DRAFT Review of Recruitment and Retention Policies and Procedures Related to Medical Professionals

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Prepared for:

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PLAN SUMMARY AND PRIORITIES

CONTENTS

1 INTRODUCTION

1.1 Background

The Cariboo Regional District (CRD) encompasses an area of approximately 80,000 square kilometers ranging from Lac Des Roches in the Southeast, to just north of 70 Mile House in the South to just south of Hixon in the North to Anahim Lake in the West to Likely in the East and Wells/Barkerville in the North East.

To ensure that region is adequately staffed by health professionals throughout the Cariboo region, the CRD provides funding support to two local organizations that provide medical staffing recruitment and retention services on behalf of the CRD through the Cariboo Chilcotin Regional Hospital District (CCRHD) board.

In the north Cariboo, the CCRHD has a contract with the City of Quesnel (CoQ), who through their economic development department, provides support to Northern Health (NH) in recruitment and retention services in the Quesnel, Wells/Barkerville, and surrounding rural areas. In the south Cariboo, this service is provided by the Central Interior Rural Division of Family Practices (CIRDFP), which supports Interior Health (IH) with recruitment and retention services in the 100 Mile House, Williams Lake, Tatla Lake, and surrounding rural areas.

This report reviews the recruitment and retention policies and procedures utilized by the two local organizations in supporting medical professional attraction and retention in the CRD. In addition, the report investigates the partnership these organizations have developed with NH and IH and the overall success of the recruitment and retention program in the CCRHD.

1.2 Objectives

Working with the NH and the IH, the Region currently has two contracts in place for recruitment and retention services.

This assignment reviews the current agreements with the CoQ and CIRDFP and focuses on key deliverables including:

- Identifying, understanding and expressing broadly, the “pinch points” in attraction, recruitment, and retention of medical professionals including issues such as:
    - community profile
    - housing stock
    - communication linkages
    - educational/recreational/cultural opportunities;
- Determining what the appropriate focus for the funding provided by the CCRHD should be;

- Determining whether the CCRHD contracts are leading to efficient, effective and responsible services; and,
- Providing recommendations to the CRD and the CCRHD concerning improvements and/or changes to the agreements, policies and procedures.

1.3 Approach

To achieve the objectives outlined above, the review follows six defined steps including:

1) **Scoping** – Interviews with CoQ, CIRDFP, NH and IH were undertaken to confirm and define "pinch points" that may be creating challenges for the attraction and retention of medical professionals.
2) **Data analysis and Document review** – A review of the contracts between CCRHD and CoQ and CIRDFP were undertaken. Supporting documents provided by CoQ and CIRDFP were used to track progress and success of their services were obtained and reviewed. Finally, statistical data outlining the demand and successes associated with health professional recruitment and recruitment were collected.
3) **Evaluation of Current Delivery –** An evaluation model was developed to track the steps and the responsibilities of the two contractors and associated partners at NH and IH. Each defined step in the evaluation process is identified and insight provided on each criteria in the recruitment and retention process. Areas that are identified as being challenges or "pinch points" are discussed.
4) **Good Practices** – An investigation of other medical professional recruitment and retention programs in rural British Columbia was undertaken.
5) **Workshop –** A workshop was conducted with members of the CCRHD and the two contractors to outline the outcomes of the statistical review and the evaluation findings. The key goal of the workshop was to map out a set of recommendations that will address pinch points and could better support medical professional recruitment and retention.
6) **Final Report** – A final report was prepared outlining all research, the evaluation and recommendations to increase success of medical professional recruitment and retention.

1.4 Report Organization

The remainder of the report is organized into the following sections:

- Section 2 outlines the recruitment and retention process;
- Section 3 provides and overview of the North and South Cariboo contract areas;
- The evaluation of each contract area is found in Section 4; while
- Good practices from other jurisdictions is outlined in Section 5; and,

- Section 6 provides recommendations based on the outcomes of the evaluation.

This is followed by references which includes the references and more detail on the professional recruitment approach.

2 RECRUITMENT AND RETENTION PROCESS

2.1 Outlining the Process Steps and Participants

In 2014, the Interior Health Physician Recruitment and Physician Compensation Planning and Initiatives Teams prepared a guide for successfully undertaking long-term physician recruitment and retention. It was developed with on-the-ground experience of what was working in the IH region and highlighted how to work collaboratively to support successful recruitment of difficult-to-fill physician vacancies in rural communities. Key steps in the process are outlined in further detail in Appendix B.

Based on the key steps mapped out by Interior Health, both the Community Recruitment and Retention Coordinators (CRRC) in the City of Quesnel (CoQ) in the northern portion of the CCRHD and the Central Interior Rural Division of Family Practices (CIRDFP) south were asked to identify who was responsible for each step in their area. In addition, a family doctor who has been involved with physician recruitment and retention in the Kamloops area was also invited to comment. Collectively, Table 1 was developed outlining the involvement in the recruitment and retention process.

As illustrated, there are multiple agencies involved in successful recruitment and retention. Specifically, the team includes the local recruitment coordinators (the focus of this evaluation), the appropriate health authority, and in many instances, local health clinics. The College of Physicians was also identified given their role in determining the eligibility of new physicians to British Columbia.

Overall success is clearly linked to collaboration between the various team members. Further, success also depends on connections to the boarder community which are not specifically identified in the framework.

Table 1: Steps in Health Professional Recruitment and Retention in the Cariboo

	Identifying the Need	Start Recruiting	Defining Work Load	Identifying the Need	**About the Opportunity**	Defining Job/Practice	Practice Details	Compensation Description	Community Description	Identifying Resources		**Marketing**	Generating Interest	Connecting w/ Candidates	External Marketing	**Recruitment**	Eligibility	Personal Connection	Community Visit
Local Liaison				✓					✓	✓			✓	✓	✓			✓	✓
Clinic			✓	✓				✓		✓									
Health Authority		✓	✓	✓		✓	✓	✓	✓	✓			✓	✓	✓		✓	✓	✓
College of Physicians																	✓		
	Hiring Process	Candidate Selection	Welcoming Work Environ	Understanding Billing	**Starting Work**	Professional	Personal	Customizing Position	**Orientation**	Professional	Personal	**Retention**	Facilitate Relationships	Local Mentorship/Networking	Personal	**Exit Interview**	Leaving Community		
Local Liaison							✓	✓			✓		✓	✓	✓				
Clinic		✓	✓	✓		✓				✓			✓		✓		?		
Health Authority		✓	✓			✓	✓	✓		✓	✓		✓						

2.2 Evaluation Approach

As mentioned above, the Physician and Health Professional Recruitment Liaison (PHPRL) delivery in the CCRHD is divided between two contractors. They are the CoQ in the northern portion of the CCRHD and the CIRDFP in the south.

The approach to the evaluation follows the deliverables outlined in the contracts with CCRHD, with reference to outputs and outcomes. **Outputs** are tangible deliverables related to the execution and efficiency of work required by the contract. **Outcomes** are measures of effectiveness and change. Outcomes are the primary focus of evaluation because they contribute to the primary focus of goal achievement, that is, to effective retention and recruitment objectives.

2.2.1 Contract Outputs

The contracts specify the following outputs:

1) The development of a **strategic recruitment plan** to address current and anticipated service gaps;
2) **Building strong** relationships with **current health care professionals and community leaders** and organizations that will help to present a positive experience for potential recruits and new professionals;
3) **Building strong relationships** with both the **physician recruitment staff** and the **nursing/health professional** recruitment staff with the Health Authority;
4) Create effective **advertisement and promotional materials** to attract prospective physicians and health professional recruitment staff with Interior Health;
5) The development of promotional materials that reflect the **lifestyle** of associated communities for use in attracting potential recruits;
6) **Attend recruitment events** as need;
7) **Coordinate recruitment site visits** and ensure that visits are tailored to the needs of the potential physician or health professional and that they create an attractive welcoming environment both within the medical community and within the broader community;
8) Coordinate a **community welcome** program for perspective recruits and help to integrate new recruits and their families into the community;
9) Delivery of **quarterly updates** on activities and associated expenditures to the District; and,
10) A detailed **annual report** to the District in October of each year.

Contractor documentation related to the above was reviewed for completeness, comprehensiveness, and timeliness.

2.2.2 Outcomes

The outcomes are not explicitly stated in the contracts in quantitative terms, although there is an implicit expectation that a full complement of physicians and health care professionals will be recruited and retained. The outcome evaluation is based on reporting data from the contractors, interviews with the contractors, partner agencies, and recruited physicians. The outcomes assessment focused on three desired accomplishments including:

1) **Aligning** recruitment initiatives with those of **Health Authority** and all physician recruitment efforts and focus on physicians willing to obtain hospital privileges from the appropriate health authority;
2) While not specifically identified in the contracts, a key outcome is to **ensure that health professionals are recruited** to the CCRHD to fill vacancies; and,
3) Finally, **the overall impact on recruitment and retention** efforts that the PHPRL or the specific Community Recruitment and Retention Coordinator (CRRC) may have in the overall program success.

2.2.3 Evaluation Matrix

The contract **outputs** are compiled in an evaluation matrix that has three parameters.

Completed refers to the contract obligation and if it has been fulfilled and is denoted simply by:

Yes Completed	No not Completed
✓	×

For **comprehensiveness** of the task completed is assessed a rank of one to three, including:

Ranking	Completed
1	Minimally
2	Satisfactorily
3	Exceeds requirement

Most tasks will receive a 2 (satisfactory) which refers to the task being completed and is working well for the process. A 1 (minimally) refers to objectives that have been competed but could be improved on or has transitioned since the contract was initiated. Finally, a 3 (exceeds requirement) highlights were a good practice has made this task function above its requirement.

Update to date also uses a simple yes or no indication and includes:

Yes Up-to-Date	No not Up-to-date
✓	×

The outcomes are provided a qualitative assessment and focus on the overall achievements.

Table 2: Evaluation Framework

	Completed	Comprehensive	Up-to-date	Comment
Contract Outputs				
1) Strategic Recruitment Plan				
2) Building strong Relationships with Current Health Professionals & Community				
3) Building Strong Relationships with both physician recruitment and nursing/health professional recruitment staff				
4) Advertising and Promotional Materials				
5) Lifestyle Promotional Materials				
6) Attend Recruitment Events				
7) Coordinate Recruitment Site Visits				
8) Coordinate Community Welcome				
9) Quarterly Reports				
10) Annual Reports				
Contract Outcomes				
1) Align Recruitment Initiatives focus only on physicians willing to get hospital privileges				
2) Ensure Health Professionals are recruited				
3) Impact on recruitment and retention efforts				

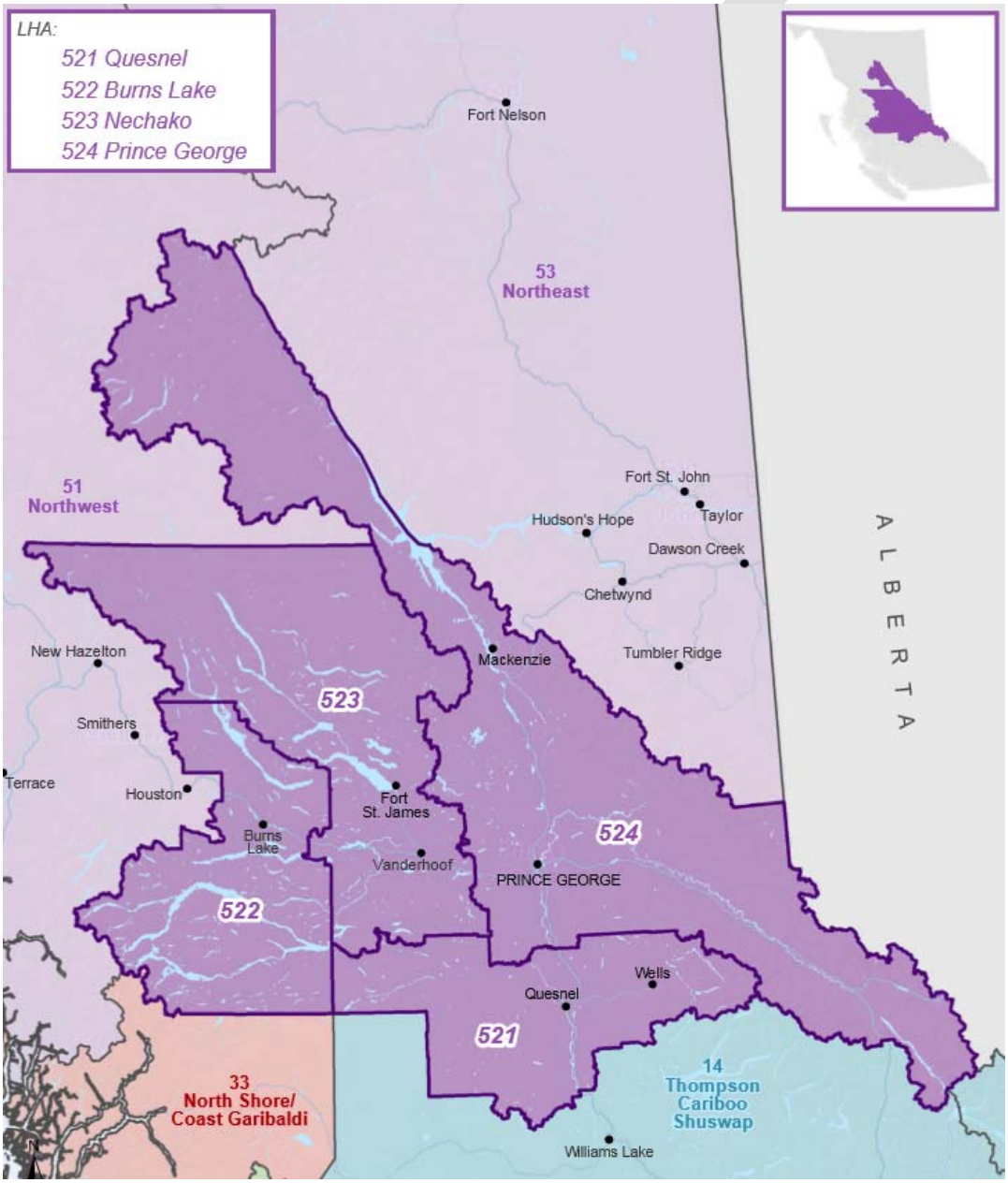
3 CONTRACT AREA OVERVIEWS

3.1 Northern Cariboo Chilcotin Regional Hospital District

3.1.1 Location

The northern CCRHD includes the Quesnel Local Health Area (LHA). The City of Quesnel (CoQ) holds the service contract for PHPRL for the Quesnel LHA. As illustrated in Figure 1, the Quesnel LHA is the southern-most LHA in the Northern Interior Health Services Delivery Area (NIHSDA).

Figure 1: Northern Interior Health Services Delivery Area



Source: BC Ministry of Health (2018).

3.1.2 Statistical Review

This section highlights the data provided by IH, NH and the local PHPRLs to represent the outcomes of recruitment and retention efforts in the Cariboo.

3.1.2.1 Northern Health Other Health Professional Tracking

Figure 2 provides an overview of all health professionals hired, excluding physicians, in Quesnel over the period between the three years from 2017 to 2019.

Figure 2 Overall New Hirers Minus Physicians for Quesnel, 2017, 2018, and 2019

Job Family	2017	2018	2019
Care Aide	14	20	20
Direct Care (DC) Nurse	8	17	14
Student Nurse	6	9	10
Administrative Assistant	5	10	6
Housekeeping	4	7	8
Food Services Staff	5	8	3
LPNs	2	3	7
Community Health Workers	3	2	6
Allied to SW	1	1	9
Admitting Clerk	1	6	3
Excluded	1	3	6
Lab Assistant	1	2	3
Community Health (CH) Nurse	0	1	4
Activity Worker	0	3	0
Stores Attendant	2	1	0
Nursing Unit Assistant/Clerk	2	0	1
Medical Technologist	1	1	1
Pharmacist	2	0	0
Maintenance Staff	0	2	0
Pharmacy Technician	1	1	0
Clerk	1	0	0
Social Worker	0	0	1
Program and Service Activities (PS) Nurse	0	1	0
Occupational Therapist	0	1	0
Sterile Processing	1	0	0
Medical Radiography	0	1	0
Power Engineer	0	0	1
Dietitian	0	1	0
Physiotherapist	1	0	0
Grand Total	**62**	**101**	**103**

Source: Northern Health (2020a).

3.1.2.2 Northern Health Physician Arrivals and Departures Tracking

Table 3 outlines the General Practitioners (GPs), Specialist Physicians (SPs), and Nurse Practitioners (NPs) currently in practice in Quesnel. In addition, Table 3 also provides insights into the arrivals and departures of GPs and SPs. NPs were not a part of physician recruitment in 2016/2017 so were not tracked until 2018. All tracking numbers were moved to a new system mid-2017 at which tracking was interrupted and are based on the best available data within Northern Health.

Over the period, GPs in the Quesnel LHA have remained constant with a noticeable increase in 2019. Conversely, SP have fluctuated over the period. Overall, arrivals have out past departures in 2016 and 2019. Only in 2017 did arrivals fall behind departures.

Table 3 Physician and Nurse Practitioner Tracking, End of 2016 to the End of 2019

	Current In Practice (Full-Time Equivalent)			Arrivals	Departures
Northern Interior HSDA	**NP**	**GP**	**SP**	**ALL- Arrivals**	**ALL-Departures**
As at December 31, 2016					
Quesnel	??	22.4	6	14	3
As at December 31, 2017					
Quesnel	??	22.65	4	1	3
As at December 31, 2018					
Quesnel	1.2	22.15	6	4	4
As at December 31, 2019					
Quesnel	1.2	29.37	3.4	7	6

Note: NP=Nurse Practitioner; SP=Specialist Physician; GP=General/Family Physicians; and SP=Specialist Physicians
Source: Northern Health (2020b).

3.1.2.3 Quesnel Recruitment Coordinator Reporting

The Northern CRRC identified several accomplishments associated with work efforts for 2019 through to September 2019 including:

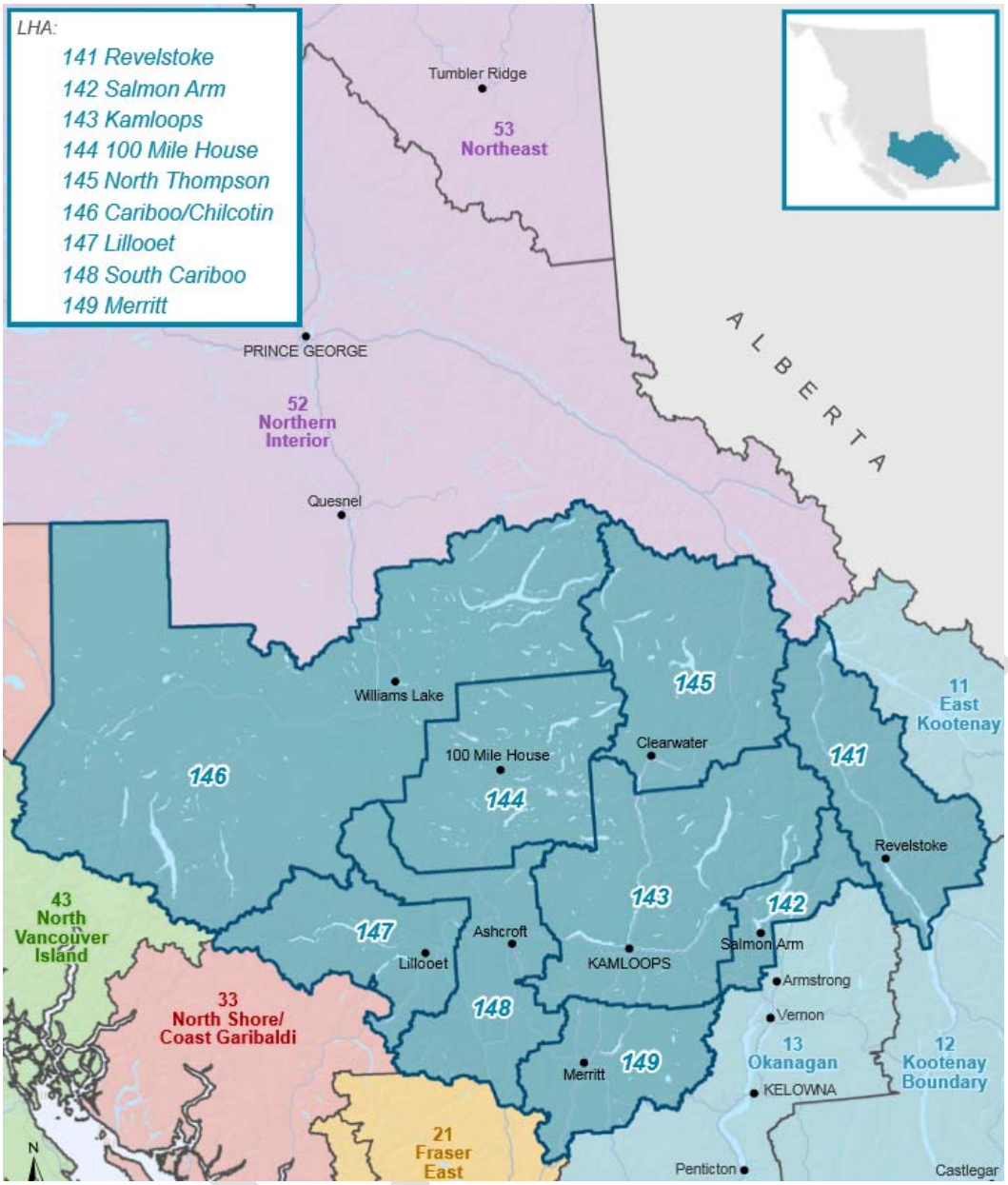
- Physician recruitment visits;
- Family medicine physicians welcomed;
- 1 OB/GYN welcomed;
- 2 Family medicine physicians arriving soon;
- 1 Family medicine physician expected early 2020;

- 2 Medical residents assisted;
- Nursing/allied health professionals welcomed/assisted;
- Students assisted (medical, nursing); and,
- 1 Apartment furnished (Beverlee Barr Consulting. 2019).

3.1.3 Southern Cariboo Chilcotin Regional Health District

The southern CCRHD includes the Cariboo Chilcotin and 100 Mile House LHAs. The CIRDFP holds the service contract for PHPRL in the 100 Mile House and Cariboo Chilcotin LHAs. As illustrated in Figure 3, the Cariboo Chilcotin LHA forms the north-western most boundary of the Thompson Cariboo Shuswap Health Services Delivery Area (TCSHSDA) while the 100 Mile LHA is immediate south of the Cariboo Chilcotin LHA.

Figure 3: Thompson Cariboo Shuswap Health Services Delivery Area



Source: BC Ministry of Health (2018).

3.1.4 Statistical Review

3.1.4.1 Interior Health Other Health Professional Tracking

IH was unable to provided data on the southern CCRHD region.

3.1.4.2 Interior Health Physician Tracking

IH was unable to provided data on the southern CCRHD region.

3.1.4.3 South Cariboo Recruitment Coordinator Reporting

The southern PHPRL identified several accomplishments associated with work efforts over the past three years including:

Facilitating Connections for Recruitment

- UBC Recruitment Events - reached 36 potential candidates - Attended by 2 local physicians. 3 medical students and 13 residents in 2019.
- Will be attended by 2-3 physicians and a potential 20 students and residents in 2020.
- Physicians Site Visits- coordinate visits for 8 candidates (2018 to beginning of 2020)
- Shows Attended – 2 per year between 2012 and 2018. Attending an event costs between $2,000 to $4,000 per event.

Welcome and Settlement Support

- Welcome Events - 3 events (2018 and 2019).
- Accommodation Support-helped 38 students/residents/physicians find accommodation (15 in 2018; 20 in 2019; and 3 in Jan-Feb 2020).
- Spousal/Family Support-worked with 6 spouses (3 in 2018; 2 in 2019; and 1 in Jan-Feb 2020).
- Student and Resident Community Support- assisted 43 students and residents with support in community (18 in 2018; 25 in 2019; and 5 in Jan-Feb 2020).
- Settlement and Support- supported 7 newly arrived physicians (3 in 2018; 3 in 2019; and 1 in Jan-Feb 2020).
- PRA and IMG Support Group Meetings-hosted 3 groups (2 in 2019 and 1 in Jan-Feb 2020).

Physician Wellness and Support

- Locum Incentives - 15 locum incentives provided (8 in 2018; 6 in 2019; and 1 in Jan-Feb 2020).

Advocacy and Infrastructure

- Bi-weekly calls with Interior Health recruitment re: GP-A and GP-ER needs (15 in 2019; 2 in Jan-Feb 2020).
- Monthly phone calls with IH Recruiter pertaining to the CIRD Recruitment of all physicians, including the PRA and IMG processes.
- Participation in new Interior Physician Recruitment and Retention Network. 8 Divisions across Interior Health have formed a collaborative group to help unify recruitment efforts, as well as create an equitable field for all Divisions across IH.

New Physicians Recruited to the Region

- Two permanent physicians recruited between 2018 and 2019. One more to start in June 2020.
- PRAs and IMGs recruited (3 in 2018; 2 in 2019). (CIRDFP. nda)

4 EVALUATION

4.1 Northern Cariboo Chilcotin Regional Hospital District

The evaluation of the northern CCRHD health professional recruitment and retention coordination services starts with a review of the documents provided by the CoQ for the output component of the assessment. This is followed with the findings from the interview program and informs the outcomes component of the evaluation. The section concludes with a summary matrix and ranking of the various outputs and comments on the strategic outcomes.

4.1.1 Documents Received

The CoQ utilizes an independent contractor to fulfill its contractual obligations with CCRHD. Documentations provided for the evaluation by the COQEDD and their contractor included:

- Northern Health (NH). January 2020. Quesnel Physician Recruitment Improvement Charter (updated January 2020);
- Beverlee Barr Consulting. November 2019.Monthly Recruitment Coordinator Summary Report;
- Beverlee Barr Consulting. nd. City of Quesnel Physicians and Healthcare Professionals Recruitment and Retention Work Plan 2019.
- Healthcare Professionals Recruitment and Retention (September 10, 2019);
- City of Quesnel. 2019a. Medical Community Recruitment Quesnel (updated February 11, 2019);
- City of Quesnel. 2019b. COQEDD contract agreement with their Healthcare Recruitment Coordinator (January 2019);
- City of Quesnel. 2015. Physician and Healthcare Professional Recruitment Renewal Letter (November 2015);
- City of Quesnel. 2014. Recruitment Methodology Proposal For a Potential Healthcare Professional Recruiter Position to serve the North Cariboo (June 2014);
- S. Paulsen. nd. Health Recruitment Coordinator July-Sept 2017 Quarterly Report;
- City of Quesnel (CoQ). nda. City of Quesnel Physicians and Healthcare Professional Recruitment and Retention Work Plan 2019 (Contractor's work plan);
- City of Quesnel (CoQ). ndb. Healthcare Professional Apartment for Short Term Stays Brochure; and,
- City of Quesnel (CoQ). ndc. Hello, Quesnel Community Profile.

4.1.2 Contract Output Assessment

1) Strategic recruitment plan

Current Activity:

1) The CRRC prepares an annual work plan that outlines strategic activities for the upcoming year (Beverlee Barr Consulting. nd).
2) The City of Quesnel Contract with their contractor provides further strategic direction, including specific list of deliverables (City of Quesnel. 2019).
3) Recruitment Methodology Proposal (City of Quesnel. 2014) is a funding proposal and provided an outline role to be filled within NH, roles and responsibilities, skills and qualifications, funding proposal, and terms for evaluation of the CRRC.

Evaluation:

Strategic direction is being undertaken on recruitment and retention activities. It is meeting the requirements of the contract and is up-to-date but should be explicit of strategic outcomes.

2) Build strong relationships with current health professionals and community leaders and organizations

Current Activity:

1) Outlined in the contract is the objective to build strong relationships with current health professionals and community leaders and organizations that will help to present a positive experience for potential recruits and new professionals.
2) The CRRC role is clearly mapped out in the Quesnel Physician Recruitment Improvement Charter (NH. 2020). This systematic team approach ensures seamless delivery and ensures that key tasks and processes are covered for physicians.

Evaluation:

Building strong relations with current health professionals and community leaders is being undertaken in a systematic and organized fashion for physicians and nurse practitioners.

3) Build strong relationships with both physician recruitment staff and the nursing/health professional recruitment staff with Northern Health

Current Activity:

1) As mentioned above, there is a clear and seamless pathway in working on physician recruitment staff.
2) With a new director at the hospital, the CRRC is beginning to become more involved in nurse/health professional recruitment staff.

Evaluation:

The CRRC is well integrated with the physician recruitment staff from NH. Work with nursing/health professional recruitment has been less of a priority but progress is being made to better connect to these activities.

4) Create effective advertisement and promotional materials

Current Activity:

1) Healthcare professional furnished apartment for short term stays brochure provides good visual details on the establishment of a desired asset for health professional recruitment (CoQ. ndb).
2) CoQ has rebranded the community to better promote and market the community, linked to economic development strategy. This has also been linked to the website updates including moving the Quesnel landing page to "Hello", Quesnel YouTube videos. The website updates were done partly to incorporate physician recruitment.

Evaluation:

There are effective advertisement and promotional materials; rebranding has repositioned marketing material; the materials that are produced are up-to-date.

5) Development of promotional materials that reflect the lifestyle

Current Activity:

1) Hello Quesnel (CoQ. ndc) provides detailed information on a variety of community profile indicators. Further, it contains all the standard site selector data sets and allows the reader to quickly understand the overall community and services. It also creates a positive image of the City with a variety of high-quality visuals and pictures, something a lot of promotional materials forget to emphasize.
2) The CRRC also works to ensure HealthMatch BC and Northern Health community profiles and other government community sites reflect relevant and up-to-date data on Quesnel.

Evaluation:

There are promotional materials in place that are done to a high standard and go beyond the scope of what is requested and are up-to-date.

6) Attend recruitment events

Current Activity:

1) In recent years the CRRC has not attended recruitment events. This is primarily a result of new physician recruits coming from the Physician Readiness Assessment (PRA) processes. In fact, between August 2016 and May 2019 physicians were PRA admissions. Under the

PRA process, NH works with the physician to identify the community before the CRRC becomes involved.

2) Further, outside recruitment events were undertaken in the past but are viewed as not being cost effective. However, recent activities have focused on working with UBC in an effort to get more nursing students to stay in the area.

Evaluation:

This task is not being completed at this time, but if required it is assumed it would start again. Recruitment events remain a task for the CRRC identified in the Quesnel Physician Recruitment Improvement Charter; however, these can be expensive so must be selected carefully to ensure resources are allocated to the priority activities. Need to further confirm role in recruitment events moving forward.

7) Coordinate recruitment site visits

Current Activity:

1) The Quesnel Physician Recruitment Improvement Charter highlights the roles, responsibilities and tasks associated with each outcome and targets that are being undertaken (NH. 2020).

Evaluation:

On-ground physician recruitment and recruitment for Nurse Practitioners is well organized and coordinated among the recruitment and retention team.

8) Coordinate a community welcome program

Current Activity:

1) CRRC has a defined role within the community welcome program for prospective recruits and has key roles in helping to integrate new physicians and their families into the community.

2) The CRRC has put effort into recruiting other health professionals into the community however, the uptake has been less than seen with physicians. There appears to be lower demand for services and less connectivity to the recruitment team involved with other health professionals.

Evaluation:

This task is being conducted at a high level for physician recruitment and retention. Work is progressing in offering services to other health professionals.

9) Quarterly updates on activities and associated expenditures to the District

Current Activity:

1) The CRRC prepares monthly reports on activities undertaken during the month and submits these to the CoQ. One monthly report was provided for evaluation, with this report outlining detail on specific recruitment and retention activities. (Beverlee Barr Consulting. 2019). The monthly reports provide good information on what is happening on the ground and insights into the number of health care professionals being supported along with research and product development tasks.
2) One quarterly report was provided from 2017. The quarterly report reviewed had detail of on-going activities on a monthly-basis (Quarterly Report for July-September 2017(S Paulsen Consulting. nd)). It is also very descriptive and specific and provided good insight to the activities being undertaken but no mention of outcomes.
3) The contract links the activities and outcomes to the quarterly payments. This data is collected by CoQ but has not been requested as backup.

Evaluation:

The quarterly report is being completed; however, there was no link to associated expenditures as requested in the contract. The reporting is regular and up-to-date.

10) A detailed annual report to the District in October of each year

Current Activity:

1) The Medical Community Recruitment (CoQ. 2019a) tracks the specific list of recruited physicians, those that stayed on during the crisis (retained), and specialists.
2) Renewal Letter (CoQ, 2015) outlines the key accomplishments in the past year and summarizes the activities undertaken. It also highlights the upcoming objectives for the coming year.
3) The CRRC provides an in-person presentation to the board each year and mid-year to the Joint Planning Committee (northern CRD Directors and Council) and CCRHD has not been requesting a written report.

Evaluation:

A formal annual report does not appear to be in place. However, materials and presentations that cover annual activities are being done and are up-to-date.

4.1.3 Outcomes Assessment

1) Align recruitment initiatives with Northern Health

Current Activity:

1) The CRRC recruitment is part of a team with NH. As such, the CRRC efforts support initiatives that align with Northern Health and work towards all physician recruitment efforts, resulting in physicians willing to obtain hospital privileges from Northern Health.

Evaluation:

Selecting specific physicians is beyond the scope of the CRRC role. They do however support the efforts of NH in finding physicians who are seeking hospital privileges and fit within the community of Quesnel.

2) Ensure health professionals are recruited

Current Activity:

1) The CRRC is part of a team that has been successful in on-going recruitment of physicians in the Quensel LHA. The CRRC performs several specific tasks that address "pinch points" in getting a physician comfortable and settled in the community.

2) There has not been as much uptake of services with other health professionals as there has been with supporting the physician recruitment and retention. Connections with the other health professionals are evolving as more of a team emerges across the recruitment and retention team for other health professionals.

Evaluation:

Clearly CRRC is part of a team that has been successful in recruiting physicians. The CRRC is starting to become more involved in recruitment of other health professionals with nurse practitioners being identified in the Quesnel Physician Recruitment Improvement Chart. This same chart further suggests that midwives will be added within two years. Currently it is estimated 20% of CRRC time dedicated to other health professionals.

3) Impact on recruitment and retention efforts

Current Activity:

1) Between August 2015 and May 2019 there have been 25 physicians recruited. Of this, 10 have been specialists and 9 have chosen to stay long-term in the community. Since 2016 most have arrived by way of the PRA program.

2) The CRRC plays an integral role in helping the physicians and their families adjust to life in Quesnel, and plays a central role of liaison between the physician and the community and the on-going retention role.

3) Further, interviews with doctors who are working in the region and have had interactions with the CRRC highlight the importance of the "human element" of transitioning and feeling accepted in a new community. In recent years, new doctors have arrived through the PRA program and are all from other countries. The role of the CRRC in making them feel welcome and helping them connect to the community have been identified as key to their decisions to stay past their three years of service.

Evaluation:

The CRRC is part of a team that has demonstrated success in recruitment and retention of physicians. The role of success in recruitment and retention of other health professionals has been less visible but is evolving, particularly as Quesnel moves towards a Primary Health Care Delivery system.

4.1.4 Summary

Table 4 Evaluation Matrix Summary for Northern CCHRD

	Completed	Comprehensive	Up-to-date	
Contract Outputs				**Comment**
1) Strategic recruitment plan	✓	2	✓	Being done but could be stronger linkages.
2) Building strong relationships with current health professionals & community	✓	3	✓	There is an organized effort to ensure a strong team is to meet Physician needs.
3) Building strong relationships with both physician recruitment and nursing/health professional recruitment staff	✓	2	✓	Being done well with physician team, continues to evolve with nursing/health professionals.
4) Advertising and promotional materials	✓	3	✓	Linked to branding/good quality.
5) Lifestyle promotional materials	✓	3	✓	High quality and expanded.
6) Attend recruitment events	✓	1	✓	Recruitment events not being undertaken in recent years.
7) Coordinate recruitment site visits	✓	3	✓	Clear and coordinated site visits taking place.
8) Coordinate community welcome	✓	2	✓	Physician recruitment is highly coordinated. Other Health professionals is evolving.
9) Quarterly reports	✓	1	✓	Regular and detailed reports but no linkage to funds spent as required in contract.
10) Annual reports	✓	1	✓	Annual reports being completed but no formal report being provided.
Contract Outcomes	**Comment**			
1) Align recruitment initiatives	Selecting specific physicians is beyond the scope of the CRRC role, but they do support Northern Health in finding physicians who are seeking hospital privileges.			
2) Ensure health professionals are recruited	CRRC is part of a successful team in physician recruitment. Less demand for support in recruiting other health professionals. Team still evolving with other health professionals.			
3) Impact on recruitment and retention efforts	Team has been successful in recruiting 25 physicians between 2015 and 2019. Not clear on success with other health professionals.			

4.2 Southern Cariboo Chilcotin Regional Hospital District

This section provides the evaluation of the southern CCRHD health professional recruitment and retention coordination services. It starts with a review of the documents provided by the CIRDFP for the output component of the assessment. This follows with the findings from the interview program that informed the outcomes component of the evaluation. The section concludes with a summary matrix and ranking of the various outputs and comments on the strategic outcomes.

4.2.1 Documents Received

The CIRDFP uses their own staff person to fulfill its contractual obligations with CCRHD. Documentations provided for the evaluation by the CIRDFP include:

- CIRDFP.2020. Recruitment and Retention Power point (updated January, 2020);
- CIRDFP. 2015. CIRDFP – Presentation to CCRHD (May 2015);
- CIRDFP. nda. CIRD Recruitment and Retention – By the Numbers. (received February 2020);
- CIRDF. ndb. P Recruitment and Retention Committee Terms of Reference;
- CIRDFP. ndc. Retention and Recruitment Program Components – CIRD Strategic Initiative;
- CIRDFP. ndd. Central Interior Rural Division of Family Practice – Practice Coverage Program;
- CIRDFP.nde. Recruitment & Retention: Environmental Scan;
- CIRDFP.ndf. Recruitment and Retention Evaluation;
- CIRDFP. ndg. Physician in Transition - Peer Support Group (Draft); and,
- CIRDFP.ndh. CIRDFP – Response to specific Questions from Peak Solutions.

1) Strategic recruitment plan

Current Activity:

1) The Presentation to the CCRHD mentions a strategic plan developed in 2013 and walks through some of the strategic tasks (May 2015).
2) The CIRDFP has prepared a flow chart with the retention and recruitment program outlining the activities, targets, and short-term and long-term outcomes (CIRDFP, ndc).
3) The CIRDFP recruitment and retention evaluation outlines some new strategic actions (ndf).

Evaluation:

Strategic direction is outlined in various documents provided for this evaluation. There was no formal strategic plan submitted; however, there is strategic consideration being undertaken. It is regular and up-to-date but could be more explicit.

2) Build strong relationships with current health professionals and community leaders and organizations

Current Activity:

1) Outlined in the contract is the objective to build strong relationships with current health professionals and community leaders and organizations that will help to present a positive experience for potential recruits and new professionals. The CIRDFP has mapped out the key activities performed by the CRRC in relation to the rest of the team (CIRDFP, ndc). It is further highlighted in the CCRHD Presentation (CIRDFP, 2015).
2) CIRDFP CRRC participates in bi-weekly calls with IH on recruitment to ensure coordination and is participating in the new Interior Physician Recruitment and Retention Network with 8 Divisions across IH to unify recruitment efforts (CIRDFP, nda).
3) The CIRDFP CRRC have, over the past six years, worked with Health Match and Interior Health in contributing to filling vacancies in both communities and Tatla Lake. Further, CRRC participates in a bi-weekly call with IH, has regular contact with Health Match, and participates in the Interior Regional Recruitment and Retention Group (ndh).
4) The CIRDFP CRRC works in a seamless system within the Division of Family Practices that is guided by a recruitment and retention committee (CIRDFP, nda).

Evaluation:

Building strong relations with current health professionals and community leaders is being undertaken in a systematic and organized fashion for physicians.

3) Build strong relationships with both physician recruitment staff and the nursing/health professional recruitment staff with Interior Health

Current Activity:

1) As mentioned above, there is a clear and seamless pathway in working on physician recruitment staff.
2) The CRRC is not providing support to the recruitment and retention of nursing or other health professionals.

Evaluation:

The CRRC is well integrated with the physician recruitment staff from IH and the local physician community. Work with nursing/health professional recruitment is not a task being undertaken by the CIRDFP CRRC.

4) Create effective advertisement and promotional materials

Current Activity:

1) Five physician recruitment videos have been created and are at the CIRDFP website (https://www.divisionsbc.ca/central-interior-rural/recruitment).

2) Other promotional materials, displays, and prize draws are prepared for event attendance. The Practice Coverage Program material was provided as part of this review (CIRDFP, ndd).

Evaluation:

Quality advertisement and promotional materials are being produced. Further effort could be made to ensure partner webpages and feature these key materials.

5) Development of promotional materials that reflect the lifestyle

Current Activity:

1) As outlined in the contract, CIRDFP are to work with the City of Williams Lake and the District of 100 Mile House on the development of promotional materials that reflect lifestyle for use in attracting potential recruits.

2) As mentioned above, the CIRDFP has prepared lifestyle materials for physicians at their website and does have MOUs to work together. However, neither the City of Williams Lake or the District of 100 Mile House websites feature CIRDFP physician materials. The City of Williams Lake refers physicians to Interior Health (https://www.williamslake.ca/485/Health-Care-Services)

3) Other materials at their website that reflect lifestyle include the Welcome Flyer, Our Community Section; Debt Reduction Calculator; and, Testimonials of practicing in rural communities.

Evaluation:

There are promotional materials in place that highlight lifestyle. Specific attention is provided to lifestyle materials focused on physician recruitment. Could be better linkage with communities and their websites.

6) Attend recruitment events

Current Activity:

1) For six years, CIRDPF CRRC staff attended 2 to 3 shows per year. In that time, they collected hundreds of client profiles and diligently followed up with candidates. In 2018, when the CIRDPF reviewed how to move the program forward, the consensus from the committee and staff was that shows are expensive and did not yield the desired results (CIRDPF, ndh).

2) Visiting the UBC Residents Sites for recruitment efforts for new graduates from medical school for resident spots, and from residency program for permanent recruitment or locum work (CIRDPF. nda).

3) The general feeling amongst members and recruitment staff from the other Divisions, is that recruitment efforts are most successful when potential candidates meet with already established physicians in the community. As such, the direction that the program has

recently taken is to target efforts on meeting students and residents during their program, accompanied by physicians from the community. This direction will be examined annually to understand if it yields different results (CIRDPF, ndh).

Evaluation:

Task was being completed until review suggested a different approach be taken that was more cost effective.

7) Coordinate recruitment site visits

Current Activity:

1) Bi-weekly calls are undertaken with IH recruitment along with monthly phone calls with IH Recruiter pertaining to the CIRD recruitment of all physicians, including PRA and IMG processes (CIRDPF. nda).
2) On-going physician site visits are coordinated for each candidate and participation in UBC recruitment events. On-going welcome events in the communities that include a number of local physicians participating to help make new physician feel welcome and supported (CIRDPF nda).

Evaluation:

On-the-ground physician recruitment is well organized and coordinated among the recruitment and retention team.

8) Coordinate a community welcome program

Current Activity:

1) The "Red Carpet" program has been designed to both introduce physicians to the area and to ensure that when they arrive, their transition to Cariboo life is as easy as possible (CIRDPF, ndh).
2) CRRC staff have a defined role within the community welcome program for prospective recruits and plays key roles in helping to integrate new physicians and their families into the community.
3) The role for the CRRC staff does not play a role in integrating other health professionals into the community.

Evaluation:

This task is being conducted at a high level for physician recruitment and retention. The CRRC staff are not involved in supporting recruitment and retention of other health professionals.

9) Quarterly updates on activities and associated expenditures to the District

Current Activity:

1) CIRDPF has done minimal reporting of deliverables; although there are monthly reports to the CCRHD Board. Overall, CIRDPF does collect a range of data to support their activities.
2) In January 2020 a full review of the CIRDPF CRRC practices was undertaken, highlighting the need for better reporting (CIRDPF. 2020).

Evaluation:

Regular reporting is being completed; however, there is no record of quarterly reporting linked to associated expenditures as requested in the contract. The reporting is regular and up-to-date.

A detailed annual report to the District in October of each year

Current Activity:

1) Similar to quarterly reporting, the annual report needs to be formally linked to the strategic objectives and reporting metrics (CIRDPF, 2020).
2) The CCRHD was asked if they had a record of any annual reports and was provided with the 2015 power point presentation (CIRDFP. 2015). No other annual reports could be provided.

Evaluation:

A formal annual report does not appear to be consistently provided. However, materials that cover annual activities appear to be being done and are up-to-date.

4.2.2 Outcomes Assessment

1) Align recruitment initiatives with Northern Health

Current Activity:

1) The contract stipulates recruitment initiatives will align with those of IH and all physician recruitment efforts will focus only on physicians willing to obtain hospital privileges from Interior Health.
2) There is considerable effort to align CRRC efforts with IH and other CIRDFP activities. This includes regular communications with IH and regular contact with those working at Health Match.

Evaluation:

Selecting specific physicians is beyond the scope of the CRRC role. The CRRC staff do however support the efforts of IH in finding physicians who are seeking hospital privileges.

2) Ensure health professionals are recruited

Current Activity:

1) The contract stipulates that CIRDPF will recruit and retain physicians and health professionals that seek positions within its boundaries.
2) There has not been much focus in supporting the recruitment of other health professionals.

Evaluation:

Clearly CRRC staff are part of a team that has been successful in recruiting physicians. The CRRC staff have not been involved with other health professional recruitment and retention.

3) Impact on recruitment and retention efforts

Current Activity:

1) Further to interviews with doctors who are working in the region and have been involved in the recruitment and retention, highlight the importance of the "human element" of transitioning and feeling accepted in a new community. In recent years, new doctors have arrived through the PRA program and are all from other countries. The role of the CRRC in making them feel welcome and connecting them to the community have been identified in their decisions to stay past their three years of service.
2) Success is clearly being achieved with physician recruitment and retention with two permanent recruits in 2019 and one new recruit arriving in June 2020. In addition, there have been five PRAs and IMGs arrive in 2018 and 2019 (CIRDPF. nda).

Evaluation:

The CRRC staff are part of an integrated team that has demonstrated success in recruitment and retention of physicians. The CIRDPF has remained focused solely on physician recruitment and is not involved in other health professional recruitment and retention.

4.2.3 Summary

Table 5 Evaluation Matrix Summary for Southern CCHRD

	Completed	Comprehensive	Up-to-date	
Contract Outputs				**Comments**
1) Strategic recruitment plan	✓	1	✓	Should be more formally presented to the CCHRD.
2) Building strong relationships with Current Health Professionals & Community	✓	3	✓	There is an organized effort to ensure a strong team is in place.
3) Building strong relationships with both physician recruitment and nursing/health professional recruitment staff	✓	2	✓	Being done well with physician team; however, not in place with nursing/health professional recruitment staff.
4) Advertising and promotional materials	✓	2	✓	Quality materials and outreach – ensure further linkage of materials with partners.
5) Lifestyle promotional materials	✓	2	✓	Lifestyle materials in place – could be better linkage to communities.
6) Attend recruitment events	✓	3	✓	Recruitment events were being completed with a variety of events participated in; however, recent change to reflect better utilize of resources.
7) Coordinated site visits	✓	3	✓	Well-coordinated for physician recruitment
8) Coordinate community welcome	✓	2	✓	Physician recruitment and retention is highly coordinated. Not done for other health professionals.
9) Quarterly reports	✓	1	✓	Regular and detailed reports but no linkage to funds spent as required in contract. Flagged in recent internal review.
10) Annual reports	✓	1	✓	Formal reports not being done regularly.
Contract Outcomes	**Comment**			
1) Align recruitment initiatives	Selecting specific physicians is beyond the scope of the CRRC staff, but they do support IH in finding physicians seeking hospital privileges.			
2) Ensure health professionals are recruited	CRRC is part of a successful team in physician recruitment. R&R is not being undertaken for other health professionals.			
3) Impact on recruitment and retention efforts	Team approach is working with CRRC staff ensuring 8 physicians recruited in last two years. Not involved other health professional recruitment and retention.			

5 GOOD PRACTICES FROM OTHER JURSDICATIONS

5.1 Featured Case Studies

5.1.1 Northern Health - Peace River Regional District

The Peace River Regional District (PRRD) Board funds four health care organizations and initiatives on an annual basis as part of its health care recruitment mandate, as seen in Table 6.

Table 6 PRRD Health Care Recruitment Funding, 2019

Organization/Initiative	Funding
Northern Health	$100,000
North Peace Division of Family Practice	$75,000
South Peace Health Services Society	$75,000
PRRD Health Care Scholarships	$110,000
Total	$360,000

Source: PRRD (2019)

The first two organizations have specific expertise in recruitment, and while the South Peace Health Services Society is in fact dedicated to attracting and supporting health care professionals, it was only formed in 2017. There is no Division of Family Practice in the South Peace (Dawson Creek, Tumbler Ridge, Chetwynd, Pouce Coupe, Hudson's Hope).

Each organization has slightly different priorities and reporting practices, with Northern Health being the most comprehensive. Each year they provide a 3-4 page report on their core initiatives which include attending conferences (focus on those with credentialed attendees preferably with rural themes), conducting site visits in communities to introduce prospective physician and spouse, doing exit interviews with departing physicians, recruiting locums and residents (meaningful spousal employment is a primary focus) and providing ongoing retention services. A physician human resource tally of general practitioners, specialists, arrivals and departures is maintained and reported annually to the PRRD Board. An annual record of hires of all health care workers (professionals as well as non-professional workers) is also maintained.

The North Peace Division of Family Practice has targeted its efforts on residency recruitment. They simply report the number of residents each year and the numbers recruited to stay.

The 2018 Health Care Funding Results received by the PRRD Board did not include reporting out by South Peace Health Services Society or PRRD Health Care Scholarships. (PRRD 2019)

Some municipalities in the PRRD have implemented their own initiatives to ensure local access to primary care. For example, the District of Taylor owns and operates a clinic, co-housed with the library, with an annual budget of $130,000. Through a deal with the North Peace Primary Care Clinic, they then arrange to have a visiting physician from Fort St. John on-site in Taylor 3 ½ days a week (McPhail. 2020, pers. comm.).

5.1.2 Interior Health - South Okanagan Similkameen Division of Family Practice (SOS Division)

The South Okanagan Similkameen Division of Family Practice is a membership organization representing primary care providers in the communities of Keremeos, Oliver, Osoyoos, Penticton, Princeton and Summerland. It supports a full-service physician network, team-based care, long term care, maternity care and many more healthcare improvements.

The SOS Division provides core member services to augment their support for primary care providers. These services include additional help with recruitment, retirement transitioning, in-office support such as panel clean-up, and a full-time member services lead who is available to be responsive to physician requests.

The SOS Division advertises practice opportunities on the leading physician recruitment websites and collaborates with Health Match BC and Interior Health physician recruitment to successfully place new providers in our region. When SOS Division identifies a potential new provider, it connects to find out more about their needs and interests, prior to introducing them to clinics. Personalized tours are then organized for candidates and their families as desired. New-to-practice physicians are supported with clinic set-up and workflow. For physicians planning to retire, SOS Division staff can help prepare their practice with checklists and templates to make the process a little smoother.

The 2018-19 year has been a year of firsts in recruitment:

- A Family Medicine Expo was held in February 2019 at Penticton's Cannery Brewery, where physicians from around the region were invited to enjoy a brew and "pitch-their-practice" to residents and new grads. This initiative was supported by the UBC Family Medicine Residency program. This partnership welcomed a third cohort of residents to the two-year Family Practice Residency program with two graduates now working locally in the South Okanagan Similkameen.
- The first UBC International Medical Graduate was placed in Penticton in 2018. Nine candidates toured the area in the summer of 2017, meeting members of the local medical community and exploring practice opportunities. A year later, the Primacy Medical Clinic welcomed a new international physician into practice.
- The Town of Oliver became the first community partner to support family practice with sponsored housing for locums and on-call physicians. The SOS Division has actively engaged with local government throughout the region over the last year, helping elected officials understand the challenges of family practice recruitment.
- SOS Division staff are working with the Rural Coordination Centre of BC (RCCBC) to showcase the region to hundreds of physicians expected to attend the Rural Health Conference to be held in Penticton in May 2020.

Recruitment and retention are interwoven with the team-based approach to primary care in SOS Division. Hiring of three nurse practitioners and planning for a new team-based primary care clinic in Penticton, which is expected to include space for retiring physicians to transition their patients to new providers were commenced in 2019. Nurse practitioners, Allied Health professionals, more support for panel work, pharmacists and social workers will be joining and strengthening family physician networks. The creation and oversight of a patient registry system will improve primary care access outcomes for residents and assist new physicians develop their practice.

SOS Division has struck a Steering Committee to oversee all recruitment and performance management, financial management and reporting, and includes family physician, nurse practitioner, Interior Health, and First Nations and community representation. (SOS Division 2019) It works closely with the recruitment and retention team works to attract primary care providers to fill temporary or permanent vacancies and assists with transitioning to retirement. Its activities focus on:

- Discovering practice and personal interests of potential new primary care providers, and facilitates personalized tours and introductions to clinics
- Helping new physicians settle into their practice, assisting with privileges, billing and clinic set-up questions
- Helping integrate other healthcare providers, such as nurse into team-based clinics
- Working with municipalities and community organizations to create a welcoming environment for new physicians
- Maintaining recruitment website and assisting with advertising
- Offering tools and assistance for planned retirements
- They also provide short-term accommodation on new recruits and locums. One of SOS Division's focus areas is locum recruitment that facilitates retirement and succession planning for existing physicians but also recruitment of new physicians. The latter group is increasingly women who themselves are starting a family and the availability of locums is critical to establishing a practice in a new community. There is a close partnership with Interior Health recruitment that can deliver on regional as well as local needs in the expanding primary care network. (Gettens 2020, pers. comm.)
- Because recruitment and retention is a long game, SOS Division does not focus on short-term outputs such as annual recruitments but instead on core measures such as patient attachment and access to primary care in small, rural communities like Keremeos and Princeton. There is also an emphasis on physician satisfaction levels which is tracked closely to ensure attention is given in those communities where gaps may emerge.

5.2 Interior Health Region

5.2.1 Central Okanagan Division of Family Practice

The Central Okanagan Division of Family Practice (CODFP) encompasses a catchment area of over 198,000 residents, an estimated 20% of whom are not attached to a family physician and depend on walk-in clinics or hospital care. The concern is that the lack of access to primary care will be amplified in the coming years with approximately 16% of physicians progressing towards retirement.

Beginning in July 2014, CODFP began implementing its "A GP for Me" project. Evaluation findings identified that the biggest impact of the project was the development of a Mobile Assessment Unit (MAU) and subsequent attachment of over a thousand 65+ year-old patients. Supported by the Interior Health Authority (IH), the MAU trained health care workers to collect the medical history of unattached patients in community locations, and then, a CODFP coordinator would arrange matches between patients and physicians. Patients were also connected to community resources while waiting for attachment.

CODFP recruited 20 new physicians attaching a combined 8,900 patients. Thirty percent went on site visits and the recruitment coordinator helped the others find "a best fit" for their practice goals. CODFP increased its capacity to recruit physicians by providing practice, locum, and EMR support, as well as collaborating with the local Chamber of Commerce to provide candidate physicians with real estate, mortgage brokers, and additional career support.

CODFP launched Nurse-in-Practice in 2017 to introduce nurses into primary care as part of the greater provincial vision for Patient Medical Homes. This team-based care initiative converges and coordinates the delivery efforts of an interdisciplinary group of health professionals, sharing the responsibility of patient patients, and therefore, increasing the capacity of physician-run practices. The impacts have yet to be evaluated but reports suggest increased levels of physician satisfaction and expected retention. (Reichart Associates No date)

5.2.2 Northern Interior Rural Division of Family Practice (NIRD)

The Northern Interior Rural Division of Family Practice (NIRD) represented 53 family physicians and estimated that more than 10% of its catchment were unattached when "A GP for Me" was initiated in 2015. The average patient panel size at the time was greater than 2000, described by stakeholders throughout the evaluation as an "overwhelming workload." Concerned with the physician experience (e.g., burden, burnout) and six physicians expected to retire in the next one to four years, NIRD had seven of its communities on the "Urgent Priority List" for physician recruits.

Through "A GP for Me," NIRD exceeded its goals and successfully recruited 13 new physicians (7 of these recruits joined existing practices and six took over patient panels who retired or moved). It also successfully lobbied to have an additional physician position added (and filled) in one of its communities. Evaluation findings identified such enablers as engaging a range of stakeholders in

recruitment efforts and having, above all, physician leads and the NIRD's Executive Director highly involved (i.e. early champions).

Meetings were held in each community of NIRD, which facilitated information-sharing between local GPs, allied health, patients, partners, and community leaders. NIRD worked with each community to produce relevant recruitment materials and welcome new candidates to the community, supporting them with site visits and community tours. Recruitment success was primarily driven by a lead physician in each community who championed that community's recruitment efforts, be it through professional or personal connections.

When it came to retention, stakeholders pointed to the importance of aligning the personalities or work styles of new recruits with the lead physician within the clinic to which they are recruited. They also recommended targeting and tailoring efforts to candidates who recognize opportunities within the clinic or regional lifestyle.

A "one size fits all" in applying "A GP for Me" was seen as unsuccessful, as was tasking community engagement committees whose appetite to take on more work was low.

NIRD has also sought to advance and strengthen its locum pool through a Rural Locum Support Strategy, which consists of two FTE "floater" locums to be shared across all NIRD communities for practice coverage and practice coaching to facilitate/optimize the locums' transition to the community. The Locum Support Committee works with multiple stakeholders to identify, prioritize, and assign locum needs. (Reichart Associates No date)

5.2.3 Kootenay Boundary Division of Family Practice (KBDFP)

KBDFP represents 140 family physicians and a population of 78,000. Before implementing their "A GP for Me" initiative, 25 family physicians were anticipating to cut-back hours, move, or retire in the next five years, whereas approximately 4,500 residents were looking for a family doctor. This was dovetailing with three-week wait-times for appointments and primary care provider burnout.

Over the course of the initiative, 22 new physicians (as well as 2 nurse practitioners) began practicing in the Kootenay Boundary region, surpassing the project goal of eight. The recruitments were expected to maintain but not increase attachment across the region given the mass of physicians who would no longer be available due to retirement, downsizing and departure.

Notable recruitment and retention strategies implemented were:

collaboration with the UBC rural residency program and the Interior Health's recruitment program

integrating a social worker into a local physician office to provide additional support for complex patients

The fee-for-service model continues to impede the integration of additional team members in physician-run practices, given the amount of time needed to create a team (e.g., processes, billings, space, hiring) as well as the potential loss of income by diverting tasks. (Reichart Associates No date)

5.3 Northern Health Region

5.3.1 The North Peace Division of Family Practice (NPDFP)

In 2013 and 2014, 16 of the family physicians in Fort St. John left practice, leaving a critical situation with 23,344 patients without a family doctor. The NPDFP collaborated with the local municipality to meet the community needs and support the remaining physicians. NPDFP turned to a TBC model and co-designed with Northern Health three community clinics which focused on aligning nursing staff to work in a generalist model and support primary care. Between 2014 and 2017, 12 new family physicians and 11 specialists initiated practice in Fort St. John. NPDFP has collaborated with the local municipality to support residents with a housing subsidy and provide accommodations for locums. (Reichart Associates No date)

5.4 Island and Vancouver Coastal Health Region

5.4.1 Powell River Division of Family Practice (PRDoFP)

From the assessment and planning phase of "A GP for Me", the PRDoFP learnt that 25% of residents in Powell River did not have a family doctor (approximately 5,000 people) and 28% of physicians were planning to retire within the next five years. Including three physicians who were expecting to relocate, a 27% decrease in available clinic hours was anticipated.

Over the course of "A GP for Me," five new physicians began practicing in Powell River; two of whom were attaching patients and three others who were providing locum services. A one-year communications and resource plan was developed, including videos, brochures, clinic-specific advertisements, and a Facebook page, to solicit interest in working in the region. One physician expressed interest as a direct result of website recruitment efforts. Further practice support was provided for both "new to practice" physicians and physicians near the end of their career. The Division hosted "Meet and Greets" for physicians and their families to encourage a community of practice, as well as peer support lunches, and made coaching available alongside a succession planning toolkit to help with the transition process. Anecdotal evidence around the success of PRDoFP's recruitment efforts also points to a community champion working in the Division as a key facilitator of success; their friendly welcoming efforts provide a warm start to new physicians' experiences in Powell River. (Reichart Associates No date)

5.4.2 Vancouver Island Regional Recruitment and Retention Working Group

The various Divisions of Family Practice on Vancouver Island came together to advance an "one-for-all and all-for-one" approach to recruitment. The EDs of Victoria, South Island, Nanaimo, Campbell River & District, Oceanside, Comox Valley, Cowichan Valley, Port Alberni, Rural and Remote, and the regional health authority have been working collaboratively to enhance the "Red Carpet" experience with pooled resources: regional marketing, shared recruitment leads, coordinated multi-community tours, and conferences in partnership. This way, the candidate physician is welcomed to Vancouver Island as a whole, and the Divisions can help "find the best fit" for long-term retention. (Reichart Associates No date)

6 RECOMMENDATIONS

6.1 Overall Output Recommendations

- **Strategic recruitment plan** - A strategic recruitment plan should be a priority when planning out resourcing for the CRRC delivery. It should have a long-term strategic focus with the desired goals and associated outcomes and outputs mapped out, which can then be revisited annually and updated if needed. The strategic plan should be presented to the CCRHD board prior to contract development each year to reflect the current operational environment. This does not need to be an elaborate or lengthy document, simply one that provides clarity and performance measurement.
- **Contract Development -** The contract activities have shifted over the years and in the case of other health professional recruitment and retention it seems to be accepted by both the CCRHD and the service providers that this is not a priority with effort focused on physician recruitment and retention. Also, activities like attending events has decreased or ceased.

  An updated schedule A has not been provided to reflect this change, with follow-on contracts simply an extension of the original contract. To address the changing landscape a work plan should be submitted each year mapping out the upcoming years activities. The work plan would provide the key work steps and targeted deliverables for the upcoming year. This work plan will build off the strategic plan presentation made to the CCRHD board. The completed work plan can then be used as the schedule A for the upcoming year. This should not be too laborious of a task as the work plan should be relatively consistent over time but adjusted as events evolve.
- **Capacity** –By having the CRRC positions in place in the region, the IH and NH have a connection and advocate to readily work with bringing physicians into the community. While this does not directly reflect in the outputs for the CCRHD region – it should be noted while other rural parts of the province face on-going critical shortages of physicians, the CCRHD region has been able to avoid much of this adverse physician shortage. When physician shortages have arisen in the past the in place and experienced CRRC positions on the ground ensure the necessary support to recruitment efforts and then fostering on-going retention efforts.

  Further, in the team approach in the Cariboo, it is important to remember how all the pieces fit together and work together. For example, the region is particularly successful in the PRA program; however, a key component of the PRA program is having physician assessors locally. This allows the Cariboo to fully participate in the program with the benefit of providing assessing services for physicians moving to another area of the province it also allows the region to be directly connected to the reciprocal activities as other assessing areas are better connected to the Cariboo.

Finally, the presences of the CRRC positions allows for more direct interaction and coordination with the NH and IH medical staff recruitment and retention teams. Typically, at the NH and IH level these team members prior interest is drawing health professionals into the region, with their secondary focus being the multitude of local needs. With the CRRCs the goal is always local placement and provides an advocate within the larger IH and NH recruitment efforts.

- **Incentives** – The doctors interviewed for the evaluation were primarily from the PRA program and coming from different countries, highlighting how important some of the incentive offered were in helping them get settled locally. They mentioned challenges in getting their credit established in Canada and settling in the community which they typically knew very little about. It may be worth some effort to make sure these incentives remain in place and sustained. Among the incentives that were mentioned and appreciated were:
    - **Housing assistance** like the fully furnished two-bed accommodation put in place by the City of Quesnel and rented to new medical professionals coming into Quesnel. This apartment is offered for rent for three months while the new health professional settles in the community.
    - Pre-arranged **vehicle leasing** program that has been in place periodically with local vehicle dealerships. While this program has been in place in the past it is not currently in place and has been well received by doctors who are arriving internationally who often do not have established credit ratings and find the pre-arranged to be convenient in communities with limited public transit options at a time when there are many transition activities going on in their professional and family lives.
    - Reduced **percentage of physician fees** going to clinic operation. Typically, 30% of a physician's billings go towards clinic billings. While this is determined by the physicians involved in operating the specific clinics, this can be a powerful incentive and in some instances in the Cariboo the rate has been lowered to support recruitment of new physicians. Together with the Rural Retention Subsidy available for physicians in the Cariboo there is a compelling financial opportunity for new recruits (BC Ministry of Health. 2020a). However, the incentives are also offered by other communities looking to attract doctors as communities such as the District of Taylor pay $120,000 a year to maintain the health clinic in their community which is offered to physicians for free.
    - **Training supports** are an important inducement for physicians thinking of coming into a rural setting, particularly those interested in upgrading. Some innovative approaches have been developed to support rural physicians including the Rural Continuing Medical Education (RCME) which provides funding grants to BC's rural

physicians to continue their medical training. Pphysicians are better able to acquire and maintain the medical skills and expertise for practicing in rural communities. (BC Ministry of Health. 2020b)

Innovative programming from other jurisdictions targets local physician support and delivery. Alaska's Nuska System of Care training, consulting and mentoring approach is an example of connecting physicians to ongoing professional development (Nuska. 2020). For the Cariboo training was identified by several physicians and coordinating delivery locally or collaboratively may help address physician desire for on-going quality training opportunities.

- **Innovation** – Both CIRDFP and City of Quesnel have already shown leadership in exploring innovative and applying best practices within the physician recruitment and retention realm. CIRDFP's "Tick Tock Find Us a Doc" is a social media campaign to incentivize residents to identify potential doctors for recruitment. The City of Quesnel's furnished apartment to support transition of new physicians have been tried or are in place. Where time and resource permits, the recruitment and retention programming should continue to explore innovative approaches, ensuring that metrics for tracking success are built into the initiatives. The goal is to ensure the Cariboo is maximizing the services that it can provided to health professionals.
- **Formalize Reporting Indicators** – there is a need to make sure that indicators are connected to the strategic goals being set out for the CRRC program. Currently, data is collected for some output metrics, such as the change in the number of physicians and activities that are completed (i.e., meetings, communications and specific tasks). However, this should be organized to demonstrate support for the goal achievement and ultimately health outcomes. The related issue of data collection was also pointed out in the CIRDFP evaluation (CIRDFP. 2020).
- **Formalize Quarterly and Annual Reporting** – it appears that presentations are undertaken on the contract requirement to submit quarterly and annual reports. The Northern CRRC submits monthly reports already to the City of Quesnel. However, building on the recommendation to build formalized reporting indicators, what is missing is standard reporting format that links to the strategic priorities and is consistently done to layout accomplishments and progress. There should be effort to confirm a standardized quarterly and annual reporting process that is submitted to the CCRHD board for review and acceptance.

6.2 North Cariboo

- **Social Enterprise** – The City of Quesnel furnished condo rental program has received recognition from those health care professionals that have utilized the service. Given the demand for furnished accommodation and the fact that accommodation prices will rise in

the future it may be worth exploring if there is a business case to expanding the accommodation offering and purchasing the desired units with the goal over the longer-term to recoup the investment and establish a self-sufficient profit centre that can be used to support the health professional recruitment program.

- The role in **Recruitment and Retention of other health care professionals** should be clearly outlined in the strategic plan and contract. Most of the City of Quensel's CRRC effort goes towards physician recruitment with apparently little requirement or demand to support other health professional recruitment and retention in Quesnel. This may change with the introduction of the primary care delivery and should be updated in the strategic approach overtime if required.

6.3 South Cariboo

- **Marketing Coordination** – CIRDFP has prepared five promotional videos and distributed them widely. However, neither the City of Williams Lake or District of 100 Mile House have connections to the CIRDFP home page and marketing materials. In fact, as mentioned above, Williams Lake actually refers health professionals' enquiries to the IH recruitment page. All physicians interviewed had first reviewed on-line material as part of their decision-making process before deciding to visit the communities in the South Cariboo. Making sure that local communities are coordinating common promotional health professional information is an important step in building awareness of local health care needs and opportunities. This is especially true for RPAs who are coming from out of country.
- CIRDFP is solely focused on physician recruitment and retention. However, the contract outlines **recruitment and retention activities for other health professionals**. The CCRHD board and CIRDFP should clarify the roles and expectations on recruitment and retention of other health care professionals and either remove or modify future contracts as appropriate.

6.4 CCRHD Board

- The CCRHD Board should consider establishing a sub-committee that would be tasked with oversight of the strategic plan and annual work plan development.

7 ACRONYMS

CCRHD	Cariboo Chilcotin Regional Hospital District
CIRDFP	Central Interior Rural Division of Family Practices
CRRC	Community Recruitment and Retention Coordinator
CODFP	Central Okanagan Division of Family Practice
CoQ	City of Quesnel
COQEDD	City of Quesnel's Economic Development Department
IH	Interior Health
KBDFP	Kootenay Boundary Division of Family Practice
LHA	Local Health Area
PHPRL	Physician and Health Professional Recruitment Liaison
PRRD	Peace River Regional District
MAU	Mobile Assessment Unit
NH	Northern Health
NIHSDA	Northern Interior Health Services Delivery Area
NIRD	Northern Interior Rural Division of Family Practice
NPDFP	The North Peace Division of Family Practice
PRA	Practice Ready Assessment
PRDoFP	Powell River Division of Family Practice
RCME	Rural Continuing Medical Education
RCCBC	Rural Coordination Centre of BC
RSA	Rural Subside Agreement
SOS Division	South Okanagan Similkameen Division of Family Practice
TCSHSDA	Thompson Cariboo Shuswap Health Services Delivery Area

APPENDIX A – REFERENCES

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APPENDIX B – IH PROFESSIONAL RECRUITMENT APPROACH

The approach and the specific steps are outlined in Table 7 and has been adapted to assist with the evaluation of health professional recruitment in the Cariboo.

Table 7: Steps in Health Professional Recruitment and Retention

Identifying the Need	
When do you start Recruiting?	• Ideally, recruitment planning begins as soon as there is anticipated that there will be a future change.
Defining the Work Load	• This can be particularly important for physician recruitment. Robust practice description is what supports physicians who may be looking for "part-time" or "full-time" work load. Further, other health professionals will also have specific workload desires that may best suited by alternative workloads.
Identifying the Need	• What is your role in describing why the vacancy exists to the potential candidate (particular as related to physicians)
About the Opportunity	
Defining the Job/Practice	• The details of the position or medical practice should be determined before recruitment efforts begin. This includes outlining the expectations of the position.
Practice Description Details (physicians)	• For physicians a clear and accurate practice description is an important first step in recruiting the candidate best suited to community's identified need.
Description of Compensation	• Compensation information is another important detail to provide. Making sure any rural benefits are highlighted.
Community Description	• Lifestyle opportunities are considered in many health professionals community decision. Marketing lifestyle opportunities is a critical role in the overall marketing.
Identifying Resources	• Identify the resource strengths and challenges within the work environment and the community. This will support the marketing approach

Table 7: Steps in Health Professional Recruitment and Retention (continued)

Marketing	
Generating Interest	• Responsibility for communicating position locally • Marketing plan - advertising on desired sites, working with the Health Authority. • Reach out to potential interested candidates.
Connecting with Candidates	• Candidates are often considering more than one community so need to ensure specifics are addressed and highlighted. Are there cohorts that can assist with the connection (i.e., other doctors, nurses, etc.).
External Marketing	• Ensure marketing materials are up to date to reinforce communities' benefits and opportunities.
Recruitment	
Eligibility	• Who is covering candidate eligibility?

Personal Connection	• Connecting with the health professional:
	  • initial contact to confirm interest and needs,
	  • setting in person meetings for detailed position discussion,
	  • Understand family needs and long-term match in community.

Community Visit	• Recruitment Visits – personally connect with client:
	  • Making professional and family feel welcome
	  • Support from community to provide best experience
	  • Involvement of community ambassadors

Process to Hire	
Selecting the Right Candidate	• Overview role in candidate selection. Discuss stakeholder involvement in this step
Credentialing, Privileging (Physicians) and Welcoming Work Environment	• Support in making credentialing and privileging seamless for physicians and other health professionals comfortable and welcomed in the workplace.
Understanding Billing In BC (Physicians)	• Billing can lead to reduced physician income and dissatisfaction with the practice if not done correctly and physician leaving the practice. Are available billing tools and supports being made available?
Preparation to Start Work	
Professional	• Provide information regarding what to expect in the office • Plan for integration of new health professional into the work place • Develop a collaborative practice relationship (physicians) • How will the new health professional gain patients (primarily physicians) • When will the office begin booking/referring patients (primarily physicians)
Personal	• A new medical profession's first few weeks in a community can be key to the likelihood they stay in the community. Ensuring proper orientation at the job site and in the community is essential.
Customized to Position	• Finding a professional mentor and personal mentor is effective in ensuring the support network is in place in the office and to support the new family as they settle into the community.

Table7: Steps in Health Professional Recruitment and Retention (continued)

Orientation	
Professional	• Ensure orientation – tour facilities, introduction to key staff, timing of introductions.
Personal	• Consider key people in community can ease stress of coming to new place (i.e., church leader, mayor, clubs, lawyer, etc.) • Consider family needs (i.e., school, day care, children's activities, etc.) • Is there opportunity for welcome event for new family? • Educate community on how to treat medical professionals. • Supports for new medical professionals to Canada (i.e., banking, living in rural setting, etc.)
Retention	
Facilitate Relationships	• Help facilitate the establishment of good working relationships with other professional staff. • Encourage relationships with key Health staff as soon as they arrive in the community.
Local Mentorship and Networking	• Are there additional mentoring and networking that can further their education and advancement in the community. • Communities have had great success when they partner a physician with a long history in the community with a new physician.
Personal	• When a health professional and their family feel a part of the community and their needs are being met both professionally and personally, it is more likely that the family will say attached to the community.
Exit Interview	
Leaving Community	• When a health professional chose to leave a community, it is important to learn what where the key decision factors for them. This is one of the best learning tools to adjust approaches or more specifically support health care professionals moving forward in a community.

Source: Adapted from Interior Health (2014)