Community Apgar: international comparison of community capabilities to recruit and retain physicians

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Relevance

Recruiting and retaining physicians in rural communities remains problematic internationally. One solution throughout rural United States (US) is the implementation of the Community Apgar Program (CAP). Just as an Apgar score quantifies resources and capabilities of newborns, the CAP strives to serve the same purpose. It quantifies important resources and capabilities of rural communities that impact physician recruitment and retention. The CAP enables healthcare providers to identify and appreciate individual community solutions, while providing explicit insights regarding health workforce planning.

The CAP was first developed and used across rural hospitals in Idaho, and now has become a key program throughout other States in the US such as US states of Idaho, Wyoming, North Dakota, Wisconsin, Alaska, Maine, Utah, Montana, Indiana and Iowa. It has a role in helping communities to self-evaluate, prioritise improvement plans, inform advertising considerations, assist with negotiation strategies, and guide successful recruitment and retention of GPs.

The CAP utilises 50 important factors in recruitment and retention that were identified across the US. These factors are categorised into five classes: geographic, economic, scope of practice, medical support, or hospital and community support. Each class contains ten factors that are used in the CAP. Three open-ended questions are also administered to validate the selected factors and identify any community specific factor seen as significant but not addressed within the CAP tool.

The implementation of the CAP internationally was first achieved in the Hume region of rural Victoria in 2015-2016. This international collaboration provided an analysis of the strengths and challenges that certain communities encounter, while establishing the uniqueness of each community, including what each had to offer physicians.

Aims and methods

The aim of this latest study was to undertake an international comparison of key resources and capabilities of rural communities that impact physician recruitment and retention, and to provide valuable insight into augmenting recruitment and retention approaches in Australia and the US. To achieve this, Victorian data was statistically analysed and compared with data from two US states. These two states were selected as they share a number of geographical and community similarities with rural Victoria.

Results and conclusions

The findings indicate there are international parallels that positively impact physician recruitment and retention. These factors include physicians feeling needed, supported and appreciated by a community being much more rewarding than additional money; having a good perception of quality—a community’s reputation for providing quality medical care; having adequate transfer arrangements...
due to limited sub-specialist availability; and having an adequate allied health staff workforce to undertake ancillary health care within rural communities.

Other similarities were identified as challenges that impact recruitment and retention of physicians. These factors include spousal satisfaction, in terms of local community living, education and employment opportunities; and the adequacy or existence of shopping and other services in rural settings.

The CAP offers health services nationally and internationally the opportunity to develop strategic plans specifically tailored for their community, while confidentially sharing best practices, obstacle elimination, and facilitating greater networking opportunities with other services. In addition, the international comparison has also identified shared trends and themes that directly impact rural communities in both countries, and may highlight key factors that are experienced in other rural communities elsewhere. This process has developed a more robust evidence based platform for the advocacy of key issues at the community, state, national and international level.

**Presenter**

Dr David Schmitz is Professor and Chair in the Department of Family and Community Medicine of the University of North Dakota School of Medicine and Health Sciences. Dr Schmitz is also the current President of the National Rural Health Association. With a combined experience of nearly twenty years in rural practice and teaching residents and students, he recently relocated to North Dakota continuing work in the areas of medical education, rural health, and workforce research. He is active with both the American Academy of Family Physicians, serving on the Commission on Quality and Practice as well as with WONCA, the global association of family physicians, serving as the North American representative to the executive of the group on Rural Practice.