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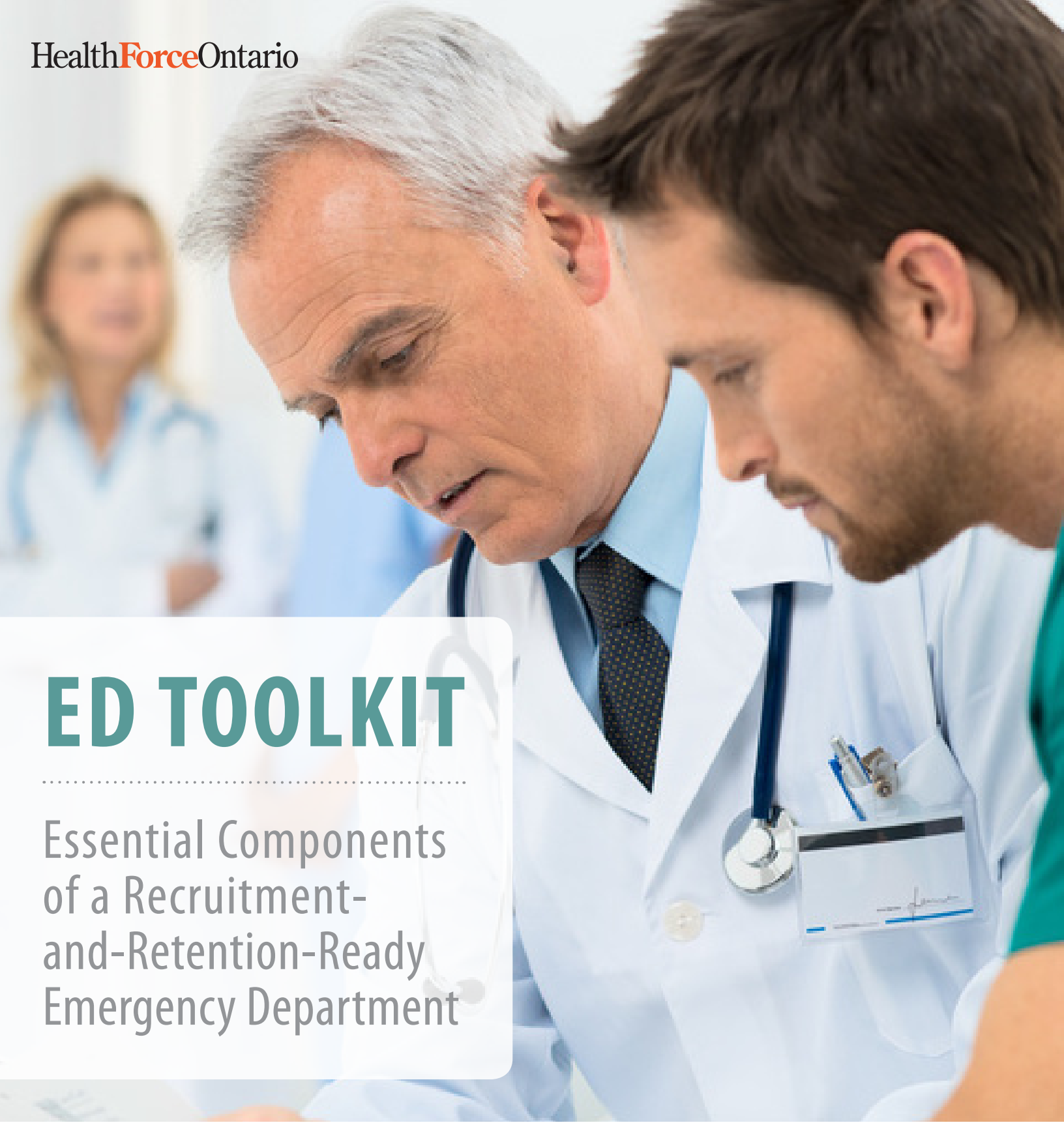

ED TOOLKIT

Essential Components of a Recruitment-and-Retention-Ready Emergency Department

Ontario

HealthForceOntario Marketing and Recruitment Agency

Purpose

This Toolkit is an update to the 2007 HealthForceOntario Marketing and Recruitment Agency (HFO MRA) "ED Staffing Reference Guide." The original ED Staffing Reference Guide provided general strategies regarding staffing as well as information about ED staffing support programs. Recognizing that there is no "one size fits all" solution for physician staffing in Ontario emergency departments (EDs), the concept of a "Staffing Guide" has evolved here into a "Toolkit," designed to capture the best practices developed by ED physicians and hospital leaders across the province and collected by the HFO MRA Emergency Department Coverage Demonstration Project (EDCDP). The toolkit offers suggestions, scenarios and resources, and helps the user to reflect and determine what strategies would be most effective and appropriate to make his/her ED recruitment-and-retention-ready.

This toolkit will provide:

- Essential components of a recruitment-and-retention-ready ED;
- Practical guidance for identifying specific goals and strategies;
- Appendices: What HFO MRA Can Offer, Some ED Staffing Supports, Rural Regional Education Networks, Acronym Glossary, Stakeholders and Related Research.

Core target audience

This toolkit has been developed to assist any person/organization looking to improve the recruitment and retention value of their Emergency Department. This can range from small, rural sites to large urban centres, from sites experiencing significant staffing shortages to those at full complement looking to stay that way.

The toolkit is designed to promote and support discussion with the key stakeholders directly involved in planning around ED staffing: ED Chiefs and physician group, hospital administration, Chief-of-Staff, Local Health Integration Networks (LHIN) staff and ED LHIN leads.

Other local stakeholders that may be involved include: hospital medical affairs, community primary care, Medical Advisory Council (MAC), nursing administrators, Emergency Medical Services (EMS), Public Health, Community Care Access Centres (CCAC), municipal administrators, recruiters, local business leadership, and hospital decision makers (finance).

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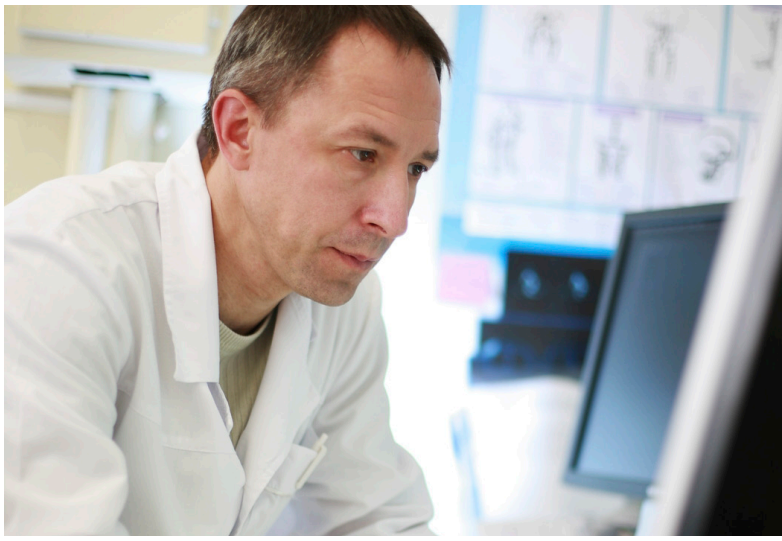
Introduction

What is a "Recruitment-and-Retention-Ready ED"?

A recruitment-and-retention-ready ED has a clear vision, championed by strong leadership. Its dedicated ED leader works positively with other hospital leaders to create a comprehensive plan for the ED, aligning hospital and ED visions. Its cohesive physician group has made informed decisions regarding how the ED runs and, in turn, all members understand their responsibilities and how they integrate with the responsibilities of the hospital and of their peers. The group has prioritized retention, understanding its own physicians are its most valuable resource, and what motivates the group will motivate potential recruits, as well. A recruitment-and-retention-ready ED is able to articulate to any potential recruit the expectations as well as the benefits of working in its ED by describing the experience of the current physician group. It is proactive, with a mindset of continuous recruitment and dynamic retention to build resiliency and connectivity, preparing the site to respond to unexpected changes in staffing and to plan for the future.

This toolkit is intended to help the user to identify sustainable solutions to chronic emergency department staffing challenges that prevent an emergency department from being "recruitment-and-retention-ready." It is hoped the information provided will be used to troubleshoot and reflect on strategies for improvement. The ideas presented here have been collected largely from the field, so each site likely will see strategies already being employed locally, and encounter new ideas that have been successful elsewhere. Each site is unique, but many challenges are shared and this toolkit includes strategies that will apply universally and some that depend on the characteristics of the site. In particular, the challenges faced by EDs staffed with full-time ED physicians versus those staffed by family physicians with other clinical duties can impact what strategies are appropriate. Options included address both models, but not all strategies may apply to every site.



This toolkit has streamlined the factors contributing to a recruitment-and-retention-ready ED into five essential components:

1. leadership and culture;

2. business model;

3. scheduling;

4. integration; and

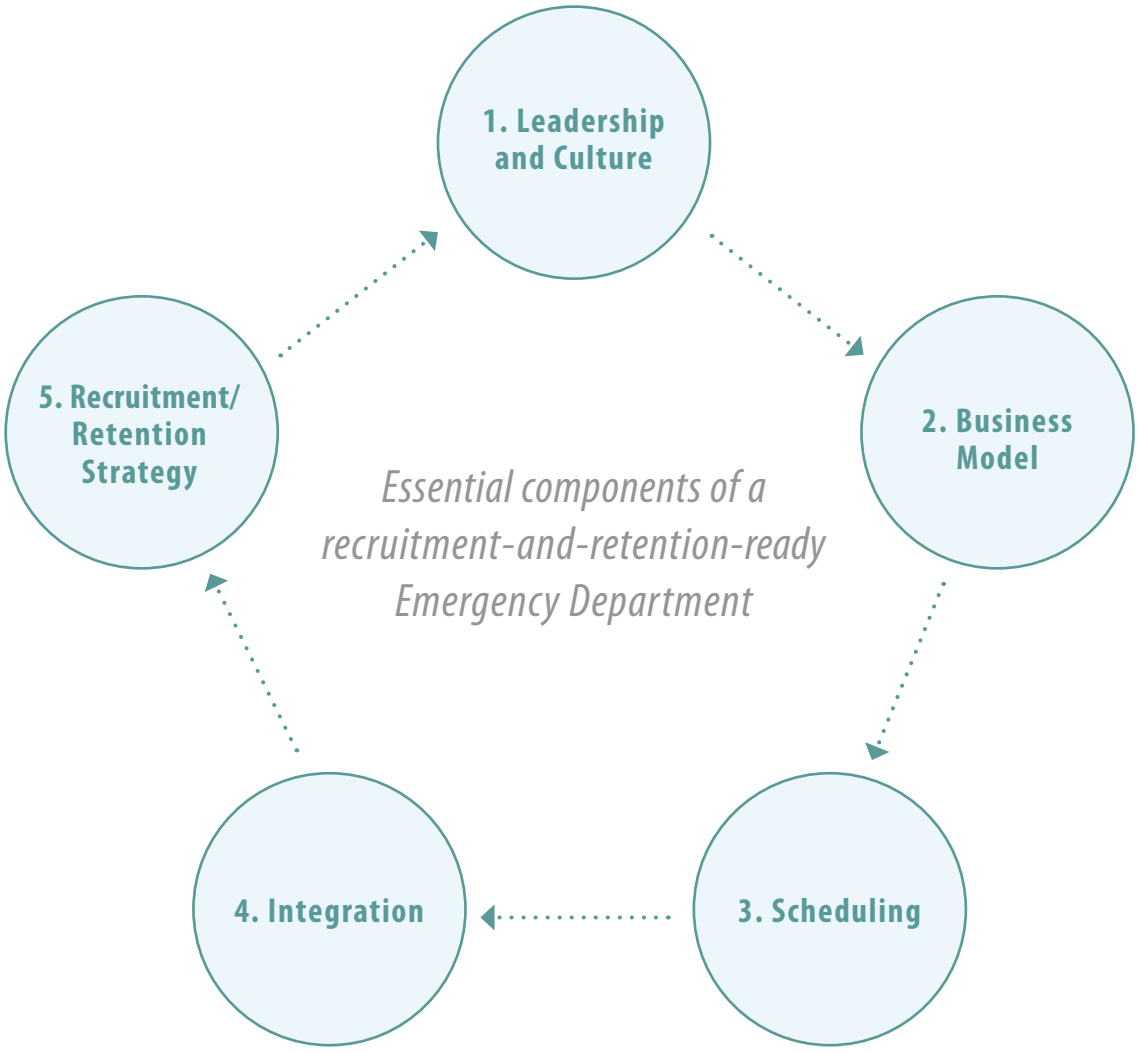
5. recruitment/retention strategy.

All components are significant, but as the subsequent conceptual model will illustrate, progress begins with solid leadership and a unified culture.

A summary of each component follows the conceptual model. From there, reflective questions are provided that ask the user to take the perspective of a physician (a potential recruit, a locum, or a member of the local physician group), helping to identify the ED's specific strengths and weaknesses. Following this are practical strategies, including goals and considerations as well as suggestions related to the specific characteristics of your ED. Each consideration comes with benefits and challenges, to be weighed by the user and selectively applied according to the strategic direction of the ED.

Essential Components of a Recruitment-and-Retention-Ready Emergency Department

Essential Components of a Recruitment-and-Retention-Ready ED



1.0 Leadership and Culture

Description

There are many factors to consider when planning for a recruitment-and-retention-ready emergency department, but when it comes to human resources, the people are the most important.

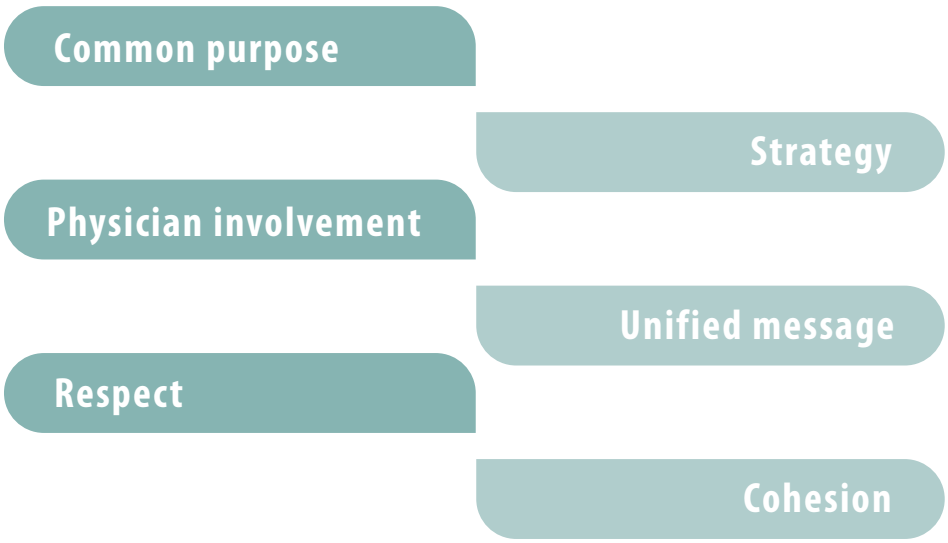
A dedicated ED chief can provide a unified voice for the department, engaging physicians to a common purpose. With input from the physician group, ED leadership can set a strategic direction for recruitment and retention, make connections within the hospital and the broader health-care system, and drive innovation.

Hospital administrative leadership is also essential in supporting the ED. Effective administrative leadership acknowledges ED physician recruitment and retention as a hospital priority, and provides integrated support and advocacy for the ED amongst system partners.

The best signal to a potential recruit that your emergency department is a place he/she would like to work is a visibly high level of staff satisfaction within the existing group. An agreed upon, consistent understanding of the ED operations by current physician staff contributes to a better work experience for all. New physicians will observe a supportive and cohesive working environment.

This toolkit offers a wide range of suggestions to improve the recruitment and retention value of your ED, but without a committed and cohesive group represented by strong and effective leadership, the other strategies cannot move forward.

Indicators of Cohesive Culture and Effective Leadership



Reflective Questions

From the perspective of a physician considering your site (a potential recruit, a locum or a member of the existing group), would he/she understand that:

- the ED physician group is represented by a dedicated ED chief, fostering a team-based work environment?
- the ED chief and physician group is well supported by hospital administration?
- expectations are clearly communicated and shared by the physician group and hospital administration?
- there is a strong feeling of community within the ED physician group?
- the physicians feel ownership and accountability for the success of the ED?
- the ED chief is fairly compensated for his/her efforts?

Strategy #1: Have a dedicated ED chief

Goal

To support strong and effective ED leadership.

Consider

- Every site needs to have a dedicated ED chief. In very small sites, this role may be broadened (e.g. a Chief of Staff with the duties of an ED chief specifically identified as part of the role, or a shared ED chief between corporate sites).
- Create a "job description" for the ED chief – what are the responsibilities, expectations and time commitments? If recruiting for an ED chief, document and communicate this. If there is already an ED chief in place, be certain the chief, the group and hospital administration all share the same understanding of the role. Review this annually to check that it continues to meet the ED's strategic plan and goals.
- The hospital needs to provide appropriate funding for the ED chief, in consideration of the job description outlined above.
- If the ED is funded through an Alternative Funding Agreement (AFA), there are some requirements for administrative duties (i.e. billing, data collection and reporting). The site may choose to assign some of these responsibilities to the ED chief in addition to his/her normal duties, or they may be assigned more appropriately through other hospital infrastructure. A budget is included in the AFA for these duties.

Strategy #2: Emphasize communication

Goal

To connect and align hospital administration and the physician group.

Consider

- Set-up regular meetings between the ED Chief (and/or Chief of Staff) and the hospital CEO.
- Identify how the CEO's office can support the ED.
- Be certain the hospital's strategic and budgetary requirements are understood.
- Be specific about expectations and responsibilities (e.g. who is responsible for recruitment, the hospital or the physician group?).

Goal

To open lines of communication within the physician group.

Consider

- Hold regular meetings of the physician group to give everyone a chance to identify areas for improvement, voice challenges and offer solutions.

Goal

To promote interconnectivity between physician group and other hospital departments/health-care professionals.

Consider

- Set-up meetings between hospital departments to discuss hospital-wide strategies and initiatives.
- Develop clear rules and processes for interdepartmental interactions.
- Inform new grads, locums and other physicians new to the department about the schedule of any supports available to the ED (social work, mental health, specialist availability, 2nd-on call).

Strategy #3: Create a team culture within your ED physician group

Goal

To engage and unify the physician group.

Consider

- Work with ED physicians, nurses, hospital executives and others to develop a unified approach (e.g. create a "mission statement" for the ED; outline the goals and values of the group).
- Develop a long-term vision and strategy.
- Identify "quick-wins" to establish a positive track record.
- A governance agreement reflects the ED group's agreement with each other and the hospital. You may want to contact the OMA for more information on how to formalize this governance agreement.
- Focus on a positive "event" from which to build – from an organizational perspective, it is important to have a "clean start."
- For more information about creating a culture of physician resilience, read the article "Building Physician Resilience" by Phyllis Marie Jensen et al.

Goal

To develop a clear distribution of accountability.

Consider

- Set up regular meetings of ED physicians.
- Agree on a shared commitment to identify and resolve staffing challenges.
- Be certain expectations of all physicians are clear, detailed and communicated, preferably in writing.
    - *i.e. attending meetings, supporting other ED providers, having a constructive relationship with other departments.*
- Governance structures can be as nuanced as local circumstances require, but not at the expense of clarity and transparency.

Strategy #4: Promote leadership and professional development

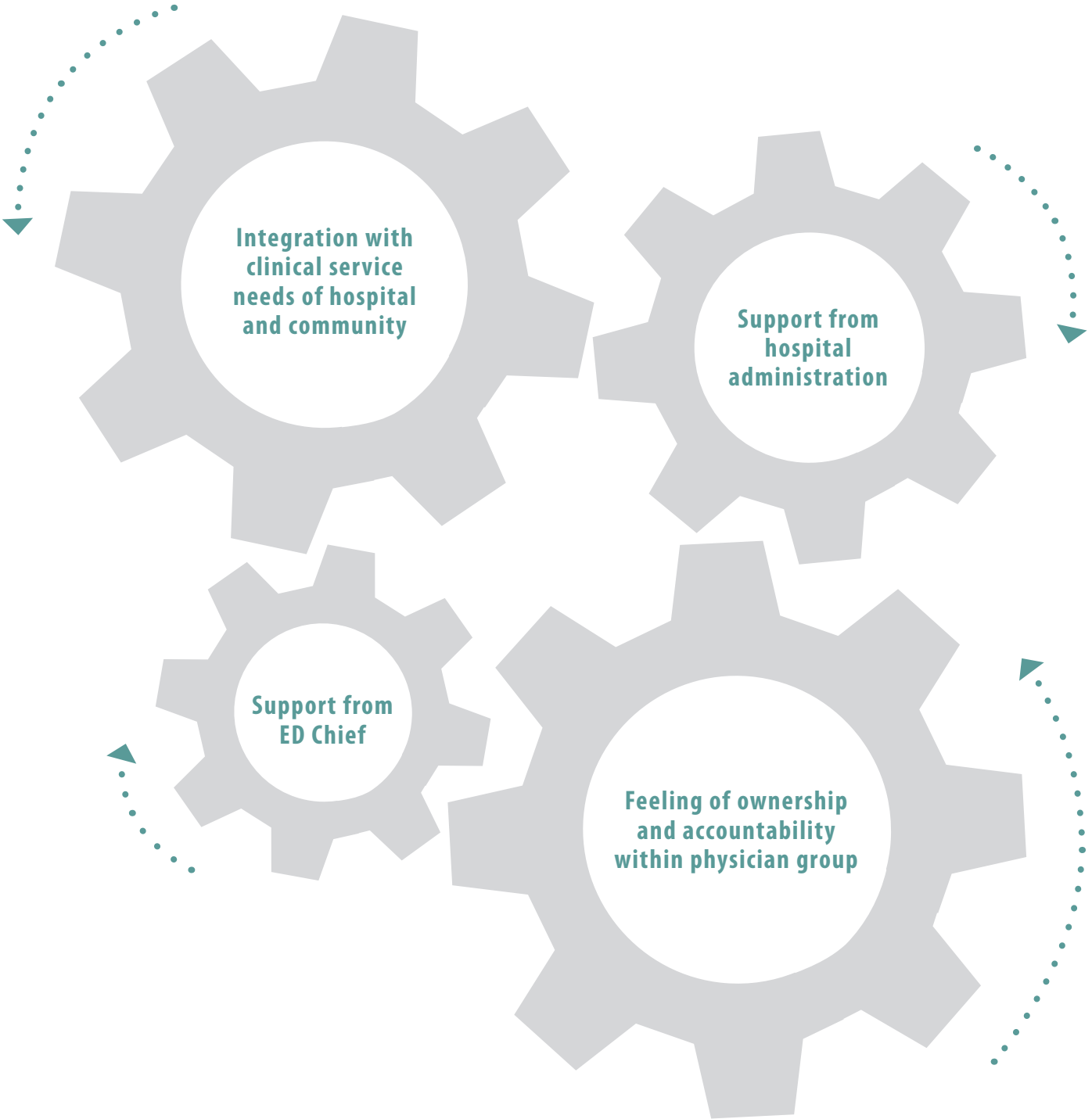
Goal

To support new physician leaders or experienced leaders who are interested in continuous development.

Consider

- Review the Physician Leadership Resource Manual, published by the Ontario Hospital Association.
- Review the LEADS in a Caring Environment Framework, published by the Canadian College of Health Leaders and Canadian Health Leadership Network.
- Provide leadership opportunities for interested physicians (i.e. chair a working group, organize rounds, etc.).
- Provide opportunities for continuing medical education.

Leadership and Culture: Working Together



2.0 Business Model

Description

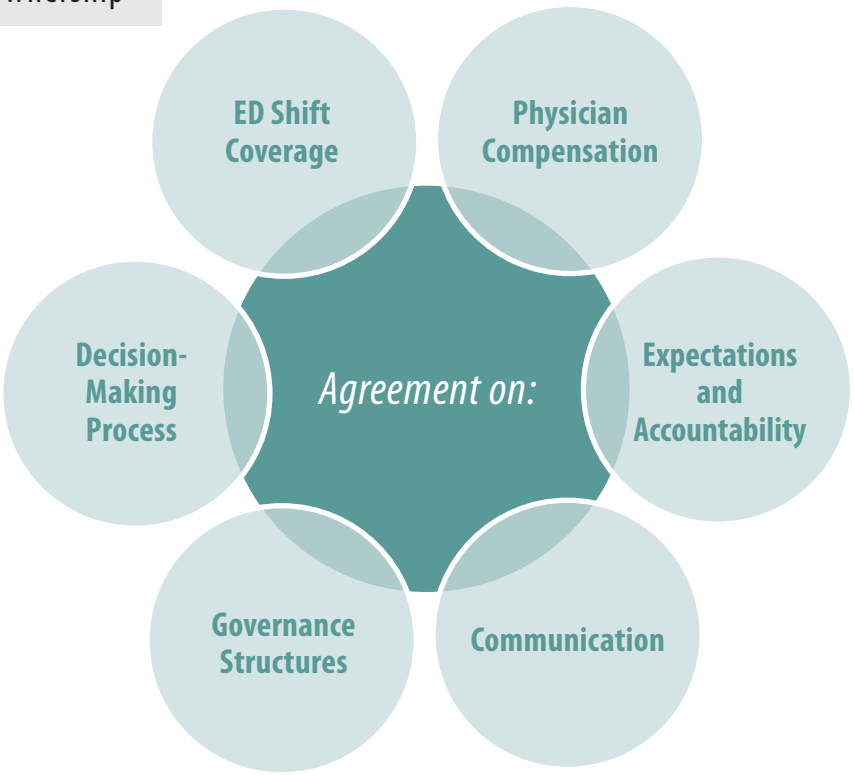
In the context of physicians working together in an ED, a business model can be seen as a formal agreement amongst the physicians outlining coverage, compensation, expectations, communication, accountability and group decision-making process.

There are a variety of funding sources that can be accessed to support the ED, and several administrative structures used to manage these funds. While each funding stream and program will involve specific requirements and accountabilities, none provide a comprehensive strategy to inform ED group operations. It is important the ED group review all sources and mechanisms of funding as well as the accountabilities and deliverables they entail to create a business approach.

In Ontario, most hospitals are involved in administering ED funding and billing. In some instances, the ED physician group formally takes over this responsibility (including responsibility for MOHLTC reporting), sometimes as a corporation. Whatever arrangements are deemed most suitable, it is critical that:

- All applicable funding sources are comprehensively incorporated at a planning level;
- Accountability and "who's on first" is clearly understood;
- There is complete transparency in terms of governance and funding decisions.

Formal Ownership



Reflective Questions

From the perspective of a physician considering your site (a potential recruit, a locum or a member of the existing group), would he/she understand that:

- the hospital and physician group are informed about available resources, which have been employed strategically to maximize the use of eligible funding?
- all physicians working in the ED understand and support funding expectations?
- funding sources and spending decisions are open and transparent?
- physician compensation is tailored to the needs of the department and perceived as fair and transparent by the physician group?
- your ED is competitive with other practice options?

Strategy #5: Understand your ED funding

Goal

Review the current funding model.

Consider

- At the discretion of the physician group, explore what flexibility you have in the allocation of funding.
- If the ED is funded through an AFA, APP or RNPGA, confirm that all signatories have read and understood the contract. You may wish to contact the OMA for assistance with this.
- If funded through an ED AFA, consider whether local circumstances support a higher proportion of base funding vs. shadow billing. For more information, contact your AFA program consultant at the Specialist Physicians Contracts Unit.
- Assess the impact of moving from a Fee-For-Service to an ED Alternate Funding Agreement (AFA), or vice versa.
- Speak with your hospital administration for more information about hospital funding to the ED.

Goal

Complete a comprehensive assessment of all potential sources of ED funding.

Consider

- ED AFA
- Fee-For-Service/Shadow Billing
- Trauma Team
- Pay-For-Results
- Clinical Decision Unit
- Review your Hospital On-Call Coverage (HOCC) eligibility and use as it applies to the ED
- Non-OHIP funding revenue such as out-of-province, insured services outside of OHIP and WSIB
- Administrative funding for Fee-For-Service sites
- Other, e.g. Summer Incentive

Goal

Centralize administration of funding.

Consider

- Confirm who in the hospital and/or physician group has authority to make funding decisions and who has the responsibility for administering funding.
- Consider hiring a billing agent.

Goal

Confirm funding is responsive to seasonal variations.

Consider

- Review the MOHLTC initiatives available for summer/holiday coverage, as applicable (e.g. summer flexibility for coverage hours in workload hospitals, offsite flexibility for 24-hour ED AFAs, holiday long-weekend premiums, summer shadow billing premiums for AFAs with fewer than 30,000 visits per year – contact the Specialist Physician Contracts Unit to determine the initiatives available this year).
- If funded through an hourly rate, determine whether this rate should increase/decrease according to season. Hold back a portion of OHIP billing throughout the year to increase the hourly rate for summer/holiday coverage.
- Plan in advance for shift differentials.

Strategy #6: Create a small business mentality

Goal

Involve physician group in strategic decision-making regarding funding use/allocation given the upkeep of the business rests with the physicians.

Consider

- Set up regular meetings of the physician group.
- Regularly review funding use/allocation to determine if it is still appropriate under current circumstances.
- Incorporate ED physicians as a small business. This can help to create a sense of group ownership and accountability.
  - *Create a shareholders agreement amongst the participants.*
  - *Develop individual one-year professional service contracts with each physician.*
  - *Evaluate the business annually.*

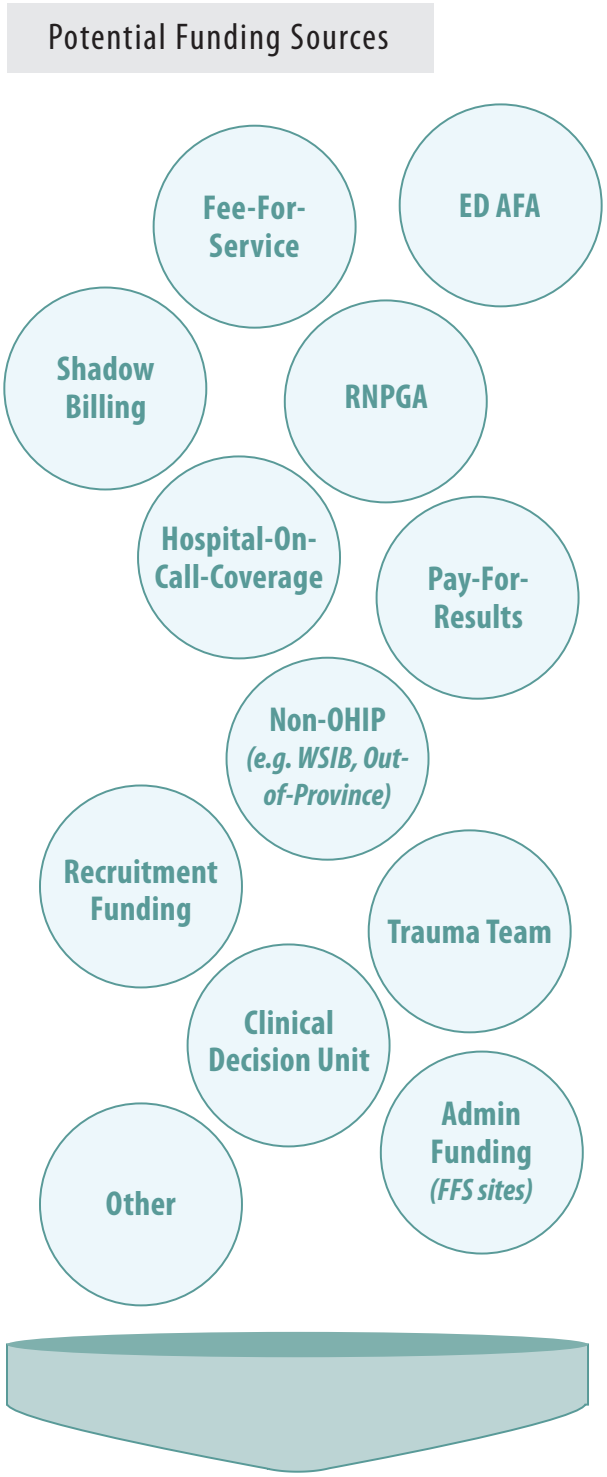
Strategy #7: Review billing practices

Goal

Maximize use of billings.

Consider

- Provide an information session on billing best practices so physicians' work is appropriately compensated and reflected in volumes – consider looking to neighbouring sites for assistance with best practices.
  - *The OMA offers billing seminars as part of the OMA Practice Management and Advisory Service (see Appendix B for more details).*
- Consider pooling OHIP billings:
  - *Hold back a percentage.*
  - *Raise the hourly rate.*
  - *Create a contingency fund.*
  - *Simplify income expectations for local and particularly for locum physicians.*



Review of potential sources of ED funding

3.0 Scheduling

Description

Having an effective ED scheduling protocol is the backbone of clear, fair and sustainable shift coverage. Although ED physician shortages create significant challenges, it is important to work toward a schedule that will be sustainable in the long term – an overly demanding schedule can lead to burn out in the existing physician group and create a barrier to recruitment. To develop a sustainable schedule, the requirements of the ED (volume patterns, hours of funding, etc.) should be balanced with the needs and preferences of the physicians. Although physicians may work additional hours to assist during times of ED physician shortage, only a sustainable schedule will support recruitment and retention.

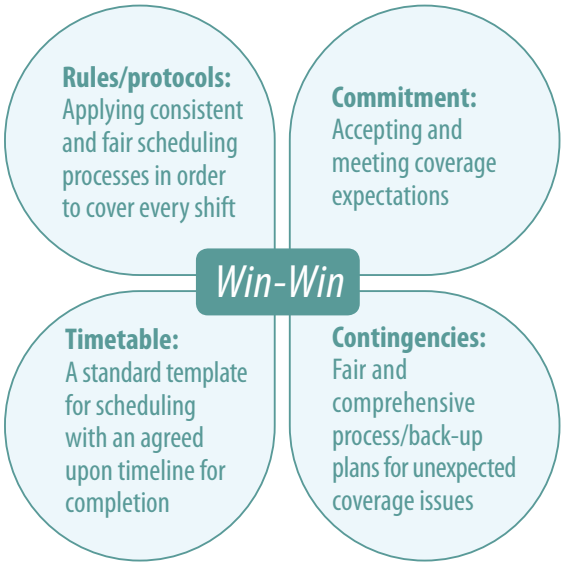
Plan how to integrate a new physician into the schedule well in advance. The site must first look at the different factors that influence scheduling behaviours so a new recruit will receive a fair and equitable distribution of shifts – for example, if all open shifts are on weekends and holidays, the schedule is not recruitment-ready.

An effective schedule takes into account what coverage is required, as well as who is providing the coverage and what other priorities/commitments these physicians may have that affect the schedule. Small, rural EDs are primarily staffed by family physicians who also maintain a full-time family practice and/or provide other services in the community (i.e. anaesthesia, hospitalist, surgical assist, obstetrics, long-term care, etc). As the size of the ED increases, many sites incorporate full-time CCFP (EM) or FRCPC (EM) physicians into the schedule. Typically, starting at approximately 25,000 visits/year, ED physician groups transition to a model including one or more full-time ED physicians.

Advance scheduling is a win-win for physicians and ED operations. Creating a standard timetable with practical and clear rules will help ED leadership to anticipate gaps and allow physicians the stability to plan for other work/life commitments.

When an ED is faced with chronic staffing crises, it is advisable to reach out to stakeholders to participate in brainstorming short-term actions, and subsequently long-term planning. The goal is achieving a sustainable solution.

Focus on Sustainability



Reflective Questions

From the perspective of a physician considering your site (a potential recruit, a locum or a member of the existing group), would he/she understand that:

- the ED schedule is developed for appropriate physician staffing throughout the day?
- his/her colleagues in the ED may include different physicians (i.e. family physicians, full-time or part-time, CCFP, CCFP (EM) or FRCPC (EM)?
- the ED schedule allows physicians working in the ED to maintain other commitments (i.e. family practice, anaesthesia, obstetrics, long-term care, hospitalist, surgical assist, etc.)?
- the schedule includes a fair distribution of shifts with other local physicians (i.e. combination of weekday/nights, weekend day/nights, holidays and fast-track shifts)?
- there is an agreed upon protocol for shift requests, shift trades, vacation and long-weekend planning and last-minute shift coverage?
- there is physician commitment to and application of agreed upon scheduling expectations?

Effective scheduling practices depend on the characteristics of your ED and your ED group. By understanding the needs of each, you can better determine which strategies to employ.

Strategy #8: Consider different options to address your volumes/ acuity

Your Site

Predictable mix of high- and low-volume periods throughout the day.

Consider

- Make shift lengths appropriate to volumes at different times of day to prevent burn out (e.g. can you shorten a busy day shift by extending the quieter night shift?).
- If funded through an hourly rate (e.g. ED AFA), consider how the hourly rate could change over the course of a day/year to align with volume patterns.
- If FFS, consider applying a minimum "guaranteed" rate to low-volume shifts (i.e. pool a portion of billings for this purpose).
- If available, review whether double coverage hours could be used to create an extra shift, or for overlap between shifts.
- Consider whether nurse practitioners or physician assistants are an appropriate addition to your ED.

Your Site

A typically low-volume ED with volume spikes during holidays/summer/other times of year.

Consider

- Consider allocating some of the AFA/billings to fund additional coverage during known high periods.

Your Site

Physicians working busier shifts often are required to stay late.

Consider

- Outline clear expectations for physician trade-offs between shifts, for smooth transitions.
- Clearly identify whether "transition" hours between shifts are scheduled/compensated.

Strategy #9: Structure your ED shifts and scheduling practices in a way that best suits the resources you have

Your Site

Physicians who work in the ED also maintain a family practice or provide other services in the community (e.g. hospitalist, obstetrics, long-term care, anaesthesia, surgical assist).

Consider

- Schedule additional shorter shifts, which align with the other obligations of your ED physicians.
- Set schedules several months in advance to help physicians manage multiple priorities.
- Coordinate and align schedules with local primary-care group administrators and/or other hospital departments in which members of the physician group provide coverage.
- Consider recruitment of one or more full-time ED physicians to anchor the schedule.

Your Site

Physicians work full-time in the ED.

Consider

- Schedule vacations far in advance to plan for gaps in the schedule.
- Consider recruitment of part-time or casual ED physicians to help fill gaps or cover vacations.

Your Site

ED is staffed with a combination of full-time ED physicians and family physicians/other physicians (i.e. GP/AN).

Consider

- If appropriate, ask full-time physicians to hold back some coverage capacity until family physicians are scheduled to make the most of family physicians' limited availability.
- If there is a double coverage shift, "set" your core shifts by scheduling full-time physicians first, then fill-in double coverage shifts with other community physicians.

Caution: When a schedule is anchored by one or two full-time ED physicians, it can be a challenge to back-fill their proportionately high level of coverage when they take vacation. Ask physicians to plan vacations in advance so additional coverage can be obtained.

Strategy #10: Make sure every shift has something going for it

Your Site

Site with predictable shifts that are challenging to fill.

Consider

- Consider the value and appeal of high- vs. low-volume shifts (i.e. busy shifts resulting in higher shadow billing vs. slower shifts allowing the physician rest overnight and work the next day).
- Give every shift a competitive advantage; either:
  - *Convenience: Appeal of shift time (e.g. weekday shift).*
  - *Remuneration: Shift differentials* for AFA sites (e.g. have a lower hourly rate for weekdays in order to offer a higher rate for weekends/nights).*
  - *Commitment: Establish a rotation in which hard-to-fill shifts are shared fairly amongst the group (e.g. each full-time physician is responsible for working two Saturday night shifts in two months, each part-time physician is responsible for working one).*

Your Site

FFS site with an unpredictable/low-volume shift.

Consider

- Consider applying a minimum "guaranteed" rate to low-volume shifts (i.e. pool a portion of billings for this purpose).

Your Site

The overnight shift is chronically challenging to fill; physicians are reducing ED work because of the challenges of shift work.

Consider

- Consider using "casino"-style shifts overnight, by dividing the shift into two shorter shifts, or by staggering shifts so each physician can get some rest during the night (i.e. instead of scheduling the night shift from 00:00-08:00, consider scheduling two shifts from 20:00-04:00 and 04:00-12:00).
- For more information and recommendations related to shift work and emergency departments, please read the article "Shiftwork and emergency medicine practice" (Frank & Ovens, 2002) in Appendix F: Related Research.

***A note about shift differentials:**

- Differentials can be either pre-planned or in response to a crisis.
- Pre-planned shift differentials recognize that not all shifts are created equal and provide additional compensation for physicians available to work the more challenging shifts. They are well communicated and predictable.
- Response-to-crisis differentials may be necessary for unpredictable shortages, but should be used judiciously to avoid setting an expectation.

Strategy #11: Develop scheduling strategies that support coverage stability

Goal

To have ED physicians book shifts early, allowing locums time to book before they have already made commitments to other sites.

Consider

- Set an early deadline for local physicians to book their schedule.
- Explore whether access to the HOCC schedule can be tied to early commitment to the ED schedule.

Goal

To allow local physicians flexibility in their schedules to respond to urgent shifts.

Consider

- Hold back some available coverage capacity for local physicians until the schedule is almost full.
  - *Provides capacity to assist with shifts that remain unfilled after the schedule has been set.*
  - *To allow physicians to plan ahead for personal or other professional commitments, this type of "on-call" shift coverage can rotate by physician or groups of physicians (e.g. each physician is "on-call" for urgent shifts one week of each month, etc).*

Strategy #12: Develop a protocol to respond to last-minute openings and urgent coverage issues

Goal

To have a protocol for coverage when a shift opens suddenly.

Consider

- Develop and communicate clear lines of accountability and process for urgent coverage issues (who's on first).
- For difficult-to-fill shifts, take advantage of any availability offered (i.e. accept assistance for shorter shifts or extend the length of shifts before or after).
- Consider trade-offs, using back-ups, or contingency funds (if applicable).
- Review your eligibility/use of the Hospital On-Call Coverage (HOCC) program.
  - *Having HOCC for the ED means there is always a plan for urgent shift coverage.*
  - *Be transparent and make sure all participating physicians agree to the terms of participation in the HOCC group.*
  - *Establish a clear protocol regarding circumstances under which the second physician will be called in to the ED, and what are appropriate response times.*

    For example:

    » *If the scheduled physician becomes ill before/during shift;*

    » *If the scheduled physician cannot work due to a personal emergency;*

    » *If the scheduled physician is required to leave on a patient transfer;*

» *If wait times surpass a predetermined level.*

- *Consider the physician make-up of your HOCC group. If HOCC is seen as desirable by the local physicians, can it be tied to physician commitment (e.g. participation in HOCC contingent on a certain level of commitment to the ED schedule, to an early commitment to the ED schedule)?*

Strategy #13: Ask for help

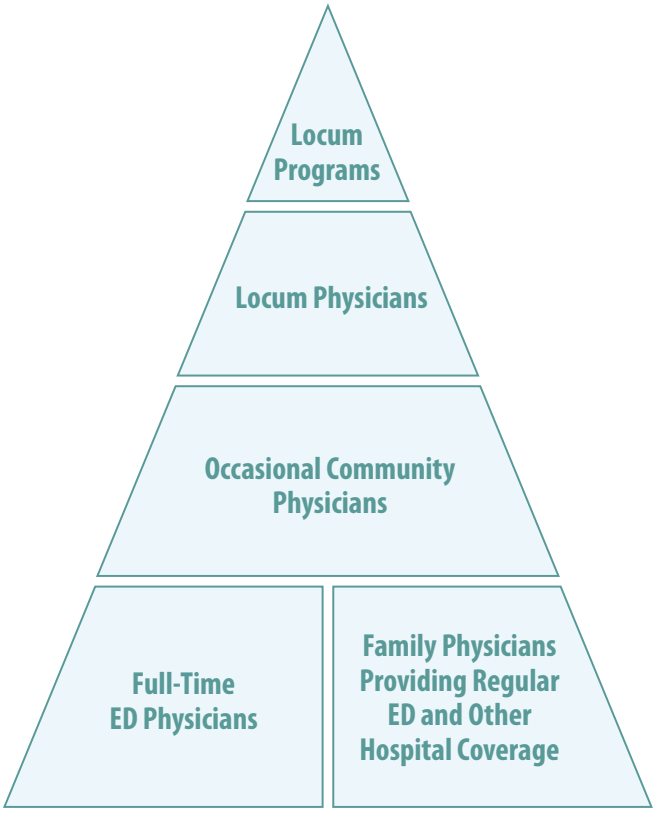
Goal

Develop a robust network of resources.

Consider

- Be a good neighbour:
  - *Share and learn best practices with neighbouring sites.*
  - *Offer assistance to other sites before you need help yourself.*
  - *Offer to return the favour when asking neighbouring EDs for urgent shift coverage.*
- Develop a robust locum pool via HFOJobs, Restricted Registration, PARO.
- Consider learners who have completed rotations in the hospital and/or region. Reach out to academic program leaders for support in distributing local opportunities to their learners in training.
- In the event of a need for immediate ED coverage, contact surrounding hospitals and their ED chiefs to request their physicians/PGY3 residents be notified.
- Contact the following to request assistance in filling shifts:
  - *Hospital physicians;*
  - *Community physicians;*
  - *PARO;*
  - *HFOJobs;*
  - *HFO MRA Regional Advisor;*
  - *Local physician recruiter;*
  - *EDCDP;*
  - *ED LHIN Lead.*

Finding the Right Mix



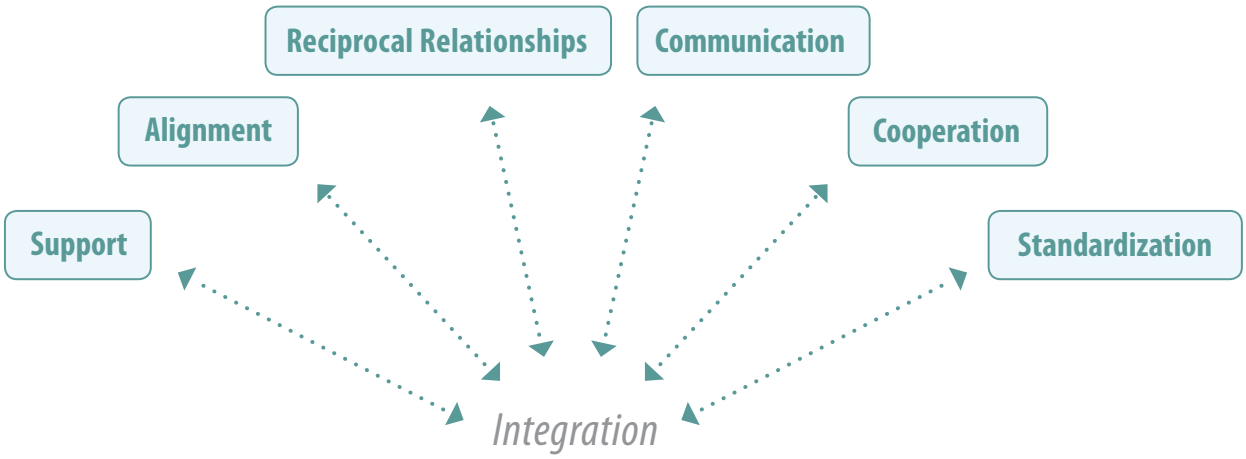
4.0 Integration

Description

System integration is essential to a high-functioning emergency department. It involves integrating with and creating high performance in the context of the wider system:

- Community: Creating reciprocal relationships within the community's care-continuum, in partnership with primary care, long-term care, rehabilitation centres, community care access centres, etc.
- Intra-departmental: Fostering a cooperative and supportive department including nurses, alternative care providers, others.
- Inter-departmental: Understanding what is needed from and by other clinical areas, e.g. nurses/allied health, other medical/surgical/diagnostic departments, paramedics and transport.
- Hospital: Integrating with hospital-wide strategies/priorities, i.e. a patient-centred approach.
- Regional: Alignment with regional programs and services, including designated care centres, regional networks, and LHIN initiatives.
- Provincial: Full system integration with the provincial emergency services continuum, including other EDs, referral centres, ED LHIN leads, provincial programs and priorities, etc.

Key Principles for Success



Reflective Questions

From the perspective of a physician considering your site (a potential recruit, a locum or a member of the existing group), would he/she understand that:

- the physicians support and are supported by a strong team of health-care professionals?
- the ED supports and is supported by other departments within the hospital as applicable (e.g. diagnostic imaging, paediatrics, internal medicine, general surgery, obstetrics, psychiatry, etc.)?
- the physicians are engaged with hospital goals and philosophy?
- the ED is an integrated part of health services within the community?
- the ED and hospital are aligned with regional, LHIN and provincial priorities, programs and services?

Strategy #14: Create a strong support team in the ED

Nurse Practitioner/Clinical Nurse Specialist

- Provides trained back-up to single coverage physicians.
- Well trained in a broad variety of skills, but can also be specialized (i.e. ACLS, ATLS, etc).
- Can provide valuable local knowledge for locum physicians.

- Continuity of care (are in the hospital daily).
- Scope of practice may require some medical directives.

Physician Assistant

- Provides support to ED physicians, working in collaboration with other health-care professionals.
- Result in reduced wait times and increased quality of care, patient satisfaction.
- Career Start funding available to some eligible sites.

Strategy #15: Build a specialist support system

Your Site

Specialist support available in the hospital.

Consider

- Look at ways to improve communication between hospital departments.
- Develop/maintain clear responsibilities and hand-over procedures.
- Set up regular meetings between department chiefs.
- Promote this support to new recruits and locums.

Your Site

Specialist support off-site.

Consider

- Consider referrals through Ontario Telemedicine Network, CritiCall, as appropriate.

Strategy #16: Promote interconnectivity between corporate sites

Your Site

Multiple EDs belonging to one corporation.

Consider

- Determine whether cross-coverage is possible; a larger physician pool provides greater stability in responding to crisis or backfilling vacation.
- Look into common credentialing (i.e. developing one standard template to be used by multiple sites or allowing one physician to be credentialed across multiple sites).
- Develop a corporation-wide recruitment plan to strategically fill overall need. Possibility of shared recruitment between sites (i.e. a smaller site may appeal to a larger group of potential recruits if the practice opportunity also included some work at a larger, sister site, and vice versa).

Strategy #17: Consider the whole community health-care system

Goal

Plan for changes in other areas of health services that may have a ripple effect on ED services, and consider the effect that changes in your ED may have more broadly.

Consider

- Set up regular meetings or other method of regular communication with other local hospital departments, primary care groups (i.e. Family Health Team), and other health-care professionals to better anticipate upcoming changes and potential implications on ED coverage.

- Consider interdependencies within your health-care community. How would hiring a full-time anesthetist impact GP-anesthetists who also provide ED coverage? If your hospital depends on local family physicians for coverage, are community and hospital recruitment efforts aligned to create the right mix?

Strategy #18: Be a good neighbour

Goal

Develop a relationship with neighbouring EDs – both those you can help and those that can help you.

Consider

- Network and develop relationships before you need them.
- Offer to return the favour when asking neighbouring EDs for assistance with urgent shift coverage.
- Determine if there are any opportunities for joint recruitment initiatives (i.e. to offer a wider scope of practice to a new recruit; to cast a wider recruitment net and find the best fit for the site/physician).
- Consider setting up a common credentialing program between neighbouring sites to facilitate cross-coverage.

Strategy #19: Engage with the LHIN

Goal

Keep the LHIN advised of staffing challenges and initiatives.

Consider

- Use the MOHLTC ED Dashboard to communicate upcoming staffing challenges to your LHIN.
- Speak with your ED LHIN Lead and Primary Care LHIN Lead.
- Work with the ER/ALC lead in your the LHIN.
- Your HFO MRA Regional Advisor can help connect you with the LHIN.

Strategy #20: Learn how your initiatives align with MOHLTC priorities

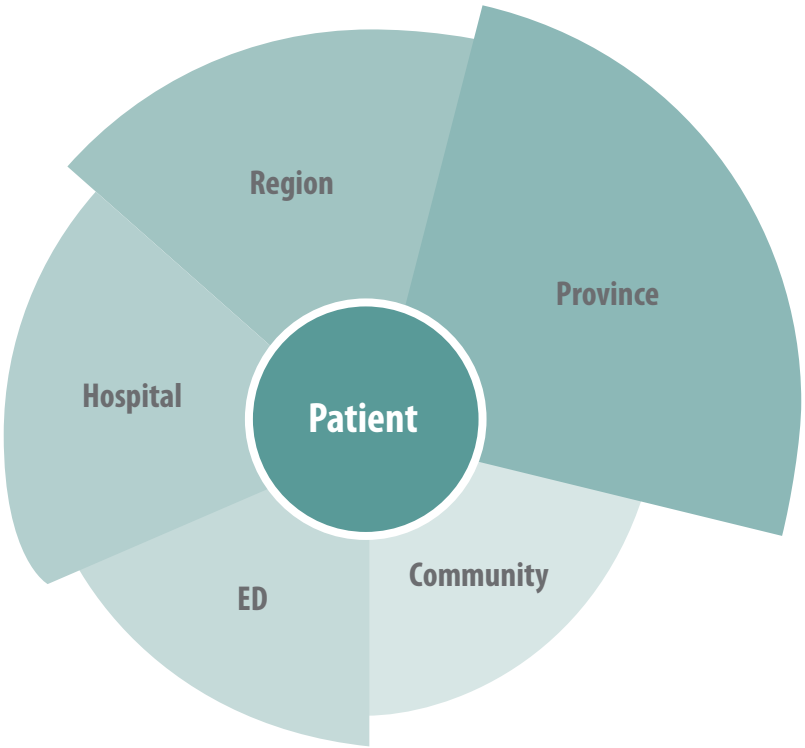
Goal

Become aware of MOHLTC priorities and confirm appropriate use of available programs.

Consider

- Speak with your HFO MRA Regional Advisor, ED and Primary-Care LHIN Leads, or EDCDP to determine how MOHLTC programs apply to your ED staffing strategy.
- Look through Appendix B: Some ED Staffing Supports for summaries and contact information for a wide variety of programs and supports.

The Bigger Picture



5.0 Recruitment/Retention (R/R) Strategy

Description

Recruitment and retention are inextricably linked. Candidates may be identified through the site's recruitment strategy, but a strong retention program is required for long-term gain. Conversely, if a site's primary goal is retention, it may be beneficial to think of retention as the continuous recruitment of the existing physician pool. Consider what a new recruit would look for in an ED and whether that is the experience of the current group.

A thriving R/R program has a beginning but no end, because retention is a continuous activity. Paramount to the R/R program is the commitment to hire the right physician, for the right job, for a long time. To implement a successful recruitment and retention program, a site must first assess its strengths and weaknesses and develop a clear strategy to maximize the recruitment and retention value of the site.

Early identification of potential retirements or changes of clinical focus will help with future human resource planning; however it's not possible to plan for all vacancies. Periodic follow-up between responsible leadership and physicians creates opportunity for career and succession planning that complements strategic staff forecasting.

Once the ED group has a sound practice plan, physician word-of-mouth is a powerful recruitment medium; every member of the group can be engaged to promote their ED to colleagues. Locums and their word-of-mouth networks are an excellent pool of potential recruits, second only to new graduates. Managing an effective locum pool has the additional benefit of bringing new ideas and best practices into the ED, and providing respite capacity for local physicians.

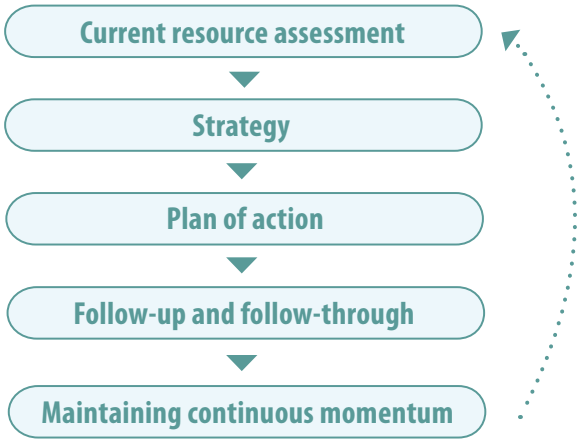
It is highly advisable to establish a permanent R/R program with one point of contact coordinating all variables. A well-organized R/R program effectively showcases the community, lifestyle and practice opportunities as a whole package to the prospective physician candidate.

Reflective Questions

From the perspective of a physician considering your site (a potential recruit, a locum or a member of the existing group), would he/she:

- hear about your ED opportunities from the many available resources (e.g. HFOJobs, Regional Advisors, PARO, physician word-of-mouth)?
- find booking a trial locum shift easy and well organized?
- speak with hospital and physician leadership about mutual expectations?
- understand additional practice opportunities available in the community to suit his/her interests, including primary care and other specialties?
- feel welcomed by a community with an added personal touch to his/her site visit?
- keep a relationship with you even when you are not actively recruiting?
- meet like colleagues who can speak to community and organizational highlights?
- meet the hospital CEO and ED Chief?

A continuous activity



Strategy #21: Streamline administrative processes associated with locuming in your ED

Goal

To have a streamlined credentialing process that facilitates quick and easy occasional/locum coverage.

Consider

- Use the Locum Credentialing Application Program (LCAP) – see Appendix B: Some ED Staffing Supports for more information.
- Determine if your LHIN has common credentialing in place, or explore the possibility of entering into a common credentialing agreement with neighbouring hospitals (i.e. developing one standard template to be used by multiple sites or allowing one physician to be credentialed across multiple sites).
- Review your credentialing process to determine the most efficient way to approve privileges for new locums covering urgent shifts.

Goal

To have effective orientation for locums.

Consider

- Develop an orientation manual or checklist for new locums.
- Clarify the schedule of supports available to the ED (e.g. social work, mental health, specialist support, second physicians on call, etc.).

Goal

To have efficient billing processes.

Consider

- Provide a billing agent for locums.
- Pay anticipated shadow billings up front and recoup the billings afterwards for prompt reimbursement.

Strategy #22: Get everyone involved

Goal

To include the physician group in recruitment.

Consider

- Take advantage of physician networking.

- Have all interested physicians/potential recruits meet with the ED chief or member of the physician group to get the best sense of what it is like to work at your site.
- Include physician ideas in marketing strategies; What are the assets of the site they want to communicate to potential recruits? What do they see as the biggest barriers?
- Offer rewards for physician referrals.

Goal

To include the hospital and other health-care facilities in recruitment.

Consider

- Be sure recruitment priorities of the ED are aligned with recruitment priorities of the hospital.
- Share best practices and resources with other corporations/neighbouring sites.
- Create a coordinated recruitment plan with local primary care to develop appropriate recruitment for the community as a whole.

Goal

To include the community in recruitment.

Consider

- Orient locums/potential recruits in terms of spousal employment opportunities and lifestyle amenities of the community, as well as children's services/activities.
- Ask local businesses to donate products/services to create a recruitment incentive package.

Strategy #23: Have a mindset of continuous recruitment

Goal

To maintain your existing complement of physicians.

Consider

- Maintain your recruitment contacts locum pool even when at full complement, so you do not have to start from the beginning should the need arise.
- Follow-up routinely with current physician staff as a means to show appreciation for their work, to measure their satisfaction and identify areas for improvement.
- Consider annual physician appreciation events to support retention.
- For more suggestions/research about physician retention, review the "Midwest Retention Toolkit".

Strategy #24: Consider every ED physician as a potential recruit

Your Site

GPs in the area are not currently involved in the ED.

Consider

- Look at physician mentorship initiatives as a way to involve community physicians/new grads.

- If possible, consider offering a double coverage shift to GPs in the community who are not comfortable working alone in the ED.
- If possible, offer a paid "training" shift to new physicians where they work alongside another physician who is experienced in your ED.
- Consider shift times/lengths that may better suit the needs of local GPs (i.e. a daytime double coverage shift).

Your Site

Limited rotation of ED locum physicians coming through your hospital.

Consider

- Post your permanent and locum ED opportunities on HFOJobs.
- Contact PARO's transition to practice office to highlight opportunities in your ED to new grads or through the Restricted Registration program.
- Inform your HFO MRA Regional Advisor and ask for assistance recruiting additional part-time or locum physicians.
- Access Recruitment Essentials, a virtual campus of relevant topics written by recruiters, for recruiters (see Appendix B for details).
- Provide locum physicians with the same remuneration as the local full-time physicians (including shadow billing, as applicable).
- Connect with primary-care physicians in the community to determine whether physicians that provide locum coverage at the clinic would be interested in providing ED coverage as well.

Your Site

There are many locums who come through the ED.

Consider

- Arrange for ED Chief and CEO to "meet and greet" locum physicians and potential physician recruits when they start their first shift. Consider having the ED chief or CEO lead or join a tour of the hospital.
- Add a personal touch to the locum's experience – look into his/her interests/hobbies and present your community in terms of work and life.
- Keep up friendly communication with interested locums; it is easier to assess and maximize their availability with frequent contact.
- For tips on creating a successful locum experience, review "Locum Tenens: Having a win-win experience"

Strategy #25: Take advantage of available locum programs

Your Site

Community physicians are eligible for locum days through the Rural Family Medicine Locum Program (RFMLP).

Consider

- Include a portion of ED work as part of Family Medicine locum assignments through RFMLP (please contact the program for more information).
- Promote coordination between hospital and primary-care groups to stagger vacations and maximize the coverage potential of RFMLP locums.

Your Site

You are not currently accessing RFMLP.

Consider

- Visit the RFMLP web page or contact the RFMLP team at locum@healthforceontario.ca to learn more about program eligibility and parameters.

Your Site

Your site is not familiar with the Emergency Department Coverage Demonstration Project (EDCDP).

Consider

- Visit the EDCDP web page or contact the EDCDP team at emerg@healthforceontario.ca to learn more about program services, eligibility and parameters.

Strategy #26: Get involved in teaching and education

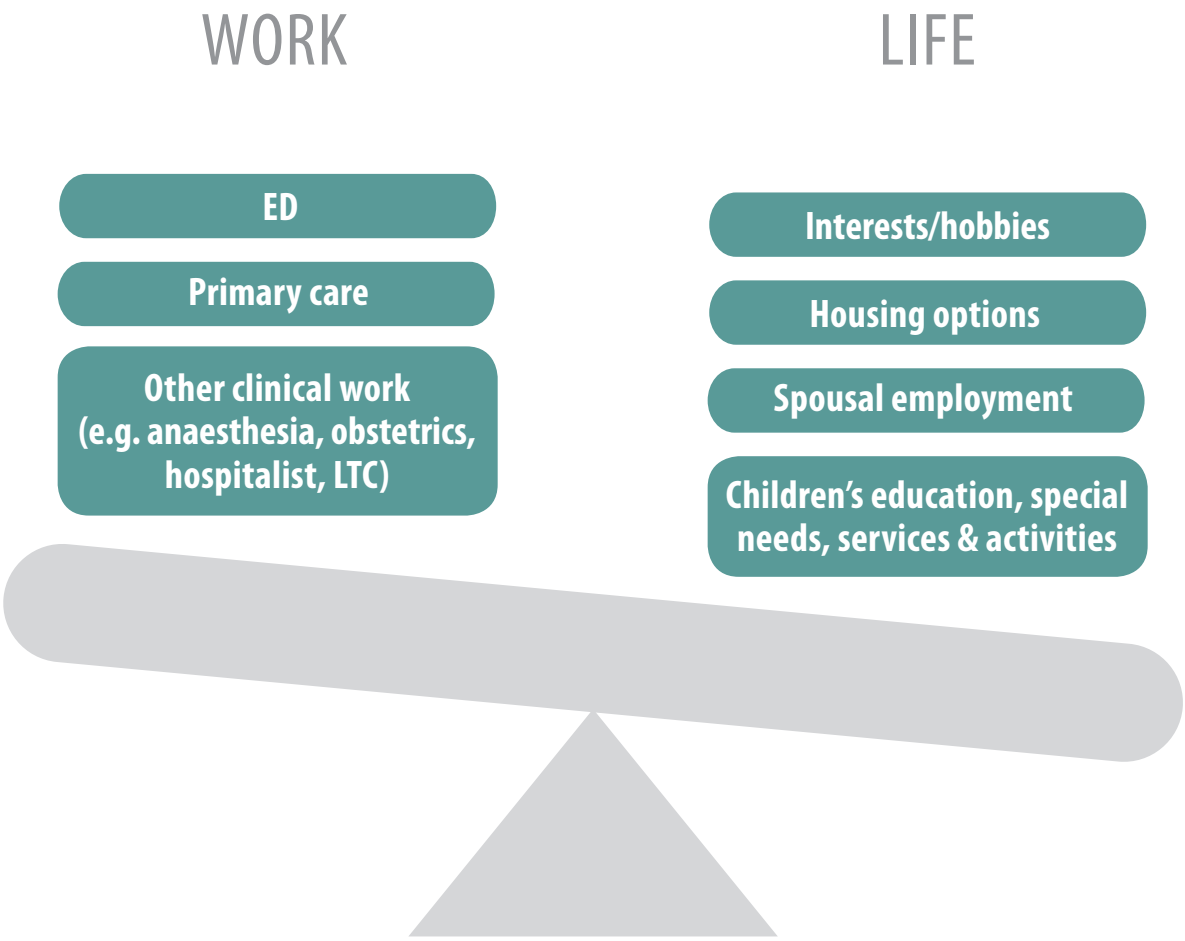
Your Site

Limited exposure to teaching and education.

Consider

- Exposing medical students and residents to your ED is an excellent investment in future recruitment. With a positive experience, they may return to your community to practice with their independent license, or pass along their recommendation of your ED to their colleagues.
- Many community physicians are interested in teaching, and having an academic affiliation can be a great way to recruit and retain physicians.
- Encourage local physicians to become preceptors at any one of the five rural regional education networks offered across medical schools in the province (Northern Ontario School of Medicine Family Medicine Residents of the Canadian Shield Program (NOSM FM RoCS), Eastern Regional Medical Education Program (ERMEP), Rural Ontario Medical Program (ROMP), McMaster Community & Rural Education Program (Mac-CARE), Southwestern Ontario Medical Education Network (SWOMEN)). See Appendix C: Rural Regional Education Networks for contact details.
- By involving the entire department in teaching, you are better able to offer a full scope of practice to the student/resident, which makes your site attractive to learners and medical schools.
- To maximize your exposure to learners and the impact of your teaching, the hospital administration and physician group must be aligned. For example:
  - *Hospital administration can support new learners in the ED by providing general orientation to the hospital and the community;*
  - *Involve a local recruiter if applicable to support in connecting community with medical schools;*
  - *If a medical student visits your site early in his/her training, it is important to keep in touch – develop a follow-up plan between hospital administration, hospital/community recruiters and the physician group;*
  - *Some hospitals/physician groups may require physicians to provide a minimum of teaching and educational activity to support the recruitment process.*

Finding Balance



Appendices

Resources current as of September, 2014

Appendix A: What HFO MRA Can Offer

Department: Regional Advisors

What HFO MRA Can Offer

- Assist recruiters and stakeholders with community-based physician recruitment and retention.
- Develop physician recruitment and retention best practices, guidelines and materials that can be used across the province.
- Assist with health human resources planning within each LHIN area.
- Support local health-care organizations, hospitals, recruitment committees, medical administrators, and physicians in communities throughout Ontario and connect them to a variety of free resources and services, including:
  - *Recruitment Essentials, an online toolkit to assist health-care organizations with their recruitment efforts;*
  - *HFOJobs, an online employment portal for Ontario communities and health-care organizations to post permanent and locum opportunities in their community;*
  - *RRP Locum Programs, centralized and coordinated locum program administration. Regional Advisors can provide assistance in arranging physician locum coverage;*
  - *Practice Ontario, a career planning service in which Regional Advisors act as career advisors to help residents explore locum and permanent opportunities across the province, and assist residents with a smooth transition to practice;*
  - *Transition into Practice Service (TiPS), an online toolkit to support transition to practice;*

Contact

Web site
E-mail: practiceontario@healthforceontario.ca
Tel: 1-800-596-4046 ext. 3697

Department: EDCDP

What HFO MRA Can Offer

- Provides urgent Emergency Department (ED) locum coverage as an interim measure of last resort to designated hospitals that are facing significant challenges covering ED shifts.
- Provides advice, facilitates local discussions and disseminates best practices in ED physician staffing.

Contact

Web site
E-mail: emerg@healthforceontario.ca
Tel: 1-800-596-4046 ext. 3

Department: RFMLP

What HFO MRA Can Offer

- Maintains ongoing primary medical care in eligible communities in Ontario by providing temporary, short-term replacement coverage for practising rural family physicians. The program serves rural physicians and locum physicians.

Contact

Web site
E-mail: locum@healthforceontario.ca
Tel: 1-800-596-4046 ext. 3

Department: HFOJobs

What HFO MRA Can Offer

- This physician employment portal provides physicians and nurses, in training and in practice, with up-to-date information on health-care employment available in Ontario.

  Communities, health-care organizations and employers can register to create and manage customized web pages to advertise and market job opportunities and to provide community information to nurses, physicians and their families.

Contact

Web site
E-mail: hfojobs@hfojobs.ca
Local: 416-862-2200 (press 6)
North America: 1-800-463-1270 (press 6)
Hours of operation: 8:30 a.m. - 4:30 p.m. EST

Appendix B: Some ED Staffing Supports

Support

Canadian Association of Staff Physician Recruiters (CASPR)

Who

Canadian Association of Staff Physician Recruiters (CASPR)

Summary

CASPR is a professional organization from across Canada whose members' primary role is to recruit physicians for their communities, local hospitals and other health-care organizations. CASPR membership is exclusive to community and hospital-based recruiters; its members are not headhunters or agency recruiters. Membership is open to non-profit physician recruiters employed or retained by hospitals, hospital corporations, clinics, health-care regions or authorities, public sector, government agencies or communities to recruit and retain physicians for that entity.

For Details and Eligibility Information

Web site
E-mail: Brenda.Taylor@saskdocs.ca
Mailing address for general correspondence: Brenda Taylor, Secretary, CASPR, c/o Saskdocs, 309 - 4th Avenue North, Saskatoon SK, S7K 2L8

Support

PA Career Start

Who

The Ministry of Health and Long-Term Care (MOHLTC) and HealthForceOntario Marketing and Recruitment Agency (HFO MRA)

Summary

Physician assistants (PAs) are skilled health professionals who support physicians in a range of health care settings. They work alongside physicians, nurses, nurse practitioners and other members of the interprofessional health care team. The PA role is currently being introduced to the Ontario health care system through a 2-year demonstration project taking place in selected hospitals, community health centres, community-based diabetes care clinics and long-term care homes. The initiative is being co-led by the Ontario Ministry of Health and Long-Term Care and the Ontario Medical Association.

For Details and Eligibility Information

Web site
E-mail: pa@healthforceontario.ca
HealthForceOntario Marketing and Recruitment Agency, 163 Queen Street East, Toronto ON, M5A 1S1
Tel: 416-862-2200 | North America: 1-800-596-4046 | International: 1-800-596-4046

Support

Community Assessment Visit Program

Who

MOHLTC Primary Health Care Branch

Summary

Provides reimbursement for travel and accommodation expenses incurred by health-care professionals and their spouse within Ontario, for the purposes of assessing practice opportunities in an eligible community of the province.

For Details and Eligibility Information

Ministry of Health and Long-Term Care
Primary Health Care Team, Northern Health Programs, Underserviced Area Program
159 Cedar Street, Suite 402, Sudbury ON, P3E 6A5
Tel: 705-564-7280 | Toll free: 1-866-727-9959 | Fax: 705-564-7493

Support

Doctor and Nurse Student Loan Forgiveness

Who

Government of Canada

Summary

Under this initiative, family doctors or residents in family medicine can receive up to $8,000 per year in Canada Student Loan forgiveness to a maximum of $40,000 over five years. Nurse practitioners or nurses can receive up to $4,000 per year in Canada Student Loan forgiveness to a maximum of $20,000 over five years. The aim of the program is to alleviate the high cost of education and training for many Canadians in this field, and to also encourage more health-care professionals to work in the communities that need them the most.

For Details and Eligibility Information

Web site
E-mail: info@canlearn.ca

Support

ED Alternative Funding Agreement (ED AFA)

Who

MOHLTC (Specialist Physician Contracts Unit)

Summary

ED AFAs is a major initiative of the MOHLTC to assist hospitals with the recruitment and retention of physicians for the provision of 24/7 emergency clinical services in Ontario EDs. In addition, the ED AFA supports all of the MOHLTC's initiatives that increase access to ED services and decrease ED wait times. Generally, the ED AFA provides a global budget to each ED and allows the physicians to set the appropriate staffing levels and remuneration, based on local patient volumes and acuities. The budget is determined by the Ministry at the beginning of each fiscal year, based on annual reviews of patient volumes and acuities of each ED, including Canadian Triage and Acuity Scale data and service encounter reporting. The annual review determines the required hours of coverage of the physicians and budget. At the end of the fiscal year, the Ministry conducts a reconciliation of the hours of coverage provided and payment of the budget. The ED AFA has been ongoing since 2000 and currently funds physicians in 134 of the 147 eligible ED across the province.

For Details and Eligibility Information

E-mail: Erappreporting.moh@ontario.ca

Support

Emergency Department Coverage Demonstration Project

Who

HFO MRA

Summary

The EDCDP was created in October 2006 by the Ontario Medical Association (OMA) and the Ministry of Health and Long-Term Care (MOHLTC) and is operated by HFO MRA. The EDCDP is a provincial program designed to provide urgent ED locum coverage as an interim measure of last resort to designated hospitals that are facing significant challenges covering ED physician shifts. As part of the EDCDP program, HFO MRA collaborates with system partners to support comprehensive and sustainable strategies for ED health human resources.

For Details and Eligibility Information

Web site
E-mail: emerg@healthforceontario.ca
HealthForceOntario Marketing and Recruitment Agency, 163 Queen Street East, Toronto ON, M5A 1S1
Tel: 416-862-2200 | North America: 1-800-596-4046 | International: 1-800-596-4046

Support

Health Canada Emergency Medicine Return of Service

Who

MOHLTC Health Workforce Policy Branch

Summary

The Enhanced Family Medicine Training Opportunities in Ontario's Underserved Communities program is time-limited and funded by Health Canada. It provides PGY3 training opportunities for enhanced skills and emergency medicine. It is expected that 10 residents will complete this program each year (2012/13, 2013/14 and 2014/15) at the end of June and all will return service in an eligible community for a period of two years.

For Details and Eligibility Information

Web site

Support

Hospital On-Call Coverage Program

Who

MOHLTC

Summary

The Hospital On-Call Coverage (HOCC) program was developed to enhance and stabilize the delivery of hospital on-call services to Ontario patients by providing stability and predictability in physician on-call coverage across Ontario. The program recognizes the additional burden placed on physicians for providing on-call services beyond their normal work day. The HOCC program provides funding for hospital on-call coverage to offset coverage expenditures previously borne by hospital operating budgets.

For Details and Eligibility Information

Web site
E-mail: OnCall@ontario.ca
Tel: 1-866-684-8620

Support

Local Health Integration Network Leads (ED LHIN Leads and Primary-Care LHIN Leads)

Who

Local Health Integration Networks (LHINs) and MOHLTC

Summary

The LHIN Leads for emergency medicine and primacy care are physician representatives from each LHIN that provide advice to the LHINs and the MOHLTC on policies and strategies related to provision of emergency services and primary care, respectively.

For Details and Eligibility Information

To get in touch with your LHIN Leads, contact the LHIN or the HFO MRA Regional Advisor for your LHIN.
LHIN Web site
Regional Advisors E-mail: practiceontario@healthforceontario.ca
Regional Advisors Tel: 1-800-596-4046 ext. 3697

Support

Locum Credentialing Application Program (LCAP)

Who

HFO MRA

Summary

The Locum Credentialing Application Program (LCAP) streamlines the administrative process to help physicians acquire appointments and privileges as locum tenens in multiple public hospitals in Ontario. To participate, physicians are required to complete one LCAP form annually, including accompanying documentation. At the request of a participating hospital, which specifically identifies a physician, this completed LCAP document will be sent to the hospital by HFO MRA. The hospital then processes the application in accordance with the provisions of the Public Hospitals Act, the regulations thereunder, and the by-laws of the hospital.

For Details and Eligibility Information

Web site
E-mail: emerg@healthforceontario.ca
HealthForceOntario Marketing and Recruitment Agency, 163 Queen Street East, Toronto ON, M5A 1S1
Tel: 416-862-2200 | North America: 1-800-596-4046 | International: 1-800-596-4046

Support

Northern and Rural Recruitment and Retention Initiative (NRRR)

Who

MOHLTC Primary Health Care Branch

Summary

The NRRR Initiative offers taxable financial incentives to each eligible physician who establishes a full-time practice in an eligible community of the province. The grants range between $80,000 and $117,600, paid over a four-year period. The grants will be awarded based on eligibility criteria and considerations related to total NRRR Initiative budget allocations.

For Details and Eligibility Information

Web site
Ministry of Health and Long-Term Care
Primary Health Care Branch, Northern Health Programs
159 Cedar Street, Suite 402, Sudbury ON, P3E 6A5

Support

Northern Physician Retention Initiative (NPRI)

Who

MOHLTC Primary Health Care Branch

Summary

Established as an initiative under the 2000 OMA Framework Agreement to enable eligible physicians in Northern Ontario to receive the equivalent of a $7,000 retention incentive, paid at the end of each fiscal year in which they continue to practise full-time in Northern Ontario.

For Details and Eligibility Information

Web site
E-mail: NPRI@Ontario.ca
Ministry of Health and Long-Term Care
Primary Health Care Team, Northern Health Programs, Underserviced Area Program
159 Cedar Street, Suite 402, Sudbury ON, P3E 6A5
Tel: 705-564-7280 | Toll free: 1-866-727-9959 | Fax: 705-564-7493

Support

OMA Practice Management and Advisory Service

Who

Ontario Medical Association (OMA)

Summary

Offers a broad range of resources, services and training programs that help establish and maintain a successful medical practice. Access to the service is available for OMA members only.

For Details and Eligibility Information

Web site

Support

Practice Ontario

Who

HFO MRA

Summary

Practice Ontario is a career planning service in which Regional Advisors act as career advisors to help residents explore locum and permanent opportunities across the province, and assist residents with a smooth transition to practice.

For Details and Eligibility Information

Web site
E-mail: practiceontario@healthforceontario.ca
HealthForceOntario Marketing and Recruitment Agency, 163 Queen Street East, Toronto ON, M5A 1S1
Tel: 416-862-2200 | North America: 1-800-596-4046 | International: 1-800-596-4046

Support

Pregnancy and Parental Leave Benefit Program (PPLBP)

Who

MOHLTC

Summary

The Pregnancy and Parental Leave Benefit Program (PPLBP) was established under the 2004 Physician Services Framework Agreement. It provides eligible physicians with a pregnancy leave benefit for nine weeks and a parental leave benefit for eight weeks, up to a maximum of $1,000 per week.

For Details and Eligibility Information

Web site
E-mail: pplbp@ontario.ca
Tel: 416-212-6212

Support

Recruitment Essentials

Who

HFO MRA

Summary

Recruitment Essentials is a virtual campus of relevant topics written by recruiters, for recruiters. Each topic offers basic planning tools you can use right away to recruit health-care professionals, with examples and links to further resources where available.

For Details and Eligibility Information

Web site
E-mail: practiceontario@healthforceontario.ca
HealthForceOntario Marketing and Recruitment Agency, 163 Queen Street East, Toronto ON, M5A 1S1
Tel: 416-862-2200 | North America: 1-800-596-4046 | International: 1-800-596-4046

Support

Re-Entry Return of Service

Who

MOHLTC Physician Planning Unit

Summary

Through the Re-Entry Program, the MOHLTC offers funding each year for physicians currently practising in Canada to re-enter post-graduate medical training. The purpose of the program is to increase flexibility in the medical training system and provide opportunities for physicians to pursue areas of interest after a period of generalist practice, while at the same time addressing the need for a variety of physician services in Ontario.

For Details and Eligibility Information

E-mail: PPUProgramOfficer@ontario.ca
Ministry of Health and Long-Term Care
Physician Planning Unit, Health Human Resources, Policy Branch
56 Wellesley Street West, 12th Floor, Toronto ON, M5S 2S3
Tel: 416-327-8339 | Fax: 416-327-0169

Support

Regional Advisors

Who

HFO MRA

Summary

Regional Advisors (formerly Community Partnership Coordinators) work with communities and local health-care organizations within Ontario's 14 Local Health Integration Network (LHIN) regions. Their role is to assist all areas in Ontario to reach their recruitment and retention goals, and to work closely with all medical schools in the province to provide personal job-search assistance and career advice to medical residents.

For Details and Eligibility Information

Web site
E-mail: practiceontario@healthforceontario.ca
HealthForceOntario Marketing and Recruitment Agency, 163 Queen Street East, Toronto ON, M5A 1S1
Tel: 416-862-2200 | North America: 1-800-596-4046 | International: 1-800-596-4046

Support

Repatriation Program

Who

MOHLTC Physician Planning Unit

Summary

The MOHLTC funds additional post-graduate medical training positions in Ontario to recruit physicians who have completed or partially completed post-graduate residency training outside Canada and require up to two years of training to meet the national certification requirements of the Royal College of Physicians and Surgeons of Canada (RCPSC). In exchange for this funding, candidates are required to fulfill Return of Service (ROS) obligations in an eligible community.

For Details and Eligibility Information

E-mail: PPUProgramOfficer@ontario.ca
Ministry of Health and Long-Term Care
Physician Planning Unit, Health Human Resources, Policy Branch
56 Wellesley Street West, 12th Floor, Toronto ON, M5S 2S3
Tel: 416-327-8339 | Fax: 416-327-0169

Support

Resident Loan Interest Relief Program

Who

MOHLTC

Summary

The Ministry of Health and Long-Term Care (MOHLTC) Resident Loan Interest Relief Program (RLIRP) is the result of an agreement between the province and the Ontario Medical Association. Under this program, Ontario medical residents are not required to pay principal or interest on Government student loans granted from any Canadian jurisdiction during the period of a medical residency. In return, the resident agrees to provide physician services in Ontario for five years following the completion of the medical residency.

For Details and Eligibility Information

Web site
Resident Loan Interest Relief Program - Application Centre
P.O. Box #779, Station "U", Toronto ON, M8Z 5P9
Tel: 1-877-560-1391

Support

Restricted Registration

Who

Professional Association of Residents of Ontario (PARO)

Summary

"Restricted Registration" is a certificate of Restricted Registration offered by the College of Physicians and Surgeons of Ontario (CPSO) to residents who meet agreed upon criteria. The Council of Ontario Faculties of Medicine have defined "Restricted Registration" as: "Residents registered in post-graduate medical education programs leading to certification with the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada who provide clinical services for remuneration outside of the residency program."

For Details and Eligibility Information

Web site
E-mail: info@restrictedregistrationontario.ca
Restricted Registration Program for Ontario Medical Residents
400 University Avenue, Suite 1901, Toronto ON, M5G 1S5
Tel: 416-597-3650

Support

Rural Family Medicine Locum Program (RFMLP)

Who

HFO MRA

Summary

The Rural Family Medicine Locum Program (RFMLP) maintains ongoing primary medical care in eligible communities in Ontario by providing temporary, short-term replacement coverage for practising rural family physicians. The program serves rural physicians and locum physicians. Since April 2008, the RFMLP has been administered by the Recruitment and Retention Programs (RRP) through HFO MRA.

For Details and Eligibility Information

Web site
E-mail: locum@healthforceontario.ca
HealthForceOntario Marketing and Recruitment Agency, 163 Queen Street East, Toronto ON, M5A 1S1
Tel: 416-862-2200 | North America: 1-800-596-4046 | International: 1-800-596-4046

Support

Supplemental Emergency Medicine Experience (SEME)

Who

University of Toronto Department of Family and Community Medicine

Summary

SEME is a new program funded through the Department of Family and Community Medicine and the Ministry of Health and Long-Term Care to provide family physicians with a three-month, full-time, remunerated fellowship through a comprehensive, practical and hands-on EM experience. SEME includes eight weeks of rotations in emergency departments in Toronto and the option of supervised placements at rural or semi-rural hospitals.

For Details and Eligibility Information

Web site
E-mail: seme.dfcm@utoronto.ca
SEME (Supplemental Emergency Medicine Experience)
600 University Ave., Office 206, Toronto ON, M5G 1X5
Tel: 416-586-4800 ext. 1547 | Fax: 416-586-4719

Appendix C: Rural Regional Education Networks

Program: Northern Ontario School of Medicine Family Medicine Residents of the Canadian Shield Program (NOSM FM RoCS)

School: Northern Ontario School of Medicine (NOSM)

More Information:
About the program
About becoming a preceptor

Program: Eastern Regional Medical Education Program (ERMEP)

School: Queen's University School of Medicine and the University of Ottawa Faculty of Medicine

More Information:
About the program
About becoming a preceptor

Program: Rural Ontario Medical Program (ROMP)

School: All six Ontario medical universities

More Information:
About the program
About becoming a preceptor

Program: McMaster Community & Rural Education Program (Mac-CARE)

School: McMaster University School of Medicine

More Information:
About the program
About becoming a preceptor

Program: Southwestern Ontario Medical Education Network (SWOMEN)

School: Schulich School of Medicine & Dentistry at The University of Western Ontario

More Information:
About the program
About becoming a preceptor

Appendix D: Acronym Glossary

Acronym	Definition
ACLS	Advanced Cardiac Life Support
ATLS	Advanced Trauma Life Support
CASPR	Canadian Association of Staff Physician Recruiters
CCAC	Community Care Access Centre
CCFP	Certification in the College of Family Physicians
CEO	Chief Executive Officer
CME	Continuing Medical Education
ED AFA	Emergency Department Alternative Funding Agreement
EDCDP	Emergency Department Coverage Demonstration Project
ED LHIN Leads	Emergency Department Local Health Integration Network Leads
EMS	Emergency Medical Services
ERMEP	Eastern Regional Medical Education Program
FFS	Fee-For-Service
FRCP	Fellow of the Royal College of Physicians
GP/AN	General Practitioner/Anesthesia
GP/FP	General Practitioner/Family Practitioner
HFO MRA	HealthForceOntario Marketing and Recruitment Agency
HOCC	Hospital On-Call Coverage
LCAP	Locum Credentialing Application Program
LHIN	Local Health Integration Network
MAC	Medical Advisory Council
Mac-CARE	McMaster Community & Rural Education Program
MOHLTC	Ministry of Health and Long-Term Care
MRP	Most Responsible Physician
NOSM	Northern Ontario School of Medicine
NOSM FM RoCS	Northern Ontario School of Medicine Family Medicine Residents of the Canadian Shield Program
NP	Nurse Practitioner
OHA	Ontario Hospital Association
OHIP	Ontario Health Insurance Plan
OMA	Ontario Medical Association
PA	Physician Assistant
PALS	Pediatric Advanced Life Support
PARO	Professional Association of Residents of Ontario
PGY3	Post Graduate Year 3
RNPGA	Rural and Northern Physician Group Agreement
R/R	Recruitment and Retention
ROMP	Rural Ontario Medical Program
SEME	Supplemental Emergency Medicine Experience
SPCU	Specialist Physician Contracts Unit
SWOMEN	Southwestern Ontario Medical Education Network
RCPS(C)	Royal College of Physicians and Surgeons of Canada
RFMLP	Rural Family Medicine Locum Program
ROS	Return of Service
WSIB	Workplace Safety and Insurance Board

Appendix E: Stakeholders

Local Health Integration Network (LHIN)

More information

Ministry of Health and Long-Term Care (MOHLTC)

More information

Ontario Hospital Association (OHA)

More information

Ontario Medical Association (OMA)

More information

Professional Association of Residents of Ontario (PARO)

More information

Appendix F: Related Research

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We welcome your feedback. If you have any questions or comments please write to: emerg@healthforceontario.ca.

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