



# Physician Recruitment and Retention

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# Recruitment and Retention

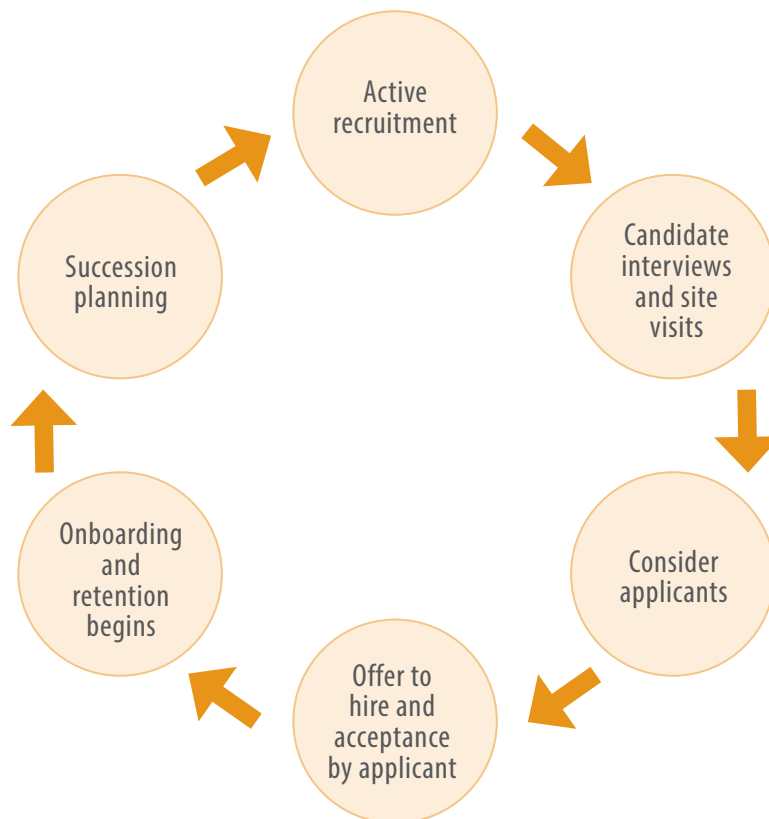
## Developing a Plan

Recruitment and candidate selection is the process of identifying the need for a physician, defining the requirements of the position, advertising the position, and choosing the most appropriate candidate for the position.

Retention is the follow-up process that increases the likelihood the new recruit will stay in the community or organization and practise alongside established health-care professionals.

The effective delivery of health-care services depends to a large extent on the quality of the medical staff. Recruiting physicians with appropriate skill sets adds value to the delivery of health-care services. Just as important, you want to recruit physicians who are the “right fit” for your community or organization. Over time, this compatibility will translate into long-term retention, which will reduce recruiting costs and enhance health-care service delivery.

A robust interview process offers a great opportunity for recruitment and retention success. For an accurate assessment of candidate suitability, make use of interviewing techniques, identify family ties, and engage the spouse/partner during the interview process. Together, these insights will help to establish whether professional motivations and personal relationships are likely to keep a candidate in practice *and* in the community for the long term. The insights will also reveal whether the candidate will be compatible with your organization’s culture.



## Initial Contact with Candidate

The recruiter must be familiar with the duties of the position, the education and experience required, and the culture of the organization or clinic/practice setting. Candidates will be judging your practice opportunity from the outset. Communities that have been successful in recruiting have one key contact that can speak to their practice opportunities. Select a single point of contact for physician recruitment. This physician recruitment professional needs to be supported by the key decision makers within the local medical community and the broader community.

Pre-screening candidates based on criteria agreed upon by the hiring group sets the stage for a productive site visit.

- Once contact has been established, either by phone or e-mail, try to respond within 24 hours.
- Establish Ontario licensing eligibility; physicians will be eligible for or hold either a certificate of registration for Independent Practice, or a certificate of registration for Restricted Practice.
- Once eligibility is established, the candidate is screened in preparation for the site visit with regard to the type of practice opportunities sought and personal interests e.g. family, cultural, athletic, hobbies, etc. View the [Site Visit Checklist](#). Once a candidate and recruiter mutually decide to move ahead:
  - Request a CV;
  - Offer spousal employment support and request significant other's resume.
- Send a formal, personalized information package to the candidate. Personalized packages may include information about:
  - Real estate;
  - Schools;
  - Pertinent athletic, cultural, sporting, lifestyle pastimes.
- Refer the candidate to the Chief of Staff/Chief of Department office for follow up.
- Invite candidate and significant other for a site visit.

As part of the screening process, a new physician will want information on a number of personal and professional aspects to evaluate a practice opportunity/community match. Community recruiters need up-to-date information to the questions following. It would be beneficial for recruiters to ask the new physician questions as part of the information-gathering process. *Remember to advise your client to address personal and family issues before evaluating professional and financial issues. That's the formula for success.*

## Evaluating Practice Opportunities (from physician and recruiter perspectives)

Be prepared to discuss the following questions with a physician candidate:

### **Personal/lifestyle questions a physician candidate may ask:**

- What is your community's geographic location/ population size?
- Are there professional opportunities for my significant other?
- Is there access and availability of cultural, recreational, sports and entertainment venues?
- Are there personal and family privacy issues within the community?
- How far away is the nearest major centre? International airport?
- How would you rate the quality and access to schools?
- What is your community's housing availability, cost and location?

### **Specific practice questions a physician candidate may ask:**

- Are existing group members open to change (practice style/remuneration)?
- What are the overhead costs and office administrative responsibilities?
- Is there someone to act as a mentor?
- Do the local physicians and community have a vested interest in my success?
- Is there adequate availability and access to hospital resources, OR time, consultants, and coverage?
- How many weeks per year, days per week, hours per day, and patients per day will I have to work/see to generate a realistic gross income to pay overhead, taxes, and take home a reasonable income?
- What incentives are offered in the community? Will I be eligible for Ministry of Health and Long-Term Care incentives?
- What is the closest referral centre for patient care? How far is it?
- Is this an eligible return of service (ROS) community?
- What is the practice environment like? Is there a mix of patients? Young, elderly? Do most of the patients work in industry or professional jobs?

### **What a recruiter should ask a physician:**

#### *Professional and vocational satisfaction questions*

- Why are you considering our community?
- Why are you leaving your existing practice ?
- What type of position are you interested in pursuing: permanent/locum?
- What is your preferred practice profile? For example: office/daytime clinic practice, ER shifts, academics, OBS, surgical assists, hospital privileges/inpatients, consultations, etc.
- What would you accept as an on-call schedule?
- Would you prefer working in a small or large group practice? Do you understand the differences, benefits, and obligations of the primary-care models?
- Do you require any special equipment or facilities?
- Would you like the opportunity to teach residents or students as a preceptor?

### *Income questions*

- Do you understand the different remuneration options offered in Ontario? i.e.: fee-for-service, primary-care models (Comprehensive Care Model, Family Health Network, Family Health Group, Family Health Organization, Community Health Centre, Rural and Northern Physician Group Agreements), APP/AFPs
- Do you understand how funding flows in a Family Health Team?

### *Personal/Lifestyle Questions (in assessing candidate eligibility and success for recruitment and subsequent retention)*

- Do you have family in Ontario? Where are they located (address the distance from your community)?
- What are your hobbies? What extra-curricular activities do you enjoy?
- Will your partner/spouse be looking for a job?
- Is travel to and from our community an important aspect for you?

View the sample [Site Visit Questionnaire](#) for Family Medicine.

## The Interview

The interview is a critical piece of the recruitment process. Ideally, the interview uncovers expectations on both sides, and determines if the physician fits the role and culture of the organization or clinic. Behavioural interview questions that discuss past experiences and challenges can predict future behaviours and be useful in determining if a candidate is a good fit for the hospital or practice. See [Sample Interview Questions](#) to assist with the interview process.

In recent years, efforts by the Ministry of Health and Long-Term Care to increase the number of physicians in Ontario has benefited many communities throughout Ontario. You may have a number of candidates considering your practice opportunity. Invest in carefully considering candidates to determine they have the right skills, motivations and cultural attributes to make a contribution to your community.



Communities recruit doctors. Make your community efforts a team effort to positively portray your practice opportunity.

## The Site Visit

The site visit is a critical component of your physician recruitment strategy. It is often the culmination of your previous, and often significantly invested, efforts in seeking and identifying appropriate physician candidates. First impressions play an important role in the process of securing a physician candidate for your community. As such, it is important to effectively showcase both the professional and lifestyle aspects of your opportunity. You want to portray a picture that is both positive and representative of your community. Presenting an inaccurate picture is not only misleading, it can result in negative outcomes in the future. Keep in mind your objective is to find a provider who will enjoy, excel, and flourish within your community.

Retention is just as important as recruitment. From the outset, you want to develop a long-term relationship that is mutually beneficial to both the physician and the community. Therefore, smaller communities need to focus on more than cash incentives and promote balanced workloads and increased quality of life. Access to locums could go a long way to enhancing a doctor's job satisfaction and improving quality of life, which could result in long-term retention.

## Before the Site Visit

Involving the partner/family in the site visit/interview process offers an opportunity to determine his/her needs. A happy significant other means the physician and family are more likely to stay.

### *Develop an Itinerary*

Arranging for the candidate and his/her family to visit your practice and community is a time-consuming but important aspect of the search process. Many organizations find great success in forming a team of interested community members to help coordinate the site visit. Consider including a representative or two from the local medical community on the team.

A well-constructed itinerary can make the difference between an excellent and mediocre site visit. Although best scheduled around the preferences of the physician, it can be beneficial to have the candidate arrive on a Friday so a full weekend is available for the visit.

Make appropriate reservations and hotel arrangements well in advance. If your community does not have suitable accommodations, make arrangements for the physician and his or her partner/family to stay in a private home. If you choose this option, always provide them with private time.

If the physician is flying to your area, have an escort meet the physician and family at the airport. Make a car available to the physician (and family/partner) so they can explore on their own, if interested.

Find out as much information as possible from the physician (and his/her partner and family) about what they hope to accomplish during the site visit. For some, a split-tour option may be ideal, having the physician tour the medical facilities while the spouse tours the community. Consider to what extent you want to showcase aspects of your community to the physician and family. Do you want to arrange to have a prospective family take a tour through a local school? Will recreation facilities speak to how children can enroll in the local soccer team? Remain flexible and be innovative!

Important tip: Physicians are generally the best recruiters of other physicians. Provide an opportunity for area physicians to meet candidates, both formally and informally, if possible.

Review the itinerary and ask the physician to approve it in advance. Confirm the area visit two days prior with the physician to minimize the possibility of cancellation. Notify all individuals involved in the interviewing process in advance of the visit, provide them with the details of the itinerary, and remind them of their individual responsibilities.

- Send itinerary to candidate;
- Send candidate's CV and itinerary to all medical personnel participating in site visit;
- Circulate significant other's CV as applicable. Arrange interview(s), if possible.

The itinerary might include:

- Tour of the community (can take many different formats e.g. boat tour, car tour, walking tour etc.);
- Travel and accommodation;
- Tour of hospital and meeting with Chief of Staff (as applicable);
- Tour of local practice opportunities;
- Meeting with Chief of Department/clinic and medical colleagues;
- Spousal employment/social connection;
- Meals and meetings to coincide;
- Real estate tour of the community with preferred real estate vendors.

To assist with development of a more comprehensive itinerary, request the candidate fill out a Needs Assessment form that addresses the following:

**What do you need to learn about the candidate to personalize the site visit?**

- Marital or family status;
- Spousal situation (e.g. employment status);
- Children and/or pets;
- Educational requirements;
- Interests and hobbies;
- Religious or cultural affiliations;
- Real estate preferences.

**Who/what should the candidate meet/see at the hospital?**

- Colleagues in both professional and social settings;
- Chief of Department;
- Chief of Staff;
- CEO;
- Physician engaged in teaching activities (Adjunct Faculty);
- Hospital Tour (to include nursing and allied staff within the department).

**If the practice is in a clinic, who/what should the candidate see at the clinic?**

- Lead Physician;
- Co-physicians;
- Nurse/Administrative staff;
- Clinic tour.

**What else is important professionally to the candidate?**

- Type of practice;
- Interests in teaching and research;
- Office real estate;
- If community-based: clinics, fee-for-service, salaried arrangement, hospital privileges.



### What would the candidate be interested in seeing or learning about the community (outside of work)?

- Organized Sports;
- Arts and Culture;
- Special Events;
- Clubs;
- Schools;
- Daycare Facilities.

## Site Visit Day

Use the Needs Assessment to the fullest; highlight all areas the candidate mentioned.

### Helpful hints for a successful site visit:

- Avoid early morning meetings, unless specified by candidate;
- For longer flights, check if they want to eat before getting started;
- When traveling with children, have a car seat available or explore daycare options during the site visit;
- Leave enough time for travel between meetings;
- Provide maps, directions, GPS or chauffeur;
- Include social time with future colleagues;
- Visit recreation areas;
- Provide informal time on their own;
- Arrange employment contacts for spouse/partner;
- Visit schools, nearby colleges or universities;
- Meet with a realtor;
- Meet with a banker;
- Talk with people who have recently moved to the area;
- Meet with other professionals in the community.

Do not forget the spouse/partner! The partner plays a critical role (if not the most important role) in the decision to pick a community and an even greater role in the decision to remain. Try to develop a relationship with the partner during telephone conversations before the visit so special activities can be arranged to match his or her professional and personal interests. Spousal employment is often a very important consideration for the physician. Be especially sensitive to the fact he/she is a person in his/her own right.

## During the Site Visit

- Recruiter meets candidate, either at airport, train station or hotel.
- Recruiter presents physician with a welcome gift.
- Recruiter provides transportation and escorts candidate/family for site visit day, keeping to timeliness and providing a good sense of personal/community contact.
- Recruiter has itinerary, including contact numbers to maintain contact with site visit participants in case of delays, etc.

- Recruiter confirms significant other arrives at pre-arranged interview(s).
- Recruiter notes any requests for additional follow-up information.
- Recruiter schedules enough time for candidate to speak to all physicians to have questions answered.
- Recruiter accompanies candidate/family to dinner and returns them to hotel at end of day.
- If the physician brings children on the site visit, recruiter offers to arrange for childcare or activities so physician and spouse can concentrate on interacting with future colleagues.
- Recruiter does a wrap up with candidate and spouse/family, determining if the visit has been productive.
- Recruiter provides “on-call” number/service in the event candidate and family require off-hours assistance.

## Site Visit Follow-up

- Send an e-mail or a more “personal” card or hand-written note to candidate thanking him or her for his/her time. This can effectively reinforce positive first impressions.
- Debrief regarding the site visit with candidate through a post-site visit evaluation form – a sample [Community Site Visit Feedback form](#) is available to assist you.
- Follow up with clinic/department heads/realtor for feedback on the site visit.
- A few days following the site visit, contact candidate to reiterate community’s interest, check to see if additional information has been received, and inquire if anything further can be done.
- Determine next steps
  - If candidate is interested, discuss details of incentives and practice set-up;
  - If candidate is not interested, debrief to determine reason(s) why.
- If candidate is interested, send a Letter of Intent (LOI) or Letter of Understanding (LOU) confirming interest and start date; see [Sample Letter of Understanding](#) for assistance on drafting letter.
- Prepare contract and send to candidate for approval and signing.
- Assign mentor to physician.
- Recruiter sends note to physician to inform him/her who mentor is and that mentor will be contacting him/her.
- Line up community mentor for spouse if spouse is interested in such support.
- Find out from candidate if anything else is required to close the deal, e.g. assistance in finding office space, equipment, applying for an OHIP number, etc.
- Recruiter assists with moving family to new location as required.
- Based on information regarding relocation details, organize a conference call among key players to finalize plans.

## Picking up the Tab

Although communities differ in their ability to pay, if possible cover the cost of the site visit for the physician and spouse. If your community is in a vacation area, you can prevent the “paid vacation syndrome” through careful screening or by stipulating the community will pay full site visit expenses if the physician accepts the position, and will pay part or none of the expenses if the physician does not accept the position.

[Find out more about the Ministry of Health and Long-Term Care’s Community Site Visit Program.](#)

# Satisfaction Guarantee

## Before Move-in

- Recruiter monitors progress of physician family's move by:
  - Connecting physician and family to a preferred real estate agent for purchase of property;
  - Connecting physician and family to preferred moving companies;
  - Connecting physician to preferred services, such as: banks, lawyers, and accountants;
  - Connecting physician and family to other services as necessary, such as: telephone, cable, satellite, hydro, schools, etc., by providing contact names and numbers as requested.
- Recruiter maintains regular contact during the moving phase to assist as needed with problem solving and to demonstrate support of the new community and institution/practice.

## Practice Start-up and Move-in Phase

Creating a positive experience for the new physician's orientation is the key to new candidate satisfaction. Introductions to peers, clinical and support staff, and senior physicians is a good start. A [Sample Itinerary](#) is attached to assist with developing an orientation schedule. New physicians need to learn about: managed care relationships, clinical programs, practice strategies, community resources and supports, teaching opportunities, continuing medical education, research opportunities, and recruiting. Assigning a physician mentor will help support and integrate the newcomer into clinical practice and the social network within the organization.

- Be certain the physician has office essentials:
  - Office space – essential equipment and administrative support, if applicable;
  - Parking pass;
  - IT support.
- Write a press release announcing physician's arrival for the local newspaper.
- Place announcement on the hospital/public web site and in the hospital/clinic newsletter.
- Ideally, the recruiter greets the physician the first day of practice -- definitely within the first week of practice -- with a welcome gift, e.g. a plant or fruit basket for the whole family.
- Conduct a facility/practice orientation within the first week of practice.
- In the case of specialists and Family Medicine physicians with privileges, ask the CEO and Chief/Department Head to call and welcome the physician or send welcome notes within the first week of practice.
  - In the case of Family physicians who do not have hospital privileges, assign the welcome task to another individual, such as the Mayor or a municipal councillor.
- Recruiter provides assistance to the physician as necessary for a smooth transition.
- Physician mentor calls physician within first week of practice.
- Community mentor calls spouse.
- Organize a welcome dinner with the board and senior staff within the first two weeks.
- Allow for a moderate "ramp up" of schedule with patients so a candidate becomes adjusted to new surroundings.

## Year 1 Practice Phase

- Recruiter keeps in touch with recruit and spouse on a monthly basis to check all is well and assists where needed. Later in the year, the frequency of contact changes to every other month.
- Physician mentor maintains monthly contact with the recruit, introducing him or her to staff, meeting him or her at departmental meetings, etc.
- CEO/Chief of Staff/Department keeps in touch with recruit monthly for first three months, then contact becomes bi-monthly till year end.
- Community mentor calls spouse monthly, recognizes birthdays/holidays in the form of cards over the first year, invites spouse to events to introduce him/her to community.
- Recruiter surveys physician and spouse after first three months to see if anything could be improved in the recruitment/relocation process.
- Recruiter surveys physician after six months to see if anything can be improved in the retention part of the program. See sample [Satisfaction Survey](#).
- Recruiter surveys spouse after six months to see if any improvements can be made regarding community networking.
- Recruiter surveys physician and spouse after a year.
- Recruiter follows up with CEO, Chief/Department Head, physician mentor, and community mentor to share information.

## Year 2 Practice Phase

- Physician mentor keeps in touch with recruit bi-monthly, with an “open door” policy.
- CEO and Chief meet with recruit quarterly, with an open door policy.
- Community mentor connects bi-monthly. Community mentor follows spouse’s lead, some may need longer involvement than others.
- Recruiter calls spouse bi-monthly.
- After two years, recruiter checks with the physician and spouse that everything is working out both professionally and personally.
- Recruiter follows up with CEO, Chief/Department Head, physician mentor, etc. to share feedback.

## Year 3 Practice Phase

- Physician mentor meets quarterly with recruit or determines with recruit the schedule they will follow.
- CEO and Chief meet twice with physician during year three, then adjust the frequency to yearly meetings.
- Community mentor contacts the recruit quarterly.
- After three years, recruiter checks with the physician and spouse that everything is working out both professionally and personally.
- Recruiter shares feedback with CEO, Chief/Department Head, and community mentor.

## Ongoing Retention

- Survey all physicians on a yearly basis - sample [Satisfaction Survey](#) attached
  - Based on recommendations take action and follow-up.
- Celebrate physicians by hosting an annual Physician Appreciation Day.
- Hold physician socials – monthly/quarterly/semi-annually.
- Provide teaching opportunities.
- Offer flexible working hours.
- Schedule vacation time for physicians. Recruiter can assist in finding locums. Refer to [Locum Guidelines and FAQs Module](#) for further details and examples.
- Create equitable working hours and share responsibilities.
- Offer assistance with continuing medical education (CME).
- Invite physicians to sit on the Physician Recruitment Taskforce committees.
- Provide clinic/hospital staff with an opportunity to participate in local fundraising events.
- Include a "Physician's Corner" in the clinic/hospital newsletter.
- Host clinic/hospital events (e.g., holiday party, summer BBQ, etc.).

# Physician Appreciation

Physician appreciation is often a big gap in the recruitment and retention (R&R) process. Many hospitals and R&R committees focus their efforts on recruitment, while neglecting to focus on retaining the physicians they have recently recruited. Physician appreciation is a key component of any retention strategy. You can demonstrate appreciation with little budget, and it is a great way to create a healthy work environment, which will ultimately help with your recruitment efforts as much as your retention.

Many benefits result from physician appreciation, including:

- Fostering good will by letting your physicians know the community appreciates their hard work and commitment to their patients, health-care organization and community;
- Encouraging good work and reinforcing a positive work environment;
- Increasing the visibility of the hospital/clinic/R&R committee.

There are many ways to demonstrate your community's appreciation of local health-care professionals, including:

- Cards;
- Letters to the Editor;
- Announcements on Community Public Service Radio;
- Advertising in Local Papers;
- Recognition Event/Awards Ceremony;
- E-blasts;
- Newsletters;
- Facebook and Twitter;
- Physician Appreciation Day/Week.

Each of these ideas are explored below.

## Cards

A personal note is a great way to acknowledge the hard work of an individual or group. With a relatively low investment in time and money, you can achieve excellent outcomes.

Be sure to organize how you are going to send out cards. If sending to or from multiple people, you may want to create a spreadsheet to track the communication and to make certain multiple communications are not sent to the same individual or group. This low-maintenance record keeping would include information such as sender, recipient, recognition, and date sent.

## Letter to the Editor

A typical Letter to the Editor is sent to a local or national publication to succinctly present an organization's position, to make a correction or respond to another story.

A letter of congratulations is a common theme for a Letter to the Editor, and a great way to recognize those in health care who are making a difference. Write a letter that is short (200 to 250 words) and concise, as your submission will be printed verbatim. When responding to or writing about an achievement, personalize the letter. Timeliness is critical. Respond immediately; if you wait longer than seven days after publication of the original story, it may be too late.

## Announcements on Community Public Service Radio

Community public service radio announcements are usually free of charge and reach a broad audience. This allows you to reach an entire community effectively. In addition, you may be able to arrange for on-air interviews showcasing your appreciation event.

## Advertising in Local Papers

Advertising in local newspapers is a great way to recognize community and physician successes. This allows you to effectively showcase an individual or organization to an entire community. You may consider sponsoring an ad related to physician recruitment and retention, such as an R&R golf tournament or a hospital foundation event.

## Recognition Event/Awards Ceremony

An Awards Ceremony or an event that recognizes a certain number of years of practice in the community is another effective way to recognize the work of your physicians. You can choose to honour physicians for several different categories of time, such as 1, 5, 10, or 20 years.

Hosting an awards ceremony is also a wonderful way to engage your community. Take the opportunity to invite key stakeholders, such as the Mayor and other elected officials to the event. You may even consider tying the awards ceremony into your Annual General Meeting.

A Recognition Event or Awards Ceremony would typically take place on an annual basis, so plan it well the first time, and future years will be much less work. Make note of what worked, what didn't work, and what you want to add the following year.

## E-blasts

E-blasts—digital versions of direct mail—are a quick and efficient method of communicating acknowledgements about those who have made successful contributions to their community. They can be targeted and allow for flexibility in messaging and timing. Build up your database of e-mail addresses so you can use it when you want to send an e-blast.

E-blasts can be part of a wider multimedia or multi-message campaign. Graphic and text-based e-mails can be sent daily, weekly, or monthly, to keep the message in the minds of the target audience. In addition to communicating your message, e-blasts are an effective and affordable way to build relationships.

## Newsletters

Many communities and hospitals publish newsletters to communicate to their stakeholders. The frequency, theme, and topics of these newsletters may vary, but they offer a great opportunity to reach a wide audience. Place an article or announcement in these communications to highlight achievements that have occurred in your region.

Newsletters are also a great way to introduce new physicians to the community. Ask the physician what background, personal information or messages he or she would like to convey to the community, and include a photo, if possible.

## Facebook and Twitter

Post a thank-you message to local physicians on the hospital and/or community Facebook pages and Twitter feeds. It is free to post the message and will reach physicians and community members who are active on social media.



## Physician Appreciation Day/Week

Communities put a lot of effort into making physicians feel appreciated during the recruitment stage, but too often forget about making them feel valued after they have been recruited. By declaring a Physician Appreciation Day or Week, physicians are made to feel valued by their colleagues, as well as the community, for the work they do every day.

Canada does not have a declared National Doctor's Day. However, since 2011, Doctor's Day in Ontario has been May 1. This day was chosen as it is the birthday of Dr. Emily Stowe, the first female physician in Canada. The Ontario Medical Association typically runs a campaign on this day to encourage Ontarians to say thank-you to their physicians. Some communities also hold a Physician Appreciation Day annually as part of their retention efforts.

When organizing a Physician Appreciation Day, be creative, build on your partnerships, engage your community, and plan ahead. This is also a way to engage your community in your recruitment and retention efforts.

Here are some ideas you might want to consider to celebrate Physician Appreciation Day in your community:

- Place an advertisement in your local paper or on your local radio station. In many cases, newspapers will volunteer space or provide discounts.
- Partner with your local schools. Students in elementary schools can create thank-you cards to send to local physicians or be placed in waiting rooms.
- Hold a social event. This can be as simple or as extravagant as you like (or as your budget will permit). Where possible, engage local municipal leaders (mayors, MPs, MPPs, etc.).
  - Host a gathering at a local physician's house/cottage (brunch, dinner, or a social evening with appetizers);
  - Host a gala event and present awards to local physicians (awards for teaching, commitment, years of service, etc.);
  - Host an event at the hospital/clinic during lunch hour and invite all staff to participate;
  - Organize a golf day or picnic for the physicians;
  - Rent a room at a local restaurant for dinner or lunch and invite physicians as well as their spouses.
- Encourage businesses in the community to place signs in their store windows or on their billboards showing their appreciation for the work physicians do in your community.
- Place Physician Appreciation Day signs in clinic waiting rooms and Emergency rooms to increase awareness among patients and health-care professionals. You can also have a table or exhibit in the hospital lobby to educate people about the work physicians do within your community.
- Send thank-you cards to each physician in the community. If you do not have a database of all of the physicians, the CPSO web site lists physicians by community and specialty.
- Partner with your local recreation complexes, sports teams, etc. to provide tickets to local sporting and music events.
- Provide breakfast or lunch for the physicians in the community, in hospital lounges, clinics, etc.
- Engage local business to obtain discounts on gifts or gift certificates for the physicians. If you have a large community or a minimal budget, have a draw and provide one or two prizes.
- Wash your physicians' cars; this is also a great way to get the hospital and schools involved. Hospital staff can assist with this or you can partner with a local elementary school or high school.
- Ask hospital or clinic staff to write a few words indicating what they like about a physician, compile the documents and share with the entire team. Ask the CEO to send thank-you letters to each physician.

# When a Physician Leaves

## The Value of an Exit Interview

An exit interview is conducted when an employee decides to leave his or her position. Ideally held prior to the employee's departure, exit interviews can provide employers with useful information about why an employee has decided to leave, and also constructive ideas for organizational improvement. They are an important check up on the health of an organization.

As it relates specifically to physicians, an exit interview can provide valuable information about the strengths and weaknesses of the health service provider organization (HSP) and reveal whether there are systemic issues within the practice. A physician who is leaving an organization will generally be more forthcoming and objective than others who are still employed there. Such information can be applied to solve problems and inform the organization's retention strategy.

The recruitment of a physician takes considerable time and resources, and the loss of a physician can have a serious impact on a community. Furthermore replacing a doctor is a costly and time-consuming process. If there are issues related to different aspects of the work environment (e.g. other doctors are difficult to work with), the management, processes (e.g. the call is onerous or there is an inequitable allocation of OR time), or otherwise, an organization is in a much better position to be aware of them. Understanding the root of the issue can help prevent further retention issues.

An exit interview can also provide the opportunity to transfer knowledge from one physician to another, or to brief a team on relevant information, initiatives, or issues.

Many employers miss the opportunity to get this input, as exit interviews historically have not been common practice. Implementing exit interviews can also be seen as risky or threatening. There may be concern about exposing negative qualities of an organization. That is why it is necessary to frame and carry out the interview in a constructive, positive manner.

## The Exit Interview Process

Exit interviews are best conducted face to face. This helps to facilitate communication and improve understanding, thereby giving you the chance to get to the heart of an issue or uncover a delicate subject area. If an exit interview is not possible in person, however, it is still better to do some kind of follow up, such as a questionnaire, ideally before the physician's departure.

An exit interview can be performed by the human resources department, a Chief of Staff, a physician recruiter, or someone else deemed appropriate. You may want to consider asking an impartial party to conduct the exit interview. For example, a physician recruitment committee member who is external to the organization may be seen as more approachable.

Carry out the interview in a private location for confidentiality. The interviewer needs to listen carefully and objectively without engaging in conflict about what he or she hears. If the HSP organization is willing to serve as a reference, it might be a good idea to make the offer at the beginning of the interview.

It is important to ask the departing physician for input and suggestions about how to improve the workplace, whether related to the practice or the overall culture of the organization. This is a good opportunity to ask about the compensation package and whether it contributed to the physician's decision to leave. It is also important for the HSP organization to document whether the physician would be rehired in the future.

Exit interviews also help the HSP organization to garner useful knowledge, contacts, insights, tips and experience from the departing physician to all those needing to know it, especially successors or replacements. Be sure to ask all of the questions that will facilitate this knowledge exchange.

In terms of managing the interview, it is more important to listen than talk. Give the physician the time and space he or she needs to answer, and try to make the process as comfortable as possible. Ask open-ended questions that will encourage an open dialogue, unless you require the answer to a specific question – see [Sample Interview Questions](#) for some tips.

Think about the kinds of topics and questions you want to focus on and prepare your exit interview questions accordingly – see [Sample Questions for a Physician's Exit Interview](#) for a list of sample questions. Take notes and consider using a prepared questionnaire form.

After the interview, look at the answers and think about their meaning and implications. Consider what actions might be necessary and how you could implement change based on what you have heard. If an urgent issue emerges or, for example, the physician would consider staying if a certain action was implemented, then take appropriate action immediately.

To take advantage of this valuable opportunity to transfer knowledge prior to the physician's departure, carefully consider the kinds of information (about processes, patients, etc.) he or she might pass on. These questions are better asked in advance of the exit interview, to allow enough time for the actual knowledge transfer.

- How do you think we could benefit from your knowledge or experience with us? For example, are there any specific people you could introduce us to before you leave?
- Do you think there would be value in having a meeting at which you could brief management and other colleagues about some specifics of your work here?
- Is there something we can do to help you pass on your knowledge or experience?
- What is your preferred way to pass on your knowledge – to colleagues or management or otherwise?
- Is there something you have been working on specifically that you think someone should know about?

By being positive and constructive, listening well and demonstrating an open understanding of what you hear, your exit interview with the physician will produce much better results. This will in turn give you the information you need to strengthen your organization's broader retention strategy.

## Recruitment Best Practices

- Remember, communities recruit physicians;
- Engage community leaders who add to the value proposition;
- Rely on the key players within your community's Recruitment Committee to make the various elements and aspects of a site visit a success;
- Each community is different. Showcase your community and be proud of your accomplishments;
- [HFO MRA Regional Advisors](#) can assist you and offer advice.

# Site Visit Checklist - Family Medicine

(To be completed by the community recruiter before a site visit)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date(s) of visit: \_\_\_\_\_

Will your partner/children be travelling with you? \_\_\_\_\_

If yes, spouse/partner name: \_\_\_\_\_

Age(s) of children: \_\_\_\_\_

Require childcare during site visit:  Yes  No

## LOGISTICS

Question	Comments
Flight information	
Is a car rental needed? Will you require a car seat?	
Do you have a preference of hotel or hotel facilities?	

## PERSONAL PREFERENCES (Please answer the following, where applicable)

Question	Response	Comments
Would your spouse/partner like information about a particular career option or volunteer organization?		
Is your spouse/partner interested in meeting with potential employment contacts during your visit? If yes, please forward CV and provide details of areas of professional interest.		
Please list the recreational activities, hobbies or organizations that interest you (and your family).		
Can we provide you with a listing of local schools and/or daycare centres?		
Would you like information about the locations of particular religious facilities? If so, please list.		
Do you have any dietary restrictions or foods you avoid?		
Do you wish to meet with a realtor and be given a tour of local residential areas?		
Do you have any pets? Will your pets be travelling with you?		
<b>Other information:</b>		

This template is meant to be used as a guide only and can be edited based on individual needs.

# Family Medicine – Practice Preference Form

(To be completed by the visiting physician and returned to the community recruiter before the site visit)

## FAMILY MEDICINE PRACTICE PREFERENCES

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date you want to begin work in your practice: \_\_\_\_\_

### TYPE OF PRACTICE THAT INTERESTS YOU - please check all that apply:

Group practice       Solo practice      Preference: \_\_\_\_\_

Full time       Part time       Locum  
Beginning when: \_\_\_\_\_

Accommodation needed:  Yes  No

Length of locum preferred (weeks): \_\_\_\_\_

Hospital privileges for inpatients       No hospital inpatient care

Obstetrics       Hospitalist       Nursing home/long-term care patients

E.R. (F/T)     E.R. (P/T)       Walk in (F/T)     Walk in (P/T)

Other areas of clinical interest (please specify): \_\_\_\_\_

Electronic Medical Records      Which are you familiar with? \_\_\_\_\_

ACLS (advanced cardio)       ATLS (advanced trauma)

Other (please specify): \_\_\_\_\_

Other information regarding type of practice wanted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This template is meant to be used as a guide only and can be edited based on individual needs.

# Family Medicine – Personal and Family Preference Form

(To be completed and returned to the community recruiter by the visiting physician)

Please take a moment to tell us about you and your family. Learning about your needs and interests will help us prepare for your visit and provide information tailored for you. The information you provide here will not be shared with any other party or used for any other purpose.

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Spouse/partner name: \_\_\_\_\_

Age(s) of children: \_\_\_\_\_

Will your partner/children be travelling with you? \_\_\_\_\_

Do you require childcare during site visit? \_\_\_\_\_

Date/Time of visit: \_\_\_\_\_

Please answer the following, where applicable:

Question	Response/Comments
Outside of work, what are your interests/hobbies? Would you like local information about them?	
What are the interests/hobbies of your spouse/partner?	
Will your spouse/partner be seeking employment in our community or surrounding area?	
Is your partner interested in meeting with potential employment contacts during your visit? If yes, please forward CV.	
Can we provide you with a listing of local schools and/or daycare centres?	
Can we assist in finding you a local congregation for your faith/religion?	
Do you wish to meet with a realtor and be given a tour of local residential areas? If yes, what type of home style and setting do you prefer? E.g. home in town, farm, etc.	
Do you or anyone travelling with you have any dietary restrictions or foods to avoid?	
Are pets part of your family?	
<b>Other:</b> Please provide any other information.	

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# Sample Interview Questions

The following is a list of commonly used questions, to be adapted according to the interviewer's needs. By considering your organization's priorities and the clinical setting of the position, you will be able to select suitable questions for either Family Medicine or specialty physicians.

1. Tell me about yourself (in two minutes).
2. Where were you trained? Describe any other prior education.
3. What courses did you like best? Least? Why?
4. What motivated you to choose your area of specialty?
5. What supervisory or leadership roles have you held?
6. What single event would you cite above others that contributed to you being where you are today?
7. What do you know about our hospital/clinic?
8. Do you know anyone who works in our organization?
9. What attracted you to this opportunity or this particular hospital/clinic?
10. Why are you currently looking at other positions?
11. What could you bring to the hospital/clinic that others could not?
12. Briefly describe your philosophy of medicine.
13. What motivates you the most?
14. What gives you the greatest satisfaction in your work?
15. Describe one or two specific achievements which have given you the most satisfaction.
16. How do you define success? Can you provide a recent example?
17. What do you find to be the least satisfying part of your work?
18. What is your greatest strength and greatest weakness?
19. How would others describe you?
20. How do you work under pressure?
21. How well do you work with a team?
22. Tell me about a creative idea that helped meet one of your goals.
23. Please discuss an important written document you were required to complete.
24. Give me an example of when you showed initiative and took the lead.
25. Describe a time when you anticipated potential problems and developed preventive measures.
26. Can you give an example of a time when you had to make an important decision with limited facts?
27. Have you ever been in the position of having to make an unpopular decision? Describe it.
28. Tell me about a time when you persuaded team members to do things your way.
29. Tell me about a time when you were tolerant of an opinion that was different from yours.
30. Describe some strategies you might use in order to resolve a conflict with a combative patient or family member.
31. What would you do if you had a concern about quality?

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32. Tell us about a situation in which you observed someone else not using discretion. How would you have handled the situation if you had been in that individual's shoes?
33. Tell me about a time when you were faced with an ethical dilemma.
34. Describe a time when you anticipated potential problems and developed preventive measures.
35. How can you contribute to the efficient and cost-effective management of patients?
36. What potential difficulties, if any, do you see associated with the position?
37. How would you try to overcome those difficulties?
38. Do you have any concerns/issues with the Call rotation?
39. Are you familiar with the procedures at this site? (If not, describe.)
40. Which procedures would you like to add?
41. Which procedures would you not perform?
42. Describe your committee work and/or areas of interest.
43. Are you interested in a generalized/broad scope of practice?
44. Are you interested in teaching medical students/residents?
45. Are you interested in leadership positions within health care?
46. What would your top priorities be in this position?
47. What would be your short and long-term goals for this position?
48. What are your lifestyle needs – family, cultural, recreational, and personal? (Try to relate to local amenities.)
49. Tell me about your extra-curricular activities and interests.
50. What are you looking for in a community?
51. What is your comfort level in living/practising long term in a small community (if applicable)?
52. Is there anything about the community I can answer for you?
53. Where do you see yourself in five years? Ten years?
54. What hours are you willing to work? How many per week total, of which, how many clinical?
55. Are you willing to work nights and weekends? (Describe what hospital requires, e.g. we require three days, one night, one day off and one Saturday in four)?
56. How much vacation time would you expect per year (on average)?
57. When would you be available to start?
58. Is there anything else we should know or that you would like to add?

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# Sample Letter of Understanding

(Subject to amendment and review by lawyer)

(Date)

Dr. (Name)

(Address)

(Address) (Postal Code)

Dear Dr. :

Further to our discussions regarding your association with (Name of Clinic), we are pleased to offer the following terms and conditions.

- X Your relationship with (Name of Clinic) shall be one of association in the practice of medicine and shall not be deemed to be an employer/employee or partnership relationship. This association shall commence on (Date) and, from that date, you will not engage in any other medical employment, medical practice or on-call schedule. You will practice medicine in a style similar to the other Physicians in the Clinic.
- X All patient charts will be maintained at (Name of Clinic) and shall remain the property of (Name of Clinic).
- X With regards to the administration of your practice, you will be provided with a turnkey operation. (Name of Clinic) will handle the booking of all appointments (according to your method of scheduling), administer the billing and collection of fees and provide all staff, services, equipment and facilities necessary for you to carry on the practice of medicine at (Address of Clinic).
- X Your remuneration will be based on a 60/40 split. You will receive 60% of gross income and 40% will be retained by (Name of Clinic) to cover all overhead costs outlined above. The minimum amount retained for overhead will be \$xxxx.xx per month.
- X Gross income shall include all patient-related income, including office and Hospital practice. Payments made directly to you should be endorsed and made payable to (Name of Clinic). Any non-patient related income generated from teaching, meetings, stipends, etc. Would not be subject to the 60/40 split, but would be retained 100% by the Associate Physician.
- X You will be personally responsible for expenses related to CMPA fees, memberships and dues for medical associations, colleges, societies, etc., personal life and disability insurance, personal automobile expenses, books, periodicals, and educational costs.
- X You will receive a bi-weekly draw every second Friday. This draw may be by cheque or automatic deposit to the bank of your choice. At the end of each fiscal quarter, an analysis will be prepared of the total gross fees received for the quarter. The difference between 60% of the gross fees and the total amount of drawings for the quarter will be paid no later than 6 weeks after the end of the fiscal quarter. These quarters are currently (define dates). *(As an option, payments may be made monthly, based on actual cash received.)*
- X All equipment, instruments, facilities, supplies, and services provided by (Name of Clinic) shall remain the property of (Name of Clinic).

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- X Appropriate advance newspaper notices will be published to announce your association with (Name of Clinic) and your name and credentials will be added to the letterhead, appointment slips, prescription pads, etc. Appropriate signage will also be provided in the Clinic to indicate your presence.
- X This association may be terminated by either party with six months' written notice, except under circumstances that prevent the Associate Physician from legally practising medicine. In this case, termination may be immediate. In cases where the Physician is leaving the area and will be unable to continue providing medical care for his or her patients, a replacement Physician must be recruited. Should the Associate Physician wish to relocate his or her practice in the same area, terms of withdrawal and relocation must be negotiated at that time.

We trust that this letter is a clear understanding of your association with the (Name of Clinic). We are very pleased that you are joining the Clinic and we look forward to a long and mutually rewarding relationship.

Yours very truly,

---

Dr. (Name of Principal)  
Name of Clinic

I have read the above letter of understanding and hereby agree to the terms contained herein.

---

(Signature)

---

(Date)

\*Letter provided by Practice Solutions

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# Sample Community Site Visit Feedback

Thank-you for taking the time to visit our community. To assist future site visits, please take five minutes now to identify opportunities to improve recruitment-related processes by sharing your experiences regarding your recent community site visit.

1. How did you first find out about our community?

---

---

2. Did you have **previous exposure to the community** that you visited? (Please check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> As a physician?         | <input type="checkbox"/> Lived in area previously? |
| <input type="checkbox"/> As a medical student?   | <input type="checkbox"/> As a medical resident?    |
| <input type="checkbox"/> Relatives in the area?  | <input type="checkbox"/> Friends in the area?      |
| <input type="checkbox"/> Post-secondary student? | <input type="checkbox"/> Other? _____              |

3. Was a formal **community visit** arranged on your behalf? Yes  No

If yes:

a) Who arranged the visit? \_\_\_\_\_

b) Who participated in the visit? \_\_\_\_\_

c) Did the visit encompass:

- |                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| • The practice opportunity?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • The hospital?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • The community?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • The region?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Spousal employment opportunities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Recreational facilities?          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Cultural amenities?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Real estate?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Other?                            | _____                        |                             |

d) Were you satisfied with the preparation for the visit? Yes  No

Please comment: \_\_\_\_\_  
\_\_\_\_\_

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e) Were you satisfied with materials provided (information on region, opportunities, etc?) Yes  No

Please comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f) Was the itinerary for the visit suitable? Yes  No

Please comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

g) Did you have adequate input into the itinerary for the visit? Yes  No

Please comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

h) Did you see everything you wished to see? Yes  No

Please specify what was missing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

i) Did you meet everyone you wished to meet? Yes  No

If no, please specify who else you would have liked to meet: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

j) Did you come away with a clear understanding of the following:

	Yes	No	Comments
Practice opportunity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Community?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Local health-care environment?	<input type="checkbox"/>	<input type="checkbox"/>	_____

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k) Did you request material to be forwarded to you following the visit? Yes  No

If yes, was the material provided in a timely fashion? Yes  No

l) Were you contacted following your visit? Yes  No

If yes, by whom were you contacted? \_\_\_\_\_

If yes, how soon after the visit were you contacted? \_\_\_\_\_

4. Please identify **three changes** you would suggest to improve the community site visit?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5. Were any concerns you had raised during the site visit addressed?

\_\_\_\_\_

\_\_\_\_\_

6. Other Comments:

\_\_\_\_\_

\_\_\_\_\_

We would appreciate it if you would provide the following information, which will be used for statistical and tracking purposes only:

Are you a: Family Physician?  Specialist?

(Please specify any particular areas of interest)

Gender: Male  Female

Age: Under 30  31-45  46-50  over 50

Family Situation: Single  Spouse/partner

Number of Dependants: \_\_\_\_\_ Number of years practising as a physician: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Thank you for assisting us in identifying effective recruitment strategies. Please complete as soon as possible and return by FAX or e-mail to:**

**CONTACT INFORMATION**

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# Sample New Physician Itinerary

## New Physician First-Day Orientation Schedule

7:30 a.m.	Breakfast with Section Chief
8:30 a.m.	Executive Director of Physician Group
9:00 a.m.	Medical Director of Physician Group
9:30 a.m.	Occupational Health & Safety/Employee Physical
10:30 a.m.	Human Resources: I.D. badge/tax forms
10:45 a.m.	Parking card/view reserved parking space
11:00 a.m.	Medical Education Coordinator
11:30 a.m.	Hospital Librarian
11:45 a.m.	Lunch (either with other physicians in his/her specialty or with referring physicians--e.g. surgeons)
1:00 p.m.	Risk Management
1:30 p.m.	CCAC/Home Health
2:00 p.m.	Quality Improvement/Assurance Rep.
2:30 p.m.	Managed Care Rep.
3:00 p.m.	Marketing (photo/bio)
3:30 p.m.	Practice Manager (lab coat, pager, computer sign-on, etc.)
4:00 p.m.	Medical Affairs (needle stick injury procedure, overhead page codes, disaster plan)
4:30 p.m.	Tour/ Meet and Greet

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# Sample Satisfaction Survey

The following survey can be amended for use after six months, one year, three years, etc.

**1** = Very unsatisfied    **2** = Somewhat unsatisfied    **3** = Neutral    **4** = Satisfied    **5** = Very satisfied

## 1. RECRUITMENT

The (Name of the Organization) recruitment objective is to locate qualified candidates, make them feel welcome, and employ those who can succeed in our system.

- a. When I consider my initial attraction to come to the (Name of the Organization), I am satisfied with my decision.

1      2      3      4      5

- b. When I interviewed for employment, I felt welcomed and free to ask questions. I also had an opportunity to visit my work location, tour the site, and visit with staff.

1      2      3      4      5

- c. The orientation was appropriate and helpful for me to understand the organization and structure of the (Name of the Organization).

1      2      3      4      5

- d. I have a good understanding of what is expected of me by the peers within my service, other medical staff, as well as administration.

1      2      3      4      5

- e. The lifestyle is what I had hoped.

1      2      3      4      5

- f. When I consider my expectations before I joined the staff, I am pleased with my experience.

1      2      3      4      5

- g. When I remember my first few days and weeks on the job, I think it is important to have a member of the medical staff assigned as a mentor to new physicians.

1      2      3      4      5

## 2. JOB SATISFACTION

The (Name of the Organization) strives to keep employees satisfied and provide every employee with the tools required to meet their personal and professional goals.

- a. When I consider the policies and processes that affect my medical practice, I feel I am provided with an opportunity for adequate input into decision making and policy formation.

1      2      3      4      5

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b. In my clinic setting, I am satisfied with the equality of patient load, hospital admissions (if applicable), and on-call responsibilities (if applicable).

1 2 3 4 5

c. When I consider my practice setting, I feel I receive adequate support while performing my job functions and taking care of my patients.

1 2 3 4 5

d. If I had a wish list, it would include having the same nurse in my clinic every day, being able to supervise that nurse, and having oversight of the clinic.

1 2 3 4 5

e. Considering my practice today, I feel the Chief of my department/clinic does a good job of communicating the responsibilities of the position and promptly notifies me of updates and changes.

1 2 3 4 5

f. I feel it would be helpful to me if Chief of Department training could be developed and implemented.

1 2 3 4 5

g. Overall, I am satisfied with my job and don't anticipate leaving within the next five years.

1 2 3 4 5

h. Overall, I feel the quality of care provided by my service/clinic is satisfactory.

1 2 3 4 5

i. I feel I am able to meet my professional and personal goals within my current position.

1 2 3 4 5

### 3. APPRECIATION / RECOGNITION

The (Name of the Organization) administration values and appreciates the medical staff.

a. I feel valued and appreciated.

1 2 3 4 5

b. I receive the level of administrative support needed to accomplish my daily workload and provide a high level of service for my patients.

1 2 3 4 5

c. I receive both formal and informal support and recognition from my peers and administration.

1 2 3 4 5

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d. I would like to collaborate with the nursing leadership to address the relationship between the nursing staff and medical staff.

1      2      3      4      5

e. I am comfortable with the level of social activity outside of work with my peers. It is adequate for me to feel welcome, nurture friendships, and makes me feel like an integral part of the medical staff team.

1      2      3      4      5

f. It is important for me to have outside interaction with my medical staff colleagues.

1      2      3      4      5

g. It is important for me to have interaction with my medical staff colleagues during the work day.

1      2      3      4      5

h. (If applicable) I feel a separate medical staff dining room/lounge would be beneficial and help to promote and strengthen bonds with the medical staff.

1      2      3      4      5

#### 4. COMMUNITY INVOLVEMENT

It is the goal of the "Name of Organization" to recruit medical staff who will become a part of the community.

a. I feel accepted and welcomed into the community.

1      2      3      4      5

b. I feel accepted and appreciated by the patient population I serve.

1      2      3      4      5

c. I feel the community of [name of community] accommodates both my needs and the needs of my family.

1      2      3      4      5

d. I would welcome the opportunity to participate in a professional student rotation opportunity in my service.

Yes       No

e. I would welcome the opportunity to speak at a high school, vocational school or college career day to discuss my profession and encourage young people to enter the medical field.

Yes       No

f. I welcome the opportunity to be involved in local organizations or volunteer opportunities.

Yes       No

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g. Today, I am able to enjoy the leisure activities that are important to me.

1      2      3      4      5

h. Relocation may be in my future because of community concerns (e.g., family lives too far away, my family is not happy here).

1      2      3      4      5

Please feel free to provide any additional comments below. We are especially interested in what makes you want to remain with the (Name of the Organization). You may attach additional sheets to document your response. We value your opinions. Thank-you for taking the time to complete this survey. If there is something specific you would like us to address, it will be easier if you identify yourself or your work location.

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Printed Name (optional)

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# Sample Questions for a Physician's Exit Interview

The following is a list of sample questions for an in-person exit interview with a physician or for a questionnaire. Pick a short list of questions relevant to the physician's reasons for leaving, if known.

Before you get started, make sure you are clear about your specific objectives and how you will achieve them. For example, asking specific questions will give you specific information, whereas asking 'why' may allow you to go deeper to the heart of an issue.

- Tell me about your reasons for leaving.
- Of those reasons, what is your main reason for leaving?
- What, if anything, could have been done to prevent your resignation?
- How could this situation have been handled better?
- Can you comment on any process or system that may have contributed to your decision to leave?
- What suggestions could you give us to manage this situation or these kinds of issues better in the future?
- How do you feel about the organization?
- What has been the best or most satisfying part about your work experience here?
- What has been the most difficult or frustrating part of your work experience here?
- What could you have done better had you been given the opportunity?
- How could the organization have empowered you to work to your full potential?
- How well were your training and professional development needs met during your time here?
- How would you describe the overall workplace culture of the organization?
- How would you describe the communication between the various departments?
- How do you think the communication could be improved?
- How would you describe the way you were recruited? Were your expectations about the job met?
- Do you have any suggestions about how we could improve upon our recruitment process?
- Do you have any suggestions about improving the overall working conditions?
- Do you feel you were supported by the rest of the health-care team here?
- How do you feel about the way you were managed?
- Do you feel the expectations placed on you were realistic?
- Are there any specific policies or rules you did not agree with?
- Can you give an example of some kind of waste you think could be improved upon or avoided altogether – such as pointless reporting, meetings, or even material waste?

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- Do you have any suggestions about how the organization could lower the stress level in the workplace?
- Was there a way the organization could have made better use of your time?
- Do you have any ideas about how the organization could make better use of its employees?
- Putting the reasons you are leaving aside, can you describe how strongly you felt committed to staying with us for a longer period of time?
- What could we do to better retain our employees?
- Did you have any experiences with discrimination or harassment during your time here?
- Would you consider working for us again if the situation (try to specify) improved?
- Would you feel comfortable telling us where you are going and why you decided to join them? (What are they offering that we are not?)
- Could you be persuaded to stay here? (if appropriate)
- Can we be of any help to you in this move?

*If you have further questions, you can always ask your local Regional Advisor.*

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For more information or questions,  
please contact your local Regional Advisor:

[www.healthforceontario.ca/ra](http://www.healthforceontario.ca/ra)

Available in accessible format upon request: [www.HealthForceOntario.ca/acs](http://www.HealthForceOntario.ca/acs)

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