sessional fees
- f. community contracts
- g. on-call ER supplement
- h. availability of OR time
- i. office practice only
- j. no ER
- k. no obstetrics/gynecology
- l. specialist supports available
- m. telemedicine available
- n. location close to tertiary care centre
- o. location close to medical school
- p. other factors

If other, specify: _____

Of the factors you have checked off, which would you rank as the "top three" in importance? List in order of declining importance, #1, #2, #3: _____

3. If you have selected a community, did any of the following factors affect your choice? (check all that apply)

- a. attended school in the community
- b. worked in the community
- c. visited community on vacation
- d. location close to extended family
- e. location close to friends, significant others
- f. location close to metropolitan area
- g. recreational opportunities
- h. employment opportunities for partner
- i. educational opportunities for children
- j. small town lifestyle
- k. rural lifestyle
- l. other

If other, specify: _____

Of the factors you have checked off, which would you rank as the "top three" in importance? List in order of declining importance, #1, #2 and #3: _____

4. Have you experienced any of the following problems during the community selection process? (check all that apply)

4

- lack of suitable practice opportunities in some return-of-service locations
- lack of suitable sites on current eligibility list
- problems in obtaining information about the community
- difficulty obtaining information on practice opportunities in communities
- problems getting financial assistance to make site visit to community
- other difficulties

If other, specify: _____

5. If location selected, did you/your partner (if applicable) make a site visit to the community prior to selection?

- only applicant made site visit
- only partner made site visit
- both applicant and partner made site visit
- neither applicant nor partner made site visit

6. What placement assistance did you use during community selection?

- none
- Community Development Officer services
- university placement services
- OMA placement services
- PAIRO placement services
- other (please specify): _____

7. If you are now completing your return-of-service, are you placed in the community originally selected?

- yes, able to obtain placement initially selected
- no, was not able to obtain placement in community selected due to change in eligibility for Free Tuition Program
- no, not able to obtain placement initially selected due to change in community Underserved Area Program designation
- no, not able to obtain placement due to absence of suitable practice opportunities
- no, was not able to accept placement for other reasons

If not able to accept for other reasons, specify: _____

8. Considering the community selected, would you have gone to this location if it was not eligible for the Free Tuition program?

- I would have gone to community anyway
- I would not have gone to this community without the Free Tuition program

9. Would you have gone to the community selected if that location was not eligible for the Underserved Area Program Incentive Grant?

- I would have gone to the community anyway
- I would not have gone to the community without the Underserved Area Program Location Incentive Grant
- does not apply; community not eligible for Underserved Area Program Location Incentive Grant

10. Thinking about the communities you considered during the selection process, was the availability of the Underserved Area Program Incentive Grant a deciding factor in your selection of one community over the other?

- yes
- no
- does not apply; none of the communities I considered were eligible for this grant

Part D - Your Opinions About the Free Tuition Program:

1. Did you experience any difficulties getting information about application to the Free Tuition program?

- no difficulties
- problems getting application forms from university
- problems getting application forms from Free Tuition office
- problems getting application forms via e-mail
- problems using MOH web-based application forms
- difficulty getting information on practice opportunities
- problems getting information about communities eligible for the Free Tuition Program
- problems getting information about Underserved Area Program communities
- difficulties getting information about links between Free Tuition and Underserved Area Program
- delays in getting e-mail responses to inquiries
- delays in getting application materials via mail or courier
- other (please specify): _____

2. Did you experience any difficulties in getting your application processed?

- no difficulties
- delays in getting application approved
- delays in community matching/selection process
- delays in getting return of service contract signed
- delays in getting hospital privileges
- other (please specify): _____

3. How long did it take to process your application to the Free Tuition program?

- less than 1 month
- 1 to 2 months
- 2 to 3 months
- more than 3 months
- other (please specify): _____

4. If you requested information about the Free Tuition program via e-mail or telephone, did you receive everything needed for you to complete the application?

- package was complete
- missing guidelines (instructions, questions and answers)
- missing contract (return of service)
- missing addendum (commitment with community)
- missing consent form (collection and disclosure of personal information)
- other (please specify): _____

5. If you had to contact the Free Tuition program staff for additional information:

Were you told how long it would take to get the information? yes no

Was the information provided within the specific time frame? yes no

Was that quickly enough? yes no

Did the material contain all the information you required? yes no

If not, how many times did you have to ask for more information? _____

What were the major areas of missing information? _____

Was the information accurate? yes no

If not, was accurate information provided at a later date? yes no

Describe the inaccuracy: _____

9. Do you think that the application forms should be improved?

- yes
- no

If improvements needed, specify: _____

10. If you have already started your return of service, did you experience any of the following problems?

- no problems
- delays in signing return of service contracts
- delay in getting tuition reimbursement payment
- delays in receiving Underserved Area Program incentive grant
- problem completing return of service due to changes in professional practice opportunities in community
- problem completing return of service due to changes in personal/family circumstances
- other (please specify): _____

11. Have you taken advantage of any the options which have been added to the Free Tuition Program?

- maternity/parental leave provisions
- extended time (up to 6 months) to apply for program after completion of residency
- extended time (up to 6 months) to start return of service after completion of residency

12. Do you feel that any of the following would be beneficial additions to the Free Tuition program?

- allow return of service for general practice/family practice in communities not on Underserved Area Program list
- ability to complete part or all of return of service commitment on locum contracts
- ability to complete part of all of return of service on a part-time basis
- reduction in \$5,000 administration fee required if repayment option is chosen
- ability to apply for less than 3 years tuition reimbursement
- ability to sign on to program before last year of medical school
- ability to receive tuition reimbursement during medical school
- other (please specify): _____

Part E - Your Preparedness for Practice in Underserved Communities:

1. During medical school, did you complete an elective/clerkship in a underserved community?

- | | |
|---|---|
| <input type="checkbox"/> none | <input type="checkbox"/> rural community (southern) |
| <input type="checkbox"/> rural community (northern) | <input type="checkbox"/> small town (southern) |
| <input type="checkbox"/> small town (northern) | <input type="checkbox"/> urban community (southern) |
| <input type="checkbox"/> urban community (northern) | |

Specify name of community/communities (length of electives in months): _____

2. At this point in time, have you completed a residency rotation in underserved community?

- | | |
|---|---|
| <input type="checkbox"/> none | <input type="checkbox"/> rural community (southern) |
| <input type="checkbox"/> rural community (northern) | <input type="checkbox"/> small town (southern) |
| <input type="checkbox"/> small town (northern) | <input type="checkbox"/> urban community (southern) |
| <input type="checkbox"/> urban community (northern) | |

Specify name of community/communities (length of electives in months): _____

3. Considering your experiences to date, how well prepared do you feel you are/were for practice in an underserved community?

- not at all prepared
- somewhat prepared
- generally prepared
- very well prepared

4. Did either you and your partner (if applicable) grow up in an underserved community?

- applicant grew up in small town
- applicant grew up in rural community
- applicant grew up in an underserved urban community
- partner grew up a small town
- partner grew up in rural community
- partner grew up in an underserved urban community
- neither applicant or partner grew up in a an underserved community

Specify name of community/communities: _____

5. Thinking about your experiences in these settings, how well prepared are/were you for living in an underserved urban community?

- not at all prepared
- somewhat prepared
- generally prepared
- very well prepared

6. Once you have finished your return of service, do you plan to stay in or leave the community in which you did your return of service?

- stay
- leave

7. If you plan on staying, how long do you think you will stay after you complete your return-of-service obligations?

- less than 5 years
- more than 5 years but less than 10 years
- more than 10 years
- unable to estimate how long I will stay

8. If you intend to stay less than five years after you complete your return of service, have any of the following factors influenced your length of stay? (check all that apply)

- lack of practice resources
- practice demands
- lack of employment opportunities for partner
- lack of educational opportunities for children
- social limitations of community
- need to be closer to family
- need to be closer to friends and other personal supports
- need to be closer to urban area
- other (please specify): _____

9. If you plan on leaving the community after you have completed your return of service, would any of the following factors make you reconsider your decision to leave? (check all that apply)

- telemedicine
- availability of on-call payments
- alternate payment plans
- enhanced eligibility for locum services
- support network for physician partner/other family
- other (please specify): _____

Part F- Your Background:

1. Age on your last birthday: _____

2. Birthplace: _____

3. Gender:

- Female
- Male

4. Marital status:

- Married
- Living with partner
- Single/never married
- Separated/divorced
- Widowed

5. If married or living with partner, what is your spouse's/partner's occupation? _____

6. Do you have children?

- Yes
- No

7. If you have children, what are their ages? _____

8. If you have children, are they living with you, i.e., in your home?

- living with you full-time
- shared custody, living with you part -time
- not living with you

9. With which ethnic/cultural group do you identify most? _____

10. Other than English, which languages do you speak? _____

**THANK YOU FOR TAKING THE TIME TO ANSWER OUR SURVEY.
YOUR RESPONSES, ALONG WITH THOSE OF OTHER PHYSICIANS PARTICIPATING, WILL
ASSIST US IN ASSESSING THE EFFECTIVENESS OF THE "FREE TUITION" PROGRAM.**

Please share any additional comments or concerns that you have concerning the Free Tuition Program:

***Appendix B Key Informant Interview
Guide***

“Evaluation of Free Tuition Program”
Centre for Rural and Northern Health Research
Interview Guide

1. Could you please tell me a little about your role in relationship to the Free Tuition program?
2. What is your understanding of the primary goals and objectives of the program?
3. Do you think that medical undergraduates and students currently enrolled in postgraduate training are being given adequate information about the program?
4. Based on your experience, what expectations do medical students and postgraduate trainees have with respect to the Free Tuition program?
5. In your opinion, what expectations do communities have concerning the role of the Free Tuition program in physician recruitment?
6. From your perspective, what are the strengths and weaknesses of the Free Tuition program?
7. Overall, what could be done to improve the Free Tuition program?