

Recruitment & Retention Program Evaluation Plan

Fraser Northwest Division of Family Practice

2018/2019

Report Overview

What did we learn that worked?

1. A dedicated staff person taking responsibility for the FHA IMG ROS for 2019-2021 (previously managed by the ED) allowed for a more consistent and timely response.
2. A dedicated staff person supported the engagement opportunities for physicians in their First Five Years of practice.
3. In practice HR support was provided on an as needed basis to members and this support ranged from MOA recruitment, on boarding, WCB/ICBC, benefits, and employee termination.
 - a. MOA toolkit was co-developed between this program and the practice improvement program.
 - b. MOA Recruitment Project was developed and launched to support the ongoing recruitment and retention of MOAs for physicians in the community. These MOAs can be both onboarded into the offices for either temporary or permanent placements.

What did we learn that doesn't work?

1. An evaluation and reporting mechanism is required for this program.
2. MOA qualified candidates are limited.
3. MOA compensation and benefits is very diverse.
4. Family Physicians are not HR managers and therefore need some support.
5. The volume of Physician applicants for full service family practice is low.

What are the remaining gaps?

1. How has this program benefited the community?
2. Will PCN contract positions impact recruitment?

Introduction

Through ongoing system and organizational development, the need for dedicated recruitment and retention resources emerged in early 2018 in the Fraser Northwest (FNW). Based on feedback from division members, board members and division staff, the Executive Director (ED) developed the initial job description for a full time Recruitment Coordinator position. The role has since developed to include human resource consulting for FNW members and expanded into two dedicated recruitment positions that focus on developing, strengthening and providing support to the FNW members and their staff. This position initially was for recruitment of Physicians, Locums and First 5 Years in Practice engagement and this reach now includes recruitment for in-practice Medical Office Assistants (MOAs) and practice managers.

In the upcoming year, this role will continue to expand to include contracts for both General Practitioners (GPs) and Nurse Practitioners (NPs) as part of the Primary Care Network (PCN) work and supporting the HR function within practices to address the unionized team based care supports. With the introduction of any new program or position into the FNW, there is an explicit alignment with the Patient Medical Home (PMH)/Primary Care Network (PCN) attributes and this program is no different. Recruiting and retaining family physicians in the FNW communities can strengthen attachment and timely access to primary care services.

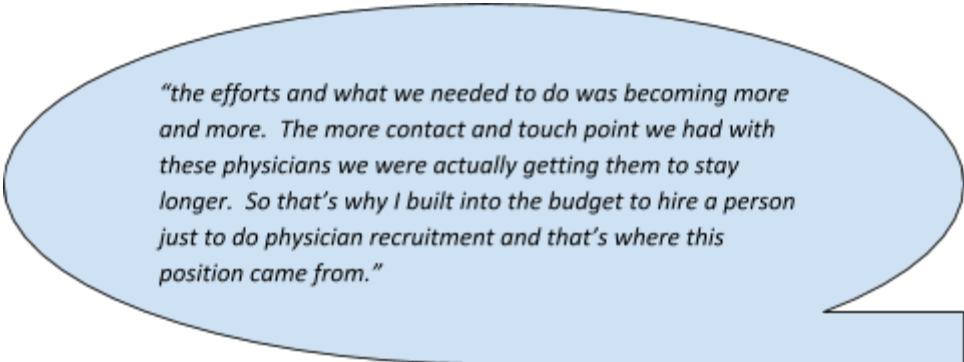
			FNW Recruitment & Retention Alignment
PMH Attributes	Service Attributes	Commitment (a personal family physician)	X
		Contact (timely access)	X
		Comprehensive Care	X
		Continuity of Care	X
		Coordination of Care	X
	Relational Enablers of Care	Team-Based Care	X
		FP networks supporting practice	X
		PMH networks supporting communities	X
	Structural Enablers of Care	Information technology enabled	X
		Education, training, research	X
		Evaluation and quality improvement	X
		Internal and external supports	X
PCN Core Attributes	Process for ensuring all people in a community have access to quality primary care, and are attached within a PCN.		X
	Provision of extended hours of care including early mornings, evenings and weekends.		X

	Provision of same day access for urgently needed care through the PCN or an Urgent Primary Care Centre.	X
	Access to advice and information virtually (e.g. online, text, e-mail) and face to face.	
	Provision of comprehensive primary care services through networking of PMHs with other primary care providers and teams, to include maternity, inpatient, residential, mild/moderate mental health and substance use, and preventative care.	X
	Coordination of care with diagnostic services, hospital care, specialty care and specialized community services for all patients and with particular emphasis on those with mental health and substance use conditions, those with complex medical conditions and/or frailty and surgical services provided in community.	
	Clear communication within the network of providers and to the public to create awareness about and appropriate use of services.	
	Care is culturally safe and appropriate.	

Prior to onboarding a recruitment and retention resource, these responsibilities fell to the division’s ED. For multiple years, the ED would review the division’s budget and identify whether it was justifiable to onboard a dedicated person for recruitment and retention and weighed that with the flow of the work (i.e. physician candidates and volumes coming into the communities). With the announcement and subsequent planning of the PCN, the responsibilities required by the ED increased significantly and there was a realization in the late summer of 2017 that a dedicated role could respond to and manage the growing demand of responsibilities.

Initial Intent

With the introduction of the PCN, and the additional requirements and responsibilities put on the division ED, there was a recognition that



“the efforts and what we needed to do was becoming more and more. The more contact and touch point we had with these physicians we were actually getting them to stay longer. So that’s why I built into the budget to hire a person just to do physician recruitment and that’s where this position came from.”

This position expanded to include more than solely recruitment work, and as put by the ED

“if you’re only focused on recruitment of physicians you are not able to show results quickly. The time it takes for a physician to start in a practice could be around 6-18 months. The number of candidates you talk to as compared to the number of how many start is really low as compared to recruiting for other positions, so traditional recruitment measures of success are not relatable and therefore adding additional responsibilities allows this staff person to feel successful and motivated.”

Initially, the job description focused heavily on creating and maintaining touch points with physicians in order to recruit and retain them to the FNW as well as provide on demand HR support to the FNW division. The position’s key responsibilities included:

- Managing the candidate experience from first contact with the division to commencement of work.
- Recruitment process management including recruiting needs analysis, planning process, and recruitment open houses.
- Utilize a variety of sourcing methods to maintain a candidate pipeline in order to be responsive to hiring needs.

Feedback from the person currently in this role regarding the initial scope identifies that they were

“Originally brought on with the intent of helping with recruiting physicians and division staff (when needed). This would look like setting up postings on the Society of General Practitioners (SGP), Health Match, and providing that information to be updated on the FNW website. Corresponding with physicians that applied, clinics/practices that needed recruitment assistance, and coordinating the UBC International Medical Graduates (IMG) Return of Services (ROS) process annually. As well as with the hope of implementing and standardizing some procedures and processes in this area.”

Based on the initial intent of this role, there have been consistent activities undertaken that directly align with the original job descriptions' key responsibilities. Key highlights related to the initial intent shared from the person in this role include:

- Within the first month of onboarding the FNW was announced to have 3 of the 11 IMG's from the Fraser Health (FHA) IMG Placement ROS for 2019-2021. The ED, who previously managed this responsibility, passed these efforts over to the Recruitment and HR Coordinator to manage this process moving forward. This coordinator facilitated this process and provided a timeline of event/activities and important dates:

Event	Important Dates
Community/Clinic submissions sent to IMGs	July 9 th , 2018
FHA Information Session	August 1 st , 2018
Arrangements for site visits and interviews by Divisions	July 16 th – August 31 st , 2018
IMG FP application deadline	August 31 st , 2018
Interviews between IMGs and clinics	September 1 st – September 30 th 2018

- In practice HR support was provided on an as needed basis to clinics in the FNW communities and support ranged from MOA recruitment, on boarding, WCB/ICBC, benefits, and employee termination.

Opportunity for Growth/Change

Responding to the needs of the FNW members resulted in resources and tools to be created, such as the MOA toolkit. This toolkit was developed largely by the HR coordinator with input and support from the Practice Improvement Coordinator. The opportunity for the creation of the MOA Employment Toolkit largely emerged out of one to one conversations with physicians who had questions around each stage of the employment relationship with practice staff. This tool was created so members could use it to refer to for guidance on standard employment protocols and the employment relationship stages including pre (onboarding), ongoing (maintenance) and the ending (termination) of the employer/employee relationship. Feedback from members supported the expansion of this toolkit to include additional resources such as an employment contract. Specific feedback from a community physician resulted in collaborative efforts between the HR coordinator and the Practice Improvement Coordinator to compile job tasks and responsibilities for practice support staff; this feedback was:

“we might actually want to stretch this a bit into something that’s more specific regarding what MOAs need to do, since not all physicians (especially just coming into practice) actually know all the back-end things that MOAs are responsible for. We actually should know what specific tasks they do and how they can do them competently but we often don’t and we aren’t often taught that in medical school.”

A key highlight that is difficult to measure is the relational piece between the division and its members when a role is put in place and actively engages with physician, and implements physician recommendations. Although not directly linked, the indirect linkages between programs and resources implemented is something to highlight and a key example of this is this role's involvement in the expanded MOA recruitment work beginning in winter 2018/19. The division recognized a goal to support and facilitate MOA recruitment and to create a pool of pre-screened MOAs whereby physicians then can go and onboard an MOA that has been successfully placed on this list. Over the course of a few months, the HR coordinator worked collaboratively with the Practice Improvement Coordinator and the newly hired Recruitment Assistant to create this pool of MOAs, key numbers for this process include:

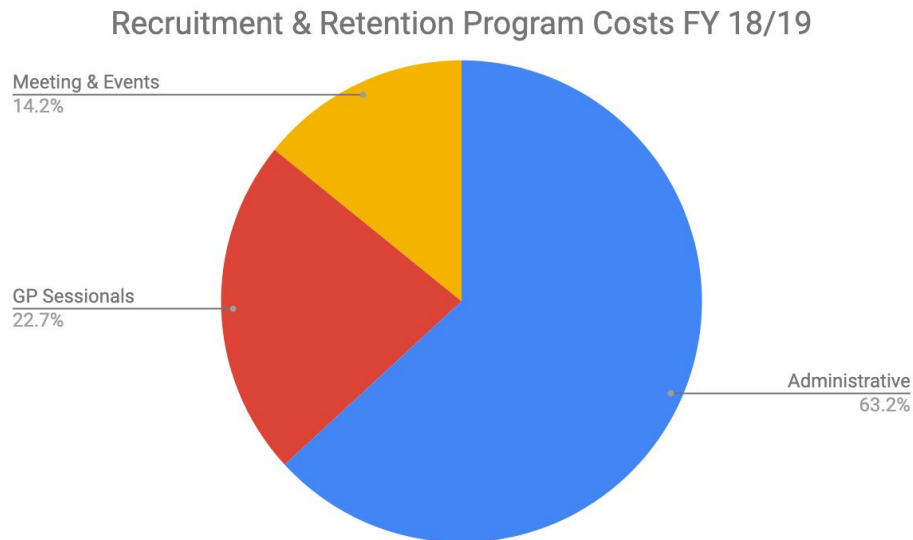
- Receiving 318 resumes
- Scheduling 57 interviews
- Conducting approximately 35-40 interviews (accounting for some no shows)
- 27 successful candidates placed on the database
- At least 2 MOAs who both took on permanent positions in FNW physician clinics (data is difficult to measure at the time of this report's data collection)

A mode of feedback generation from physicians includes event engagement and this role has supported the tailoring of specific event and engagement opportunities based on the identified need of the division's members. To recap, specific recruitment and retention events (visuals can be found in Appendix A) that have taken place in the past year include:

- IMG ROS Dinner on July 30th, 2018, which was attended by approximately 40 people which was made up of IMGs, division members, hosting clinic staff and division staff. This event was intended to provide a space for IMGs and potential practices to interact and engage with one another to identify opportunities for IMG placement in FNW clinics.
- First Five Years (FFY) Billing Workshop on November 1st, 2018, which had approximately 69 people registered and was made up of division staff, health authority partners and community physicians practicing in a range of settings.
- A Community Showcase Fair on February 6th, 2019, which had approximately 40 attendees. This provided community physicians an opportunity to engage with a wide range of stakeholders who offer various services within the FNW community.
- FFY Business Bootcamp on Saturday, March 30th, 2019 8 AM - 5 PM which had 90 registrations (made up of division members, clinic support staff, and division staff) and 69 people attend. This event provided physicians with an overview on a range of topics from starting a family practice (as a new physician), financial literacy, and a HR overview. This brought subject matter experts in to discuss a range of perspectives and provide opportunities for participants to engage in ongoing dialogues and provide resources and tools to support physicians moving forward. Several informal meetings have taken place over the year to support the FFY (August 2018, January 2019) and identify emergent needs such as peer mentorship for members (mentorship working group meeting - December 2018).



Financial reporting for this program showcase the reach and resources required to continue to do this work effectively in the FNW community:



In addition to events provided to division members, this role has worked alongside organizations like HealthMatch BC (HMBC) to support recruitment of physicians – and moving into summer 2019 – Nurse Practitioners (NPs) as well. The majority of this correspondence has taken place over email and phone conversations with a meeting occurring in the summer of 2018 between the organization and the division HR coordinator and ED. Additionally, a larger team meeting took place in January 2019 which included members of the division team to support planning, implementation and recruitment strategies for the GPs/NPs funds allocated related to the PCN work. Anecdotal feedback from the coordinator notes that correspondence between HMBC and the division averages around 2-3 phone calls per week with additional email correspondence.

As this position grew, there was a recognition that the workload could be shared with additional resources. This prompted recruiting a contracted Recruitment Assistant who supported the HR Coordinator in reaching out to clinics to assist with creating customized recruitment brochures for each practice in the FNW. Occurring at the same time, the PCN planning began to require additional involvement from the HR Coordinator as funding was approved – within this plan – for additional GP/NP contracts in the FNW. Based on this, there was the capacity to onboard the contracted assistant full time and this role has since grown to include:

- Assisting in the creation and implementation of standardized recruitment processes, procedures and tools
- Creating and posting online job vacancies for physician recruitment
- Scheduling interviews, participate in the interviewing process, and verify reference checks for MOA recruitment
- Ensuring accurate and consistent data entry and recordkeeping for recruitment and HR related functions
- Assisting in the planning and execution of FFY events

Regarding the Recruitment Assistant and HR Coordinator, feedback from the ED notes that

"[these positions have] been built based on reaction and learning just from the members, which I think is fantastic...Feedback from members includes over the top gratitude for the supports for MOAs, and not even from the people that originally asked for it."

Throughout this past year, certain activities have stood out for different reasons and to different people/perspectives

- In early summer 2018 the identification of the opportunity to create an MOA Employment Toolkit based off of conversations with division members and the division ED sparked a collaborative project between physicians, practice staff, division staff and programs, and community partners.
- The IMG ROS experience, as noted by the ED,

Milestone Moments

"was better than what I had ever been able to do. Each year we get a couple applicants who have to do a ROS in our community and in the past I've been the one to do that and it's always been disorganized and a task off the side of the desk, in August when many people are taking vacation and requires quick turnaround...There hasn't been a lot of structure or consistency with the program and each year the contacts and processes at FHA have changed with the program, but this year the [coordinator] really took it and put some structures in place for the Division and walked people through not only the candidates, but also the clinics. The coordinator was there to support and answer all the questions in a times sensitive manner. They also hosted a dinner where they had all the clinics come out with the different IMGs so they could do a meet and greet – very positive and beneficial."

- In the fall of 2018, MOA recruitment was streamlined by the division to take this burden away from physicians and allow for a pool of pre-screened candidates that physicians could identify and onboard in their clinics.
- In the winter of 2018, the community showcase for physicians identified the need from members for customized clinic specific recruitment brochures.
- Engagement opportunities for FFY physicians have also increased whereas previously there weren't the resources to support this group. As stated by the ED "these opportunities wouldn't be happening if we didn't have these positions."
- A review of mentorship opportunities and needs was completed including a business proposal for a clinical traineeship program. The proposal was not approved to be funded through the Division, however, there may be opportunities to present it to the provincial R&R working group.

Looking Ahead

Based on the learnings from this past year, the coordinator has contributed to the overall expansion of the division's recruitment and retention program through ongoing reactivity to the community needs. This role, which has transitioned to be the PCN Provider and Division Recruitment and HR Manager, will continue to work to support the community needs with specific attention and responsibilities in the ongoing PCN implementation and management work. The MOA Recruitment and HR Consulting Program Assistant (previously Recruitment Assistant) will work closely alongside the manager to continue to support clinic specific practice improvement work. In addition to the key responsibilities mentioned early on in this report related to the coordinator, additional responsibilities and tasks include:

- Recruiting of physician and NP's contracts (PCN contracts)
- Developing and maintaining working partnerships with HMBC and FHA
- Offer and provide HR consulting services to physicians/clinic in the region including navigating the new PCN environment of mixed employer relationships

Specific to the PCN work, feedback from the division ED highlights curiosity around whether any benefits from being the first community in the province to get PCN funding grants us increased physician/provider recruitment. Questions circulating include:

- Because FNW was the first in the province to get PCN funding, did this benefit the community any way in attaining candidates, especially with regards to the GP/NP contracts?
- On the flip side, does it actually do more damage being the first as physicians are competitive and whether they come to the FNW and once the contract is up transfer to a different community which thereby leaves our patients at a potential disadvantage?
- What is the impact to family practice human resource operational resources (time, financial) with FHA unionized RNs in practice?
- Monitoring and evaluation around what it actually takes to recruit a physician and what the differences are between recruiting a GP vs. a NP.



Questions Remaining

Moving forward, there will be more structured reporting mechanism put in place, not only with the roles that make up this program, but also with the members to garner feedback and perspective on how this program contributes to their practices. The division ED stated that as an organization, the FNW "needs to get more predictive in terms of how do we really know what our needs are: forecasting retirements, knowing what to tell people if they're planning to retire in 6 months / 12 months, 5 years, what they need to know, is there going to be someone to take over their practice and what are some other things that we just don't know about this new era of doctors and this new model {PCN}. Also, what do we need to do to be competitive as a community from a recruiting perspective." As stated by the PCN Provider and Division Recruitment and HR Manager, program goals for the upcoming year include:

- Have standardized measurements/methods of evaluation implemented into each area of the program and work that is being done
- Plan and implement a physician to physician peer mentorship program
- Continue to work on the PCN recruitment targets for both GP and NP contracts

- Continue to provide HR related education and support by utilizing a variety of mechanisms including, but not limited to, webinars, one to one meetings, and larger engagement events and workshops.

The recruitment and retention program has allowed the FNW an opportunity to help the community family practices in recruiting staff and physicians and retaining staff and physicians. This is a reminder to the ED how to better support people on the division team with original ideas based on information obtained and provide feedback and acknowledgement. As a division, we see this clearly within all of the programs and initiatives, whether they are physician or staff led, which is inherent to supporting the ongoing work in the FNW.

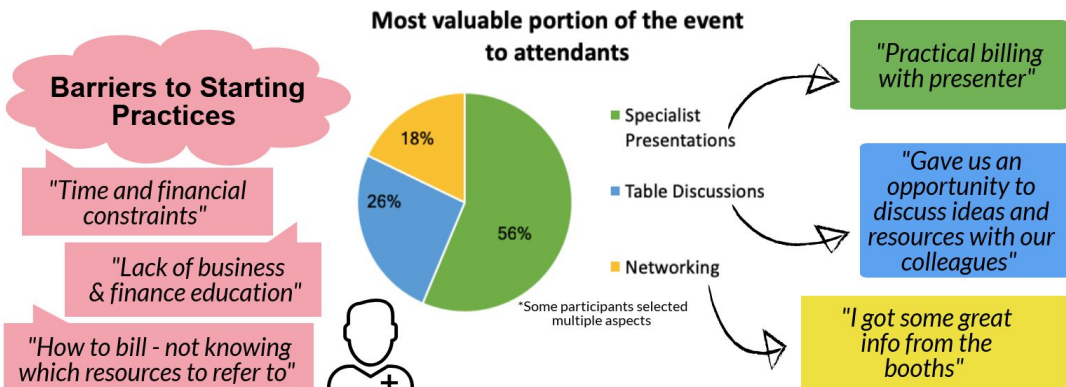
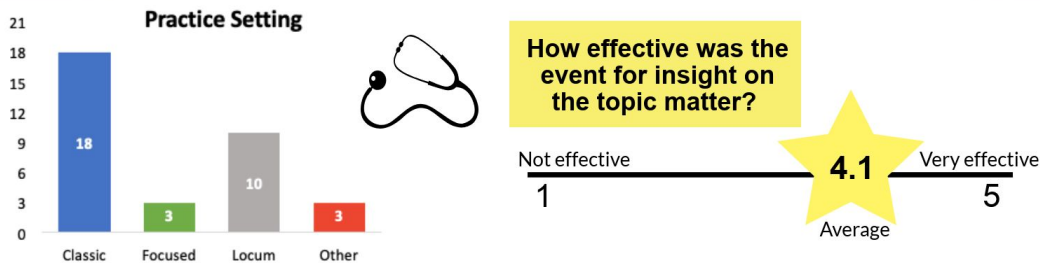
Appendix A

Recruitment & Retention Related Event Evaluations

First Five Years – Pearls of Wisdom | May 3, 2018

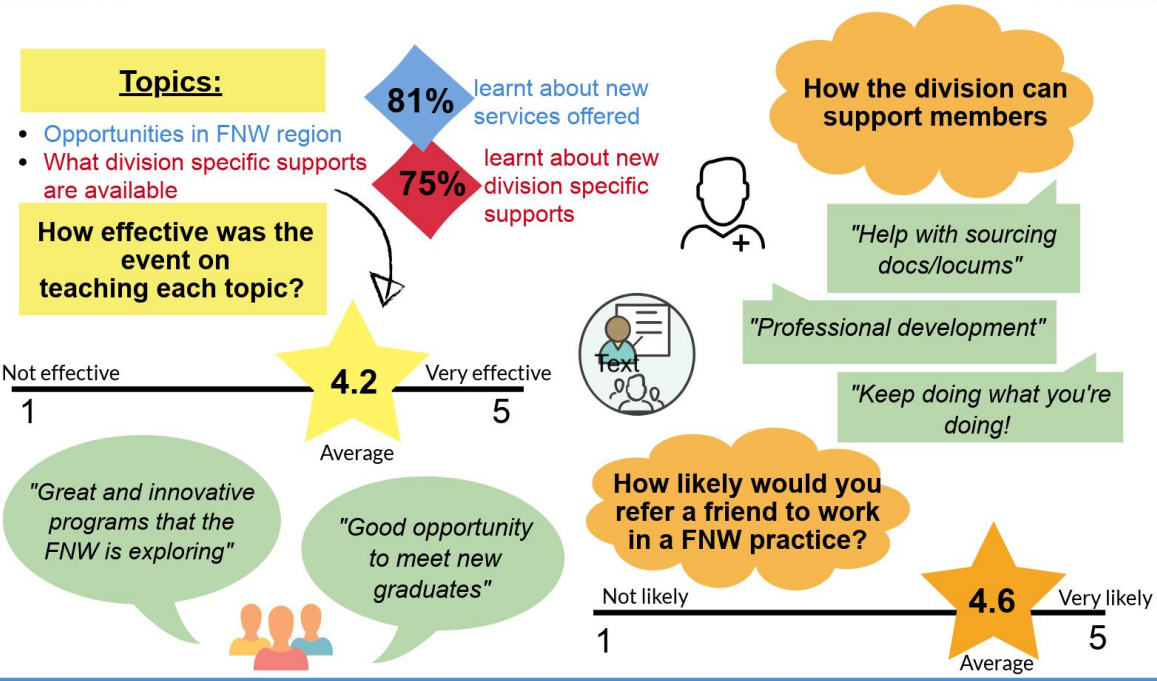


First Five Years in Practice | Event Evaluation



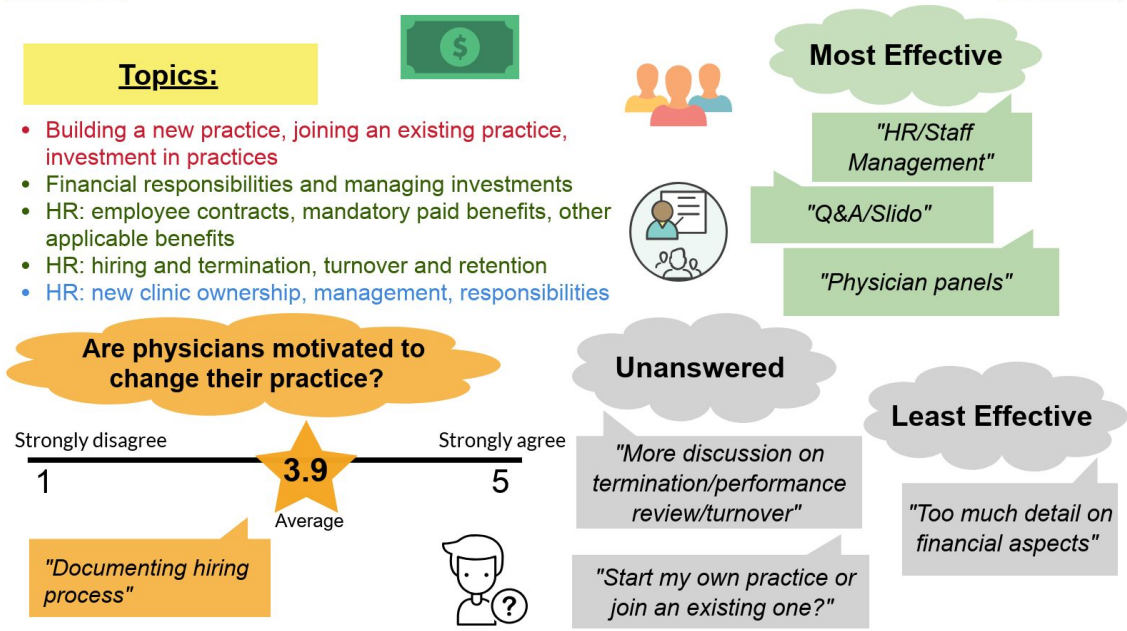
November 1, 2018

FNW Community Showcase | Event Evaluation



February 6, 2019

Business Bootcamp | Event Evaluation



March 30, 2019