



## **Recruiting a Permanent Physician: Best Practices for the Group Practitioner**

### **Planning for Recruitment: Important Contacts**

Until the end of March 2016, the Richmond Division is pleased to offer a dedicated Recruitment Coordinator to guide you through the recruitment process by assisting members to:

1. Establish a timeframe for physician recruitment
2. Undertake a patient panel assessment
3. Write a competitive advertisement
4. Post advertisements on a number of local, provincial and national recruiting agencies
5. Orchestrate contacts with physician candidates, including coordinating meet and greets and tours of medical facilities and community amenities as part the Richmond Division's Red Carpet Welcome Program

Before you begin your physician recruitment activities, please contact the Richmond Division at [richmond@divisionsbc.ca](mailto:richmond@divisionsbc.ca)

### **Planning for Recruitment: Establishing a Timeframe**

Physician recruitment is a lengthy and detailed process. Start early. According to Health Match BC, six months lead time is usually considered the minimum amount of time to accommodate all recruitment steps such as advertising, registration and licensing. Ideally, begin the process **12 to 18 months** before the intended start date.

### **Planning for Recruitment: Defining the Physician Profile**

*From Health Match BC's webpage on [Planning for Recruitment](#)*

Before commencing recruitment efforts to either add or replace a physician, determine exactly what you would like the terms, responsibilities and accountabilities of the position to be. A potential candidate may seek to alter any of the above so some expectation of negotiating should be anticipated. Consider what is absolutely a requirement and where potential flexibility may be possible.

Items to include in your written list of terms and conditions include the following:

- Fee for service - anticipated annual remuneration
- Dates Needed
- Overhead costs and responsibilities
- Hours of work expected and anticipated
- On-call expectations
- Other details regarding the specific characteristics and expectations of the practice, colleagues, and community.

Closely linked to defining the terms and conditions of the employment is the creation of a comprehensive outline of the position profile. The position profile serves a number of purposes:

- It helps you and your colleagues come to a consensus on the expectations and requirements of the new physician position in your practice. The position profile provides clarity on details of the position requirements and defines the practice characteristics.
- It is an essential tool to fully inform physician candidates of your opportunity.
- It can be used to craft an effective job posting
- Importantly, a position profile that clearly defines the qualifications, expectations and abilities required for the role provides you with a "road map" to guide you through the hiring process.

## Planning for Recruitment: Patient Panel Assessment

### What is a patient panel assessment?

1. Defining your **patient panel size**, the number of active patients under your care
2. **Building a patient registry** that identifies vulnerable patients for continuity of care

### Why undertake a patient panel assessment?

1. To frame recruiting efforts. Many incoming physicians would like to join or assume a practice with an appropriately sized, stable, and mixed patient panel.
2. A registry identifying vulnerable patients promotes proper handoff to a replacement physician for continuity of care
3. To identify potential areas for allied health professional support based on the types of patients in your register (e.g. if you have a disproportionate amount of CDM-diabetes patients, consider bringing in a chronic disease nurse)
4. EMRs and paper charts are only as good as the accuracy and comprehensiveness of the physician/staff who is entering the data. Starting early will ensure that you are coding correctly, optimizing billing incentives, and can readily and easily identify your CDM, complex care and/ or vulnerable patients when it comes time for your practice transition, if applicable.

For assistance, review the Patient Panel Assessment Guides for [EMR](#) and [Paper-Based Offices](#).

## **Marketing Your Physician Opportunity and Community: How to Write a Compelling Advertisement**

Below are tips to writing a compelling physician vacancy advertisement:

- Develop a creative, catchy headline and subheaders
- Create a compelling introductory sentence to encourage further reading
- Be concise. Keep sentences and paragraphs short. Consider breaking into sections.
- Write in the active voice e.g. *“contact Dr. X”* versus *“you can contact Dr. X”*
- Involve the reader e.g. *Join our practice!*
- Avoid abbreviations
- Include value-added information e.g. community site visit, incentives
- Advertisements that have been particularly successful make note of the following: flexible vacation leave, cross-coverage and practice management mentorship

Below are some examples of information to include in your physician vacancy advertisement:

- Start date
- Hours of Work
- Turn-key practice opportunity
- Practice details
  - On-call hours, OB/maternity, hospital coverage, residential care, house calls
- # GPs, #MOAs, #AHP
- Medical record keeping
- Patient volume
- Patient demographics
- Compensation
  - Compensation type (e.g. fee-for-service)
  - Estimated remuneration
  - Physician overhead
- Vacation
- Community assets, lifestyle and practice opportunities
- Mentorship opportunities
- Qualifications
- Assigned contact person for candidate referrals/CVs

## Marketing Your Physician Opportunity and Community: Where to Find Physicians

| Personal Networks   |
|---|
| <ul style="list-style-type: none"> <li>• Any network of physicians or health care professionals</li> <li>• Locums</li> <li>• Postgraduate residents</li> <li>• Candidates generated from previous recruitment and advertising efforts</li> <li>• Check upcoming meetings, conferences, and courses for networking and advertising opportunities. (See the list of conferences that <a href="#">Health Match BC</a> is attending on your behalf.)</li> </ul>   |
| Postings and Recruiters   |
| <ul style="list-style-type: none"> <li>• <a href="#">Health Match BC</a> (free)</li> <li>• <a href="#">VCH Medical Staff</a> (free)</li> <li>• <a href="#">Society of General Practitioners of BC</a> (free with membership or through the RDFP)</li> <li>• <a href="#">Canadian Association of Staff Physician Recruiters</a> (free with membership)</li> <li>• <a href="#">Locums.ca</a> (\$)</li> <li>• <a href="#">College of Family Physicians</a> (\$)</li> <li>• <a href="#">CMA's drcareers</a> (\$\$)</li> <li>• <a href="#">Canadian Healthcare Network</a> (\$\$)</li> </ul> |
| Medical Journals (online or print)  |
| <ul style="list-style-type: none"> <li>• <a href="#">British Columbia Medical Journal (BCMJ)</a> (\$)</li> <li>• <a href="#">Canadian Medical Association Journal (CMAJ)</a> (\$\$)</li> <li>• <a href="#">Medical Post</a> (\$\$)</li> <li>• IMGs</li> </ul>   |

- UK - [British Medical Journal](#) (\$\$)
- US – [JAMA](#) (\$\$)
- Australia – [Medical Journal of Australia](#) (\$\$)

### Best Practices:

- Post ads in several media, making sure you select those that are most relevant and reach your target audience
- Do not inundate all media i.e. avoid overkill
- Respond to expressions of interest in a timely manner. While a few days may seem reasonable, if a candidate has made several inquiries to practices, a very prompt reply may make a difference.
- Physicians are generally the best recruiters of other physicians

## Marketing Your Physician Opportunity and Community: Red Carpet Welcome Program

The Richmond Division has partnered with the City of Richmond and other community stakeholders to offer a Red Carpet Welcome Program that gives physician candidates and their families the opportunity to experience Richmond's lifestyle and medical community. Our Red Carpet Welcome Program is available to visiting or relocating family physicians and can include:

- A [Welcome Handbook](#) with information about our community and health services;
- Peer-led tour of recruiting practices and health services; and
- Community tour of local amenities, sites and attractions and health facilities.

At the end of the day, we want to make sure that physician candidates' and their families have enough information to determine that Richmond is the right place for them to live, work and play. Contact the Richmond Division at [richmond@divisionsbc.ca](mailto:richmond@divisionsbc.ca) for Red Carpet Welcome Program inquiries.

## The Transition Process

### *For the Incoming Physician*

There are several ways that support a smooth transition for the incoming physician, your colleagues and patients.

- Help orient the incoming physician to office procedures, patient base, medical colleagues and staff, etc. Use the [Practice Orientation Checklist](#) as a guide.
- Invite the incoming physician to join the [Richmond Division of Family Practice](#) and connect with Richmond colleagues for support and advice

- Utilize the Practice Support Program's in-practice coaching services for incoming physicians for support around EMR optimization, improving office efficiencies, optimizing workflow processes, maximizing incentive payment relationships and implementing advanced access scheduling.

### *For the Outgoing Physician (if applicable)*

There is also a transition process for the outgoing physician. If you do not wish to stop practicing altogether, you might want to consider the following:

- Provide locum coverage for fellow Richmond GP colleagues
- Consider shift work in specialized areas of care or areas of practice interest e.g. residential care
- Join a committee or board of the Richmond Division to promote strong primary care delivery in Richmond and support practicing GPs

## References

1. Health Match BC - [Employers](#) (n.d.)
2. Health Force Ontario - [Marketing](#) (n.d.)
3. Ontario Medical Association - [Winding Down Your Practice: A Guide for Physicians](#) (n.d.)

## Appendix A: Practice Orientation Checklist

The following practice orientation checklist is meant as a guide and not an exhaustive list of all items associated with preparing for and orientating a locum physician.

| <b>Prior to the Physician's Arrival</b> |   | <b>Additional Comments</b> |
|---|---|----------------------------|
|   | Share the Richmond Division's <a href="#">Welcome Handbook</a> with the physician   |                            |
|   | Confirm time of arrival and communicate with colleagues and staff   |                            |
|   | Determine who will perform the orientation  |                            |
|   | Inform office staff to ensure that the physician is incorporated into daily flow, groups, daysheets etc.  |                            |
| <b>Introductions</b>                    |   |                            |
|   | Physician colleagues and staff  |                            |
| <b>General Site Orientation</b>         |   |                            |
|   | Building access requirements, including keys, photo ID or internal and external security systems  |                            |
|   | Building and amenities, such as staff room, toilets, etc.   |                            |
|   | Sample cupboard and in-office emergency kit   |                            |
| <b>Office Protocols</b>                 |   |                            |
|   | Clinic hours, including breaks and lunch  |                            |
|   | Billing process   |                            |
|   | Payroll procedures  |                            |
|   | Dress code  |                            |
|   | Emergency procedures  |                            |
| <b>Practice Policies and Procedures</b> |   |                            |
|   | Inbox/outbox for paperwork  |                            |
|   | Storage and availability of procedural equipment e.g. needles, vaccines, bandages/minor wound materials, liquid nitrogen, suture removal kits, PAP, IUDs, mole removals, etc. |                            |
|   | Process for ordering supplies   |                            |
|   | Process for ordering labs, including timeframes for returned results  |                            |
|   | Infection control procedures  |                            |
|   | Hazardous waste material procedures   |                            |
|   | Patient booking procedure e.g. patients/hr, time allotted for regular visits/CPX/PAP, same day appointments   |                            |
|   | Patient records   |                            |
| <b>Hardware/Software Orientation</b>    |   |                            |
|   | Office equipment  |                            |
|   | Computer hardware, including user IDs and passwords   |                            |
|   | Wireless, including user IDs and passwords  |                            |
|   | Printers and copiers, including keycode access  |                            |
|   | Email, including user IDs and passwords   |                            |
|   | EMR, complete with login, password and appropriate  |                            |

|                            |  |  |
|----------------------------|--|--|
|                            | permissions/rights (such as access to labs) and training (referral processes, Rx fills, chart notes, etc.) |  |
|                            | Contact(s) for technical assistance  |  |
|                            | Useful websites or point-of-care tools   |  |
|                            | Fax and phone system   |  |
|                            | Dictation system   |  |
|                            | Paging system  |  |
| <b>Contact Information</b> |  |  |
|                            | Physician colleagues and staff (incl. roles)   |  |
|                            | List of healthcare facilities  |  |
|                            | List of preferred specialists  |  |
|                            | List of preferred pharmacists  |  |
|                            | List of preferred allied health care providers   |  |
|                            | Call group members, along with their contact information and handover policies                             |  |