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Improving the recruitment, retention and re-engagement of healthcare professionals

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Understanding female health professionals decisions to remain, return or exit the professional workforce

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Improving Recruitment, Retention and Re-engagement of doctors within General Practice & Family Medicine

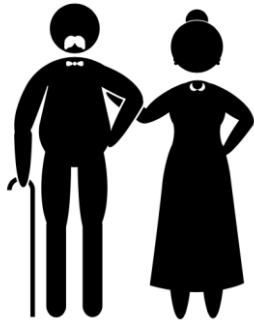
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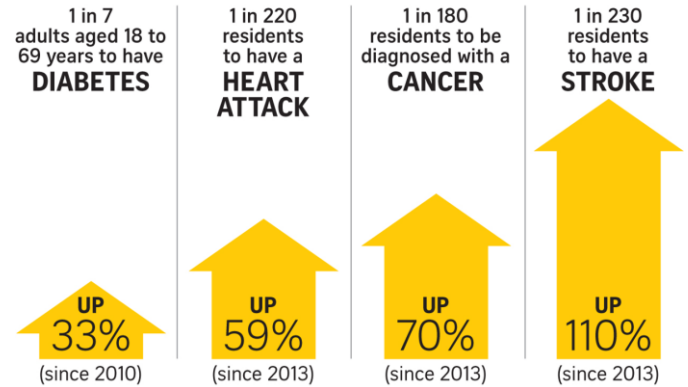
Singapore's Rapidly Ageing Population



900,000 or 1:4 citizens by
2030

Diseases on the rise due to ageing population

Estimated numbers by 2030



Source: MINISTRY OF HEALTH SUNDAY TIMES GRAPHICS

More Family Physicians Required

Healthcare 2020 Master Plan vision:
“One Singaporean, One Family Doctor”

Updates to Healthcare 2020 Masterplan

EASIER ACCESS

INCREASE Capacity

- One new hospital (general or community) on average, in each year.
- More nursing homes, community and home care services in the community.

BETTER QUALITY

Appropriate and QUALITY CARE

IMPROVE Primary Care Services

- Introduce more Community Health Centres (CHCs) and Family Medicine Clinics (FMCs)
- More support for Community and Home Care

MORE AFFORDABLE

CHEAPER Outpatient Services and Drugs at public hospitals with more government subsidies

LOWER Cash Payment with more uses for Medisave

More PEACE OF MIND with MediShield Life

- Lifetime coverage for all
- Enhanced benefits
- Premium subsidies for lower- to middle- income

PIONEER Generation gets more help

PROMOTE

- Healthy Living
- Active Ageing
- “SG50-Seniors” initiative

Refer to www.moh.gov.sg for details

Background

- Primary Care has a central role in efficient, equitable and high quality health care (Starfield 2005)
- Singapore's rapidly ageing population needs such community-based generalists, with their broad based medical knowledge and skills
- Singapore has recognized the importance of expanding the role of primary care (Health Care Manpower Plan 2016)
- Increasing the GPs and FPs workforce needs:
 - Expansion in recruitment
 - Initiatives to retain doctors
 - Initiatives to encourage back to work GPs and FPs

But...



High financial barriers to entry
for younger doctors

Stereotypically negative attitude
towards family physicians

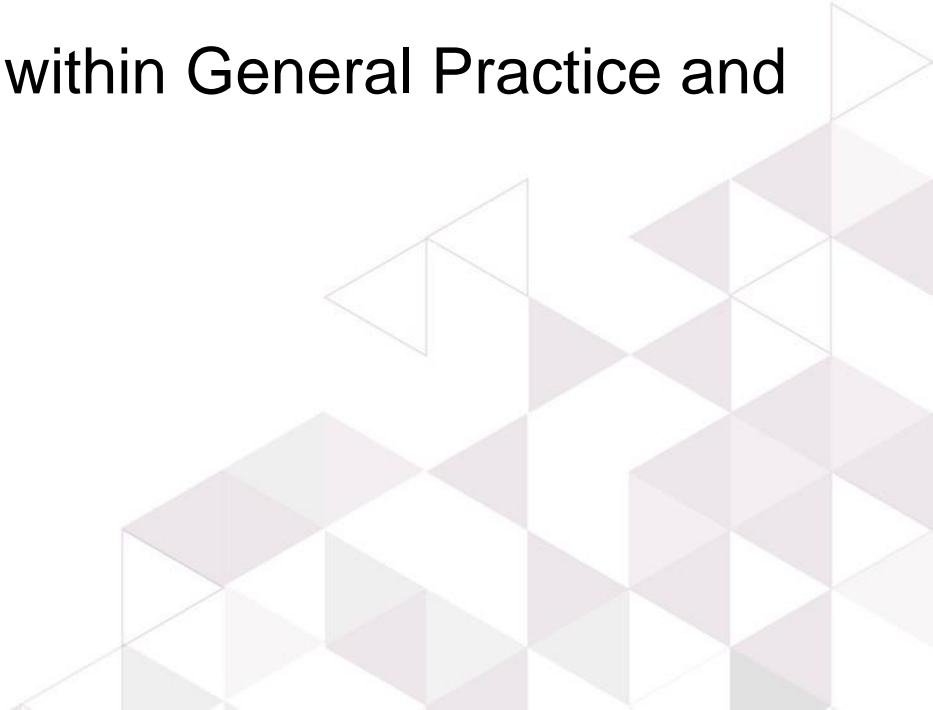


**Singapore face problems regarding Family
Physicians (FPs)/General Practitioners (GPs)
recruitment and retention**

- **Formal research lacking**
- Aim to **identify effective solutions** for Singapore and **guide future policy making** by the government and other healthcare stakeholders

Study objective

To identify factors that will improve the recruitment, retention and re-engagement of doctors within General Practice and Family Medicine



Research questions

What can we learn from other countries' experience of promoting careers in Family Medicine and retaining doctors in the General Practice workforce?

(scoping review and prioritisation exercise)

What are the opportunities and challenges that medical students perceive in careers in GP & Family Medicine?

(focus groups and on-line survey)



Research questions

Amongst doctors who are no longer in practice in GP/Family Medicine, what factors influenced them leaving and how might these be mitigated?

(individual in depth interviews)

What are the career plans, views and experiences of doctors currently working in GP/Family Medicine?

(individual interviews and on-line survey)

**FOCUS GROUPs with
medical students only**



**ONLINE SURVEY QUESTIONNAIRE
with medical student &
qualified doctors**



**F2F INTERVIEWS with
qualified doctors only**

**pilot with 10 doctors prior to official
launching of the online survey*

NUS Medical	10 M1-M2 students
	10 M3-M5 students

medical students from each medical
school in Singapore

20 Doctors NOT in practice

Duke-NUS	10 M1-M2 students
	10 M3-M5 students

~20% General Practitioners/Family
Physicians in Singapore

20 Doctors STILL in practice

LKC Medicine	10 M1-M2 students
	10 M3-M5 students

n=60

n=40

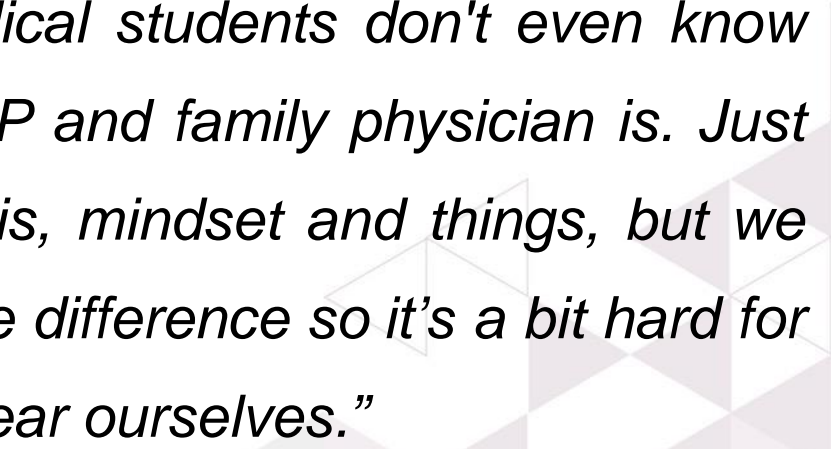
Family medicine; the undergraduate perspective

- Lack of awareness of career pathway(s)
- Challenges:
 - Need to know lots about lots
 - Limited earning potential
 - Low prestige
- Benefits:
 - Indirect eg liberated from demands of specialisation
 - Occasional direct benefit

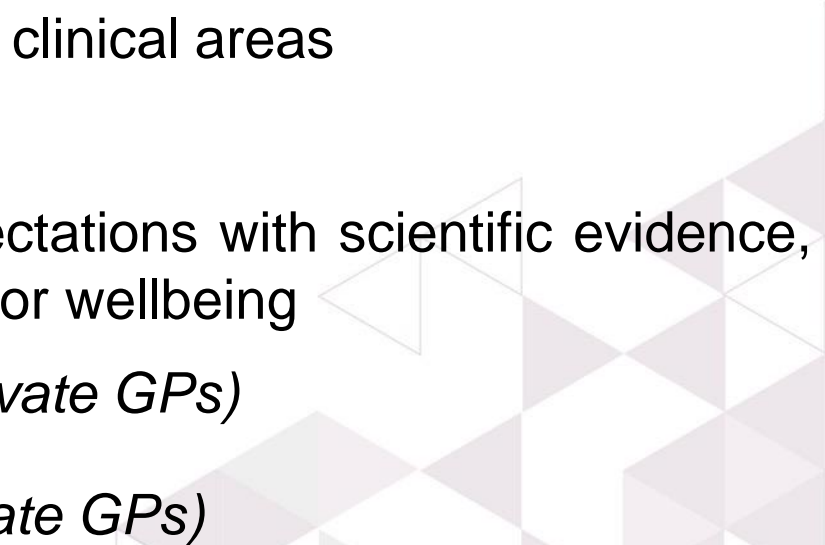


Lack of understanding of GP/Family Medicine career pathway

“It’s quite ironic that we as medical students don’t even know what the difference between a GP and family physician is. Just now we were talking about all this, mindset and things, but we ourselves, we don’t even know the difference so it’s a bit hard for the public to know if we are not clear ourselves.”

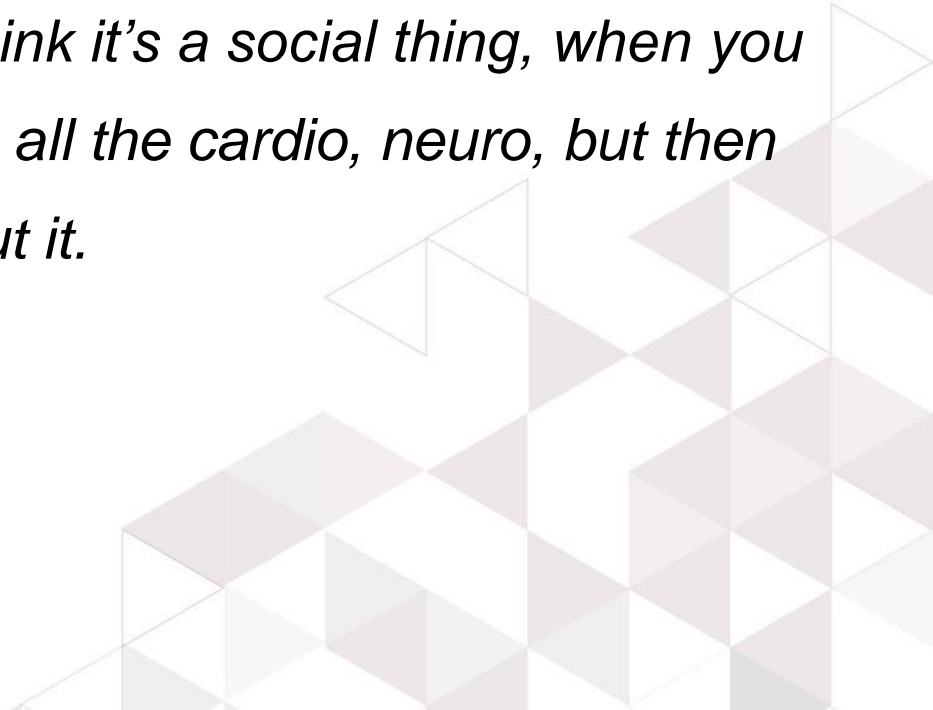


Challenges

- Breadth of knowledge required
 - Keeping up to date across many clinical areas
 - Time-constrained consultations
 - Need to reconcile patients' expectations with scientific evidence, whilst not compromising rapport or wellbeing
 - Lack of support/ isolation (*for private GPs*)
 - Need business acumen (*for private GPs*)
- 

Lack of prestige

“I would say there is a difference in the level of prestige people associate with the specialties. I think it’s a social thing, when you watch TV they always emphasise all the cardio, neuro, but then fam med, no one really talks about it.”



Perceived benefits of being a Family Physician (indirect)

Less onerous

“Because we spent some time with the registrars and they have been telling us about how intense their [hospital] specialty trainings are. And some of them even discourage you by saying that, oh if you are not ready to put in so much hours, so much of the years of your life into this, then don’t consider it.”

Perceived benefits of being a Family Physician (indirect)

Less competition

“..... Before medical school, I wanted to do something interesting and rare, such as neurosurgery but when I came in, my ideas basically changed for two reasons- first- you have to compete with a lot of people, you have to do a lot of research projects, so I thought why not choose an easier way out....”

Perceived benefits of being a Family Physician (direct)

- Flexibility:
 - Able to work less hours
 - Work-life balance
- Increasing importance in future healthcare landscape



Perceived benefits of being a Family Physician (direct)

- Flexibility:
 - Able to work less hours
 - Work-life balance
- Increasing importance in future healthcare landscape
- (Variety, Continuity, Problem solving, Health promotion)

“I didn't do my posting but I went to doctors who teach us for other things and I've spoken to them and especially those private doctors and I must say it's quite attractive to me to do family medicine.”

Moving forward; increasing attractiveness

- Increase monetary benefits and flexibility of working hours
- Equalize remuneration across medical specialties
- Improve public's perception of GPs and FPs, especially role in helping patients with early diagnosis and detection
- Increase number places available on family medicine residency programs
- Provide more opportunities for medical students to learn about the benefits and opportunities of a career in GP/FM

Emerging recommendations to increase recruitment

- Promote Fam Med as a career of choice not of default
- Positive role models (eg increase UGs exposure to young doctors on Fam Med residency program)
- Increase access to information on career pathways
- Eradicate perceptions of lower status (eg tackle hidden curriculum, positive images in media)
- Embrace needs of Generation Y

Thank you

