



Executive Summary
7th Annual Spring Workshop
Recruitment & Retention day
Thursday, April 26, 2007

08:45-09:00: ROMP Interim Program Manager & Community Development Officer Ashley Colter dynamized the delegates with the Welcome and Introduction to the day's events.

09:00-10:00: Keynote speaker Assistant Deputy Minister MOHLTC Dr. Joshua Tepper addressed the audience in regards to the future of healthcare in Ontario and highlighted some of the trends that are currently shaping its' face in his presentation '*The Future of Healthcare in Ontario*'.

HealthForceOntario Tomorrow in Ontario...

People will: <ul style="list-style-type: none">• be more numerous and older• be more culturally diverse• have more chronic than acute diseases• be increasingly involved, informed consumers• seek complementary and alternative care• focus on wellness and disease prevention	Health services will: <ul style="list-style-type: none">• be increasingly based in the community setting• be delivered by interprofessional teams• focus on health promotion and disease prevention• make greater use of new technology including tele-medicine, robotics and genetics/proteomics	Health service providers will: <ul style="list-style-type: none">• be older and seeking career transition and retirement• continue to come from a range of other nations• want more balance and flexibility in their careers• work in a mobile, international and opportunity-laden market• demand healthy and stimulating workplaces• need new educational models to deal with a rapidly evolving base of knowledge and technology
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.... **New expectations, capacities and roles are demanded of our workforce**

Ontario

Dr. Tepper presented an overview of guiding principles for HealthForceOntario which included;

- Must include broad range of providers in the system
- Recognize educators, leaders, patients, family and community as key members of the strategy
- Align with government priorities
- Must engage government, providers, employers, planners, and the people who use the system
- Ensure safety and competency for patients and providers
- Encourage patient/client focused collaborative care
- Must recognize and treat health care providers as core assets, 'value centres', in the health care system
- Must be a 'package' for all sectors and players- short, medium and long term

Assistant Deputy Minister Tepper also outlined the eight initiatives already undertaken by HealthForceOntario in an effort to make ***“Ontario the employer of choice in Healthcare”***:

1. New roles; Guiding Principles; Proof of principle exists; Local champions for demonstration; Area of need; Safety
 - **Physician Assistant**
 - **Nurse Endoscopist**
 - **Surgical First Assist**
 - **Clinical Specialist Radiation Therapist**
 - **New Anesthesia Roles for RT, RN and NP**
 - **Pharmacy Assistants**
 - **Prescribing authority for Optometrists and RN-EC**
2. One-stop shop for internationally educated health professionals
3. Establishment of a coordinated marketing and recruitment centre with a comprehensive job portal
4. Every new nursing graduate (RN and RPN) will have a full time job opportunity
5. Recognize and Value Ontario’s health force
6. Interprofessional Education and Care
 - Provincial Summit – ‘developing a blueprint for interprofessional education and care’
 - Mentorship and Coaching fund
 - Innovation fund for interprofessional education
7. Allied Health Continuing Education Fund
8. ER Coverage Demonstration Project

Dr. Tepper closed out the session by providing some context for issues that Recruiters currently face.

HealthForceOntario 20

Random Reflections for Recruiters

- Rapidly changing recruiting environment
 - FHT/FHN/FHG/FFS...
 - AHSC APP
 - IT investment
 - LHIN
 - DME
 - IPC
 - New roles
- HFO a key support – not competition – for you
- Rapid pace of change in Ontario is a challenge and an opportunity:
 - Staying informed
 - Communicating clearly
 - Picking your audience

Please email Matt at mkirkham@romponline.com if you would like the complete presentation.

10:00-10:30:

Mr. Brad Sinclair, Transition Lead for the HFO recruitment Centre, would provide further analysis of HFO, specifically regarding the HFO Recruitment Centre in his presentation '*HealthForceOntario Strategy & Updates*'.

HFO Recruitment Centre - Status Update

- **May 2006, HealthForceOntario (HFO) is born as a strategy – viewed as a broad umbrella over a series of HHR strategies, HFO includes but is not limited to:**
 - Increasing medical school enrolment
 - Increasing access for IMGs
 - New Nursing Graduate Guarantee
 - Introduction of new health professional roles
 - Nurse endoscopist
 - Physician assistant
 - Clinical Specialist Radiation Therapist
 - First surgical assist nurse
 - HFO Recruitment Centre
 - HFOJobs

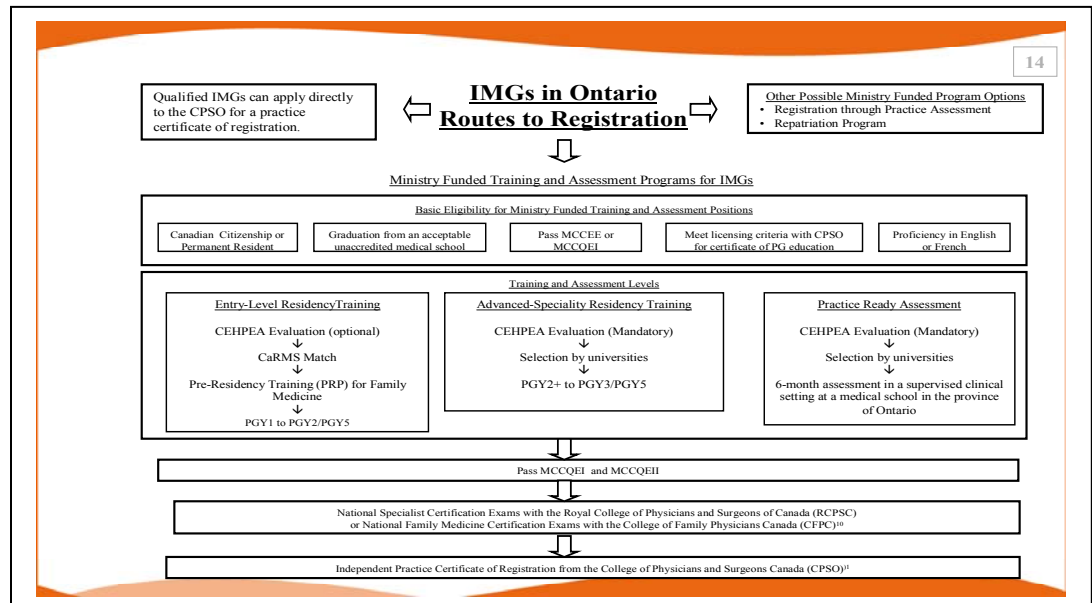
Mr. Sinclair outlined the four business units which the Recruitment Centre was loosely organized around. These include:

1. **Corporate Affairs Group** – Human Resources, IT, Payroll, Benefits & Pension - Long-Term accommodation - Independent status, e.g., a not-for-profit corporation, a provincial agency
2. **Marketing & Recruitment Group** – Coordinate and integrate interprofessional recruitment in Ontario through partnerships with provincial and national health care organizations, employers and communities
 - Negotiating a partnership role for each of the identified stakeholders such as AMO, FONOM, NOMA, OMA, CPSO, RNAO, SRPC, PAIRO, and LHINs in promoting Ontario as a desirable place to work & live to prospective candidates and in identifying local needs - Act as a clearinghouse of information on all aspects related to marketing, recruitment and retention of health care professionals provincially
3. **Recruitment & Relocation Management Group** – Design, development and implementation of an individualized or case management approach to potential candidates, i.e., health professionals are not interchangeable human resource widgets – Recruitment & Relocation Management will facilitate a number of things with 'recruitable' health professionals
 - Design, develop and implement an international call centre – telephone, e-mail and written correspondence
4. **The Emergency Department Coverage Demonstration Project** - Defining a supply of Ontario physicians who are qualified to offer locum assistance in an Emergency Department that is in dire straits – will result in an electronic physician registry of some sort
 - Quantifying the demand for coverage in various emergency departments,

	<p>i.e., those in dire straits – will result in a registry of ED coverage schedules for those hospitals</p> <ul style="list-style-type: none"> - Building an IT mechanism for matching the supply of qualified Ontario physicians with the emergency department coverage demand from the hospitals in dire straits – will result in an IT mechanism for linking the two registries noted above <p>Mr. Sinclair closed out this session by highlighting some of the opportunities for collaboration with local physician committees. These include: integration and coordination of recruitment through partnership; sharing of both macro and micro intelligence; HFO job portal; education – where it would be helpful; maintaining a public face of collaboration and research.</p> <p>Please email Matt at mkirkham@romponline.com if you would like the complete presentation.</p>
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<p>11:00-12:00:</p>	<p>Ministry of Health Program Updates & New Developments:</p> <p>Part I: Ms. Ingrid Faraq spoke to some of the recent changes to the IMG stream of Medical Trainees. The greatest change being the introduction of CEHPEA:</p> <ul style="list-style-type: none"> • The Centre for Educated Health Professionals Educated Abroad (CEHPEA) opened on April 19, 2007, to provide orientation and evaluation services for internationally educated health professionals (IEHPs), starting with IMGs but expanding to other key professions. <i>Formerly, these services were provided by IMG Ontario, which closed as CEHPEA opened.</i> • CEHPEA provides the following key services for IMGs: <ul style="list-style-type: none"> • Timely, non-mandatory evaluation services to IMGs applying for first year postgraduate (PGY1) positions • Mandatory standardized evaluations for IMGs applying for advanced level training or practice ready assessment positions • Pre-Residency Program for candidates in entry-level family medicine postgraduate training positions <p>Ms. Faraq then gave an extensive overview of the Return of Service (ROS) agreement and introduced it as part of a package of strategies to attract physicians to Ontario’s underserved communities. There are two parts to this agreement;</p> <p>(i) The Main Part – including a schedule for either assessment or training:</p> <ul style="list-style-type: none"> - Describes the required length of service and repayment expected if the ROS is not fulfilled. This part is signed by the physician and the Ministry <p>(ii) The Addendum – Specifies the ROS community:</p> <ul style="list-style-type: none"> - Is signed by the physician and the community and is approved by the Ministry - Defines full time service as negotiated between the physician and the Community - Is not required until completion of training or assessment
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- Service can be done through locums for up to a maximum of one year, or shared between two designated underserved communities
- Up to five years full time is required in a designated underserved community as listed in the List of Areas Designated as Underserved-LADAU



Ms. Faraq concluded the session by touching on some strategies for sustaining the relationship between the community and the IMG. These include:

- Encouraging existing providers to support training opportunities in your community – Distributed Medical education
- Getting ready for your new Doctor
 - promote your communities unique characteristics, services and resources
 - Understand practice expectations including supervision requirements for IMGs on restricted registration
- Negotiating employment agreements
 - Full time practice negotiated by physician and community

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Part II: Underserved Area Program was presented by Catherine Coffey and Sherri Cassin. The basics of the UAP were outlined in UAP 101:

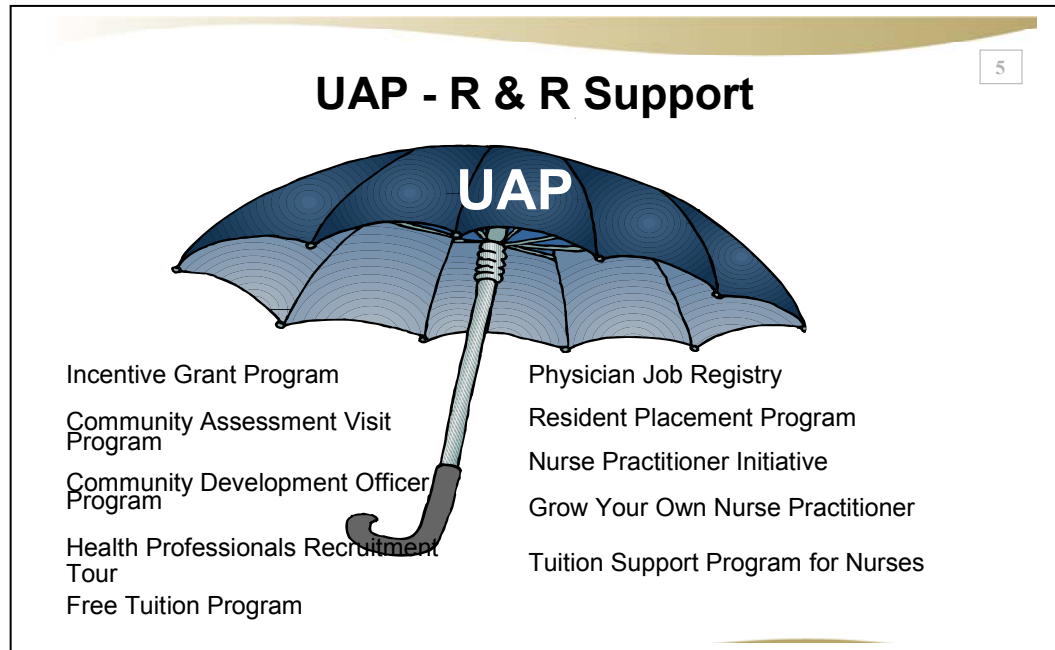
- Its about provider distribution – not supply
- Provides and delivers a variety of integrated initiatives, provides a ‘one-stop shop’ for communities
- Primary client is communities
- Helps recruit doctors, nurse practitioners and other Allied Health

Professionals

- Helps ensure access to local health care services

Ms. Coffey and Ms. Cassin followed this up by going over the steps in joining the UAP:

1. First step is to obtain a UAP designation
 - Community Lead process
2. Any community in Ontario may request designation for GP/FPs but only northern communities may be designated for Specialists
3. Once designated, communities have access to UAP's recruitment and retention tools (e.g. financial support)



These programs for UAP – Recruitment & Retention Support fall under the UAP umbrella. The ***Incentive Grant Program***, the ***Community Assessment Program*** and the ***Community Development Officer Program*** are all UAP programs designed for the purposes of providing incentives to attract physicians to underserved communities.

Ms. Coffey and Ms. Cassin reviewed some of the recent UAP initiatives in regards to nursing. These initiatives include;

- Nurse Practitioner Initiative – Funds 97 NP positions across the province in a variety of settings
- Grow Your Own Nurse Practitioner – Allows sponsoring agencies with vacancies the flexibility to use funds to sponsor a local registered nurse to become a nurse practitioner
- Tuition Support Program for Nurses – offers tuition reimbursements to new graduate nurses

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13:15-14:15:

Mr. Wayne Heide Administrative Director for the Office of Rural & Northern Health presented *'Successes, Challenges & Best Practices: the Manitoba Perspective'*. Mr. Heide began with the background history of the Office of Rural & Northern Health:



ORNH Background

The Office of Rural and Northern Health was established as a component of the Manitoba Rural Physician Action Plan

Increase the number of graduating physicians and other health care professionals who choose rural and northern Manitoba as a place to live and practice their professions.



Manitoba's Office of Rural and Northern Health

In addition, the mandate of ORNH was shared, which consists of;

- Providing Manitobans with leadership and programming related to education, recruitment and retention of healthcare professionals in rural and northern Manitoba communities

Before the implementation of the ORNH all components of recruitment were the responsibility of each individual region. There was no one to coordinate liaisons with students and there was no consistent rural/northern advocate. As well, there was no caretaker of the bigger picture.

Mr. Heide addressed the audience with a synopsis of the Physician Resource Coordination Office (PRCO), which was created in November 2005 as a facilitation service for all IMG and Canadian out of province physicians wanting to practice in Manitoba. Employing 4.5 EFT staff, the PRCO works to coordinate a Manitoba presence at recruitment events.

This process has changed in Manitoba over the past five years:

- Province used to target IMG's primarily from South Africa and provide preferential licensure
- Direct-to-licensure process changed in 2003 due to human rights challenges
- All IMGs must undergo the same process regardless of their country of origin or training

Physician recruitment encompasses two programs;

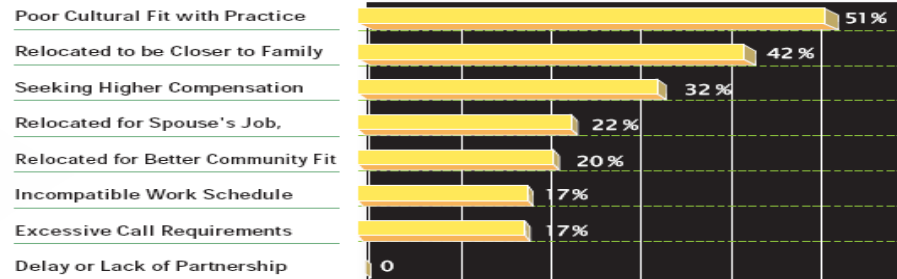
1. **Direct to Licensure** – Candidates must meet certain conditions to be considered; eligible for conditional registration with the College of Physicians and Surgeons of Manitoba; pre-screening interview (2 docs and 1 HR person) to determine suitability for rural/northern general practice. Three month clinical field assessment in rural Manitoba – not the site of their job sponsorship – requires a form of

	<p>conditional licensure due to hands on patient contact.; Successful candidates continue on a conditional license and can practice under a practice advisor and a practice mentor. These must be two different physicians.</p> <p>2. Medical Licensure Program for International Medical Graduates (MLPIMG) – Eligible candidates undergo CAPE to determine areas requiring further training; Undergo a one year modified family medicine residency program; If successfully complete residency, may be conditionally licensed.</p> <ul style="list-style-type: none"> • Full licensure after successful completion of LMCC 1&2 and the College of Family Physicians of Canada certification program. <p>Mr. Heide proceeded to highlight some strategies for engaging local or community based youth to seek meaningful careers in healthcare. Please email Matt at mkirkham@romponline.com if you would like the complete presentation.</p>
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<p>14:15-14:45:</p>	<p>ROMP Program Manager & Community Development Officer Michelle Hunter gave the presentation ‘<i>Tips for Effective Physician Retention</i>’ which reviewed some useful strategies for retaining physicians in rural and underserved areas:</p> <p><i>“For most communities, their best chance of having a doctor tomorrow is to keep the one that they have today.”</i> (Pong, Lamire and Tepper, 2007)</p> <p>Ms. Hunter emphasized the importance of having a concrete retention plan as it has been proven to decrease turnover while increasing morale and efficiency. This can have the dual impact of significantly improving the quality and continuity of patient care.</p> <p>Two groups were identified as being the most vulnerable to the retention issue. They comprise the Early Careerist and the Late Careerist. Primary reasons for voluntary separation in the Early Careerist include;</p> <ul style="list-style-type: none"> • Practice Issues – 44% • Compensation – 27% • Location – 25% • Spouse – 4%
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Why Did They Leave?

According to the survey, fit and family are the two reasons most often cited for physicians leaving a practice. Responses were received from 92 groups representing 16,833 employed physicians.



Source: AMGA and Cejka Search 2006 Physician Retention Survey

Considerations for the **Late Careerist** and strategies for retention include:

- Increased retirement
- Reduction in workload
- Scope of practice
- Mentorship programs

Some examples of the most effective physician retention efforts include:

- Selecting the right mentor
- Implementing more intensive and longer mentoring program

A Mentorship program was then touched upon to assist the new physician and his/her family in integrating in to the culture of the practice, the hospital and the community. In addition, a Mentorship program assists the physician in starting a successful practice and reduces the risk of turnover. The program assists both vulnerable groups – late careerist and early careerist and provides a strategy for retaining the late careerist in a mentorship capacity. This is facilitated by the initiatives on Mentorship through the HFO fund and the UoT programs on mentorship.

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15:15-16:15:

The last session of the day featured a panel of experts and was entitled '*Education, Recruitment & Retention Panel Discussion: What is Important to our Trainees & Physicians*'. The panel consisted of Dr. Robert Henderson, Dr. Robin Martin-Godelie, Dr. Mohammad Keshoofy and Dr. Jonathan Kerr.

Emphasis was placed upon the 'Five F's':

1. **Family** – it's important that the family is involved in making the community choice – must remember that it's not just physician recruitment, but more

	<p>correctly, it's a question of family recruitment. Issues such as education and children's safety are deciding factors in practice decisions.</p> <ol style="list-style-type: none"> 2. Finances – The average debt for medical graduates is \$157,000. Tuition for UoT is \$18,500/year. This makes financing extremely important! 3. Fun! – Lifestyle (new physicians are seeking a balance between work and home life). 4. Fulfilment - faculty appointment, research, CME. 5. Flexibility – for practice (EMRs, FHT, FHG). <p>Other important issues that came out of the discussion include the fact that 1 in 9 Canadian medical graduates eventually leaves Canada to set up practice in the US. In addition, there currently is not enough high school support and programming for students who may be considering careers in healthcare. A major issue in the recruitment and retention of trainees and physicians has stemmed from an increase in competition between communities and can be a source of conflict for new recruits. Aggressive recruitment should not take the form of political smear campaigns. Each individual community brings in its own strengths and limitations. Communities should be encouraged to highlight their own strengths and avoid commenting on perceived limitations of other communities. This can be a deal killer in recruiting trainees and physicians.</p>
<p>16:15-16:30:</p>	<p>Closing remarks were made and the Seventh Annual Three Day Spring Workshop came to a close. If you require any further information and/or resources please contact the ROMP office at (877) 445 – 7667. This summary will also be posted on our website at www.romponline.com</p> <p>Thank you!</p>