Summer 2014

Overall BC physician retention rate high

In December 2013, Health Match BC (HMBC) completed a preliminary study examining the retention rate of permanent family physicians and specialists, recruited through HMBC, for the years 2008 thru 2012. Results...

BC Physician Recruitment Committee tackles LMO ad requirements

In response to the 2013 changes made to the Labour Market Opinion (LMO) application process, the BC Physician Recruitment Committee (BCPRC) held meetings with representatives from Service Canada, Citizenship & Immigration Canada (CIC) and the Provincial Nominee Program (PNP) to address questions raised by health authority staff and BCPRC members. Continue reading...

Key messages from the Inter-Divisional Strategic Council’s Recruitment Steering Committee

In 2012 the Interior Health’s Inter-Divisional Strategic Council (ISC), a partnership between Interior Health, the General Practices Services Committee (GPSC), and seven Divisions of Family Practice (DoFP) made recruitment and retention of family doctors a top priority. To support and coordinate recruitment efforts, the ISC partnered with Regional Hospital Districts and Health Match BC (HMBC) to form the Recruitment and Retention Steering Committee (RRSC). Read on...

Unique mentoring program paves the way for new rural physicians

This spring the UBC Rural Continuing Professional Development (RCPD) Program launched the Rural Physician Mentoring Program, a pilot program designed to support physicians who are new to rural practice in British Columbia. This unique eight-month program aims to both ease doctors’ transition to rural practice and increase physician retention rates in rural BC by pairing new physicians with experienced practitioners. More...

HMBC teams up with MOSAIC

A new initiative linking the Skills Connect for Immigrants Program with the services provided by Health Match BC (HMBC) is currently underway. The project, which partners HMBC with the Multilingual Orientation Service Association for Immigrant Communities (MOSAIC), a Skills Connect Program provider, seeks to provide complementary services to healthcare professionals unable to take advantage of the services provided by either HMBC or MOSAIC. Details...

New video testimonials spotlight practising medicine in British Columbia

Health Match BC (HMBC) expanded its recruitment efforts to include four physician testimonial videos highlighting the benefits of living and practising in British Columbia (BC). Read further...

OUR RECRUITERS ON THE ROAD

Meet the Health Match BC physician, nurse and allied health recruitment team at the following national and international conferences:

- June 19 - 22: Canadian Physiotherapy Association Congress, Shaw Convention Centre, Edmonton, Alberta, CANADA.
- September 11 - 13: Canadian Psychiatric Association Annual Conference, The Westin Harbour Castle, Toronto, Ontario, CANADA.
- October 2 - 4: Royal College of General Practitioners Annual Conference, ACC, Liverpool, UK.
- November 12 - 15: Family Medicine Forum (FMF), Quebec City Convention Centre, Quebec City, Quebec, CANADA.
Overall BC physician retention rate high

In December 2013, Health Match BC (HMBC) completed a preliminary study examining the retention rate of permanent family physicians and specialists, recruited through HMBC, for the years 2008 thru 2012. The aim of this study was to present an initial overview of HMBC retention rates across the province, by health authority and year, and to lay the groundwork for future annual reports.

From 2008 through 2012, 644 of the 793 physicians placed in permanent positions through HMBC remain practising in the province for an overall retention rate of 81%. Retention rates attributable by each health authority are also relatively high and ranged from 69% to 85%. This refers to the retention of physicians initially matched to a health authority who have remained within the province but not necessarily within that health authority.

Of the 644 physicians who remain practising in the province, 94 (14%) left the health authority they were originally placed in. Below is a summary of recruitment numbers and each health authority’s contribution to provincial retention rate. It also includes a further breakdown of physicians still practising in their original health authorities and those who have moved to other regions:

<table>
<thead>
<tr>
<th>Health Authority</th>
<th>Total Recruited</th>
<th>Non-practising</th>
<th>Still Practising</th>
<th>BC Retention Rate</th>
<th>Moved to New HA</th>
<th>Remain in Original HA</th>
<th>HA Retention Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>FH</td>
<td>188</td>
<td>37</td>
<td>151</td>
<td>80%</td>
<td>15</td>
<td>136</td>
<td>72%</td>
</tr>
<tr>
<td>IH</td>
<td>220</td>
<td>36</td>
<td>182</td>
<td>83%</td>
<td>31</td>
<td>151</td>
<td>69%</td>
</tr>
<tr>
<td>NH</td>
<td>101</td>
<td>23</td>
<td>78</td>
<td>77%</td>
<td>15</td>
<td>63</td>
<td>62%</td>
</tr>
<tr>
<td>VCH</td>
<td>108</td>
<td>19</td>
<td>89</td>
<td>82%</td>
<td>12</td>
<td>77</td>
<td>71%</td>
</tr>
<tr>
<td>VIH</td>
<td>141</td>
<td>21</td>
<td>120</td>
<td>85%</td>
<td>19</td>
<td>101</td>
<td>72%</td>
</tr>
<tr>
<td>PHS</td>
<td>35</td>
<td>11</td>
<td>24</td>
<td>69%</td>
<td>2</td>
<td>22</td>
<td>63%</td>
</tr>
</tbody>
</table>

Family physicians and specialists

Currently, about half of all vacancies registered with HMBC are for family physicians. Retention rates for family physicians are high and stable for all health authorities, meaning these physicians are largely staying within the region where they were initially placed. Specialists also tend to stay in the regions were they are initially placed, but there is greater variation between health authorities than with family practitioners.

Non-practising physicians

Of the 793 physicians matched to permanent positions, 149 are no longer practising in the province.

A follow-up study is underway to determine if, where, and for how long these individuals practised in BC. For example, it is possible for a physician to have started working in BC in 2006, but to have left the province or ceased practising in 2012. Though this individual provided service for up to four years, they would not be captured in our present analysis. It is important, then, to note that our results reflect an underestimation of the true provincial retention rate. Further research is needed to account for factors such as obstacles/delays to entry into Canada (personal and professional), varying lengths of service, and moves within and out of the province.

A copy of the report is available for download on the Health Match BC website.

BC Health Recruiter News is published as a dynamic means of sharing news and information among health recruiters from all health employers and other stakeholders in British Columbia.

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Ministry of Health Services
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BC Physician Recruitment Committee tackles LMO ad requirements

In response to the 2013 changes made to the Labour Market Opinion (LMO) application process, the BC Physician Recruitment Committee (BCRPC) held meetings with representatives from Service Canada, Citizenship & Immigration Canada (CIC) and the Provincial Nominee Program (PNP) to address questions raised by health authority staff and BCPRC members.

“As a result of the work that was done by BCPRC members, BC has had very few rejections of LMO applications,” says Margaret Kennedy, Chair of the BCPRC. “Many of our colleagues across the country are still struggling with the new changes to the point where they no longer consider International Medical Graduates (IMGs) who require an LMO and work permit.”

The changes in LMO advertising requirements generated the most confusion. Specifically, questions about the number and types of advertising now required (3 forms – one Federal Job Bank (Work BC), one national, and one regional), whether the Canadian Association of Staff Physician Recruiters (CASPR) website qualifies as a national form of advertising, and the time frame for posting job ads (a period of 4 weeks before an LMO application will be considered and the stipulation that one advertisement must remain posted until LMO approval is given).

Updates to Service Canada LMO issues

Presently, the BCPRC’s ongoing contact with Service Canada representatives allows for a quick response to questions as they arise. Significant updates include:

• The CASPR website is now recognized by Service Canada as a national source of advertising. The BCPRC collaborated with the Executive of CASPR to update the CASPR website and to ensure that posting information meets Service Canada requirements. HMBC has updated its posting information accordingly.
• HMBC consulted the PNP office to determine whether physicians can apply for permanent residency via the PNP before arriving in BC. Once approved as a PNP nominee, the physician would not need an LMO for their application for a work permit. More discussions will take place with the CPSBC and the Ministry of Health regarding the 3 months of practice in BC as an eligibility requirement.

Further meeting notes:

HMBC met with Dr. Donald Stark, UBC Program Director, Clinical Adult Immunology & Allergy, to discuss the current and projected needs in this specialty over the coming years.

This past March a teleconference featured guest speaker Sharon Hall from Providence Health, St. Paul’s Hospital. Sharon provided an overview of the UBC IMG Clinical Assessment Program which evaluates the readiness of IMG candidates for residency positions in Canada.

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Key messages from the Inter-Divisional Strategic Council’s Recruitment Steering Committee

In 2012 the Interior Health’s Inter-Divisional Strategic Council (ISC), a partnership between Interior Health, the General Practices Services Committee (GPSC), and seven Divisions of Family Practice (DoFP) made recruitment and retention of family doctors a top priority. To support and coordinate recruitment efforts, the ISC partnered with Regional Hospital Districts and Health Match BC (HMBC) to form the Recruitment and Retention Steering Committee (RRSC).

A formal review
The RRSC identified the following challenges to regional recruitment efforts:
• Knowledge and success of recruitment is not uniform across the region.
• Recruitment activity is ad hoc and very competitive.
• Best practices are not explicitly identified and shared.
• Many physicians, communities, and Divisions of Family Practice do not know how to start the recruitment process.

Additionally, the RRSC contracted Siena Consulting to conduct an environmental scan to examine the shortfall of family physicians in the region, identify barriers to GP recruitment and retention, explore needs on a local level, and to link the organizations presently in place to address these challenges. Results of the scan were widely distributed to Regional Hospital Districts and all ISC partners. In a follow-up meeting (Planning Day) over 30 partnership representatives met to develop and formalize an action plan to assist communities in their recruitment and retention efforts.

Planning day highlights
There is a great need to distribute ideas and build upon best practices. Recruitment is a collaborative effort involving all partnerships, communities, and physician practices. Dubbed the “red carpet” approach, some proposed ideas were:
• Matching physicians and their families to communities is imperative. This involves ongoing peer and community support to physicians and their family members both during the recruitment process and after their arrival.
• The family physician develops a compelling profile of their practice and the community presents itself in a compelling and honest way.
• Recruitment is directly linked with the GPSC’s A GP for ME initiative.
• The practice is turnkey.

As well, the Interior Health’s Physician and Recruitment and Physician Compensation Planning and Initiatives teams presented a “Draft Guide to Successful Long-term Physician Recruitment and Retention” to the committee for input.

Current Status
Based on the information gathered from Planning Day, the RRSC developed an action plan with associated timelines to address recruitment and retention needs throughout the region. Key strategies include:
• Establish a group, led by HMBC, of recruitment leaders representing regions throughout Interior Health to review and discuss components of recruitment approaches such as advertising and marketing.
• Ensure sharing of best practices by working directly with GPSC.
• Continue to widely circulate the Environmental Scan.
• Identify sources that clarify physicians’ short-term compensation and, in the long term, develop common templates related to physician compensation.
• Initiate a plan to engage with members of the Joint Standing Committee on Rural Issues.
• Assess the Steering Committee’s success in facilitating collaborative approaches to recruitment and retention.
Unique mentoring program paves the way for new rural physicians

This spring the UBC Rural Continuing Professional Development (RCPD) Program launched the Rural Physician Mentoring Program, a pilot program designed to support physicians who are new to rural practice in British Columbia. This unique eight-month program aims to both ease doctors’ transition to rural practice and increase physician retention rates in rural BC by pairing new physicians with experienced practitioners. Approximately 20 doctors relocating to rural communities in British Columbia (“mentees”) will be matched with experienced rural family physicians and specialists (“mentors”). Once paired, mentors and mentees have the freedom to tailor their relationship to directly identify and address the challenges unique to each mentee’s transition into rural practice.

“We couldn’t find any other comprehensive, formal mentoring programs like this one,” says Andrea Keesey, Project Manager of RCPD. “That is, programs that were accredited, offered mentor training, provided mentoring tools and ongoing support, and allowed mentees to choose their mentor.”

Funded through the Rural Co-ordination Centre of British Columbia (RCCbc) and the Joint Standing Committee on Rural Issues (JSC), this program is being developed and delivered through the UBC Faculty of Medicine’s Division of Continuing Professional Development (UBC CPD). There is no cost to participate in the program. Mentors and mentees (approximately 10 International Medical Graduates and 10 Canadian Medical Graduates) will receive CME credits for their participation (up to 17.0 Mainpro-C / Mainpro M1 or MOC Section 1 study credits). Additionally, mentors receive an honorarium for their time as well as tools and training to support their efforts. The RCPD team anticipates a time commitment of approximately 17 hours over the eight-month program.

“We were surprised by the level of experience and number of rural physicians who signed up to be mentors in this program,” says Keesey. “We are offering mentors CME credits and compensate them for their time, but most of the mentors cited an interest in supporting and retaining new physicians in their communities as their #1 motivator for applying.”

The UBC Rural CPD team is looking to fill two mentee positions for the Rural Physician Mentoring Program. Applications will be accepted until July, 31 2014. For further information, contact Andrea Keesey at 604.875.4111 x69139 or email andrea.k@ubc.ca.
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The project, which partners HMBC with the Multilingual Orientation Service Association for Immigrant Communities (MOSAIC), a Skills Connect Program provider, seeks to provide complementary services to healthcare professionals unable to take advantage of the services provided by either HMBC or MOSAIC.

“We receive enquiries from a lot of people who we are not able to assist because they have not met the registration requirements needed to practice in BC,” says Gordon MacDonald, Senior Consultant at HMBC. “We now are able to redirect them to MOSAIC, whose focus is to work with healthcare professionals from outside jurisdictions who seek employment in the healthcare sector now that they’ve arrived in British Columbia.”

This collaborative partnership aims to provide a positive pathway for those individuals who, though unable to meet the requirements necessary to practice in their profession in BC at this time, can be redirected towards supports that build on their skills and experience and assist their re-entry into the health sector workforce.

HMBC meets with allied health and nursing regulatory organizations
Over the last quarter HMBC met with members of the regulatory organizations and professional associations responsible for Registered Nurses, Nurse Practitioners, Clinical Pharmacists, Physiotherapists, and Occupational Therapists. Outcomes of these meetings include the addition of the HMBC link to each organization’s website as well as links to each of BC’s health authorities. Additionally, representatives from each of these regulated professions are being invited to attend a Provincial Recruitment Committee meeting over the next year in order to present information regarding their specific registration processes and any new requirements that may impact employers’ ability to recruit candidates. This level of information is important in providing the most up to date requirements for those individuals seeking licensure in BC as well as those charged with recruiting individuals to fill difficult to fill positions.

What’s new on our website
HMBC recently added additional value to those registering on our website. We now provide links to electronic tools and documents such as online self-assessments, videos on working in Canada within specific health professions, and links to specific competency profiles associated with that particular profession. HMBC’s intent is to provide a portal to information that may assist those individuals seeking employment in BC in one of the professions served by HMBC, specifically for those coming from outside Canada.

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New video testimonials spotlight practising medicine in British Columbia

Health Match BC (HMBC) expanded its recruitment efforts to include four physician testimonial videos highlighting the benefits of living and practising in British Columbia (BC).

“We are renewing our marketing materials to highlight different areas in BC and the physicians who serve these communities,” says Executive Director John Mabbott. “Videos like these help show doctors in Canada and in other countries what we have to offer, both in the way of their practice and in their lifestyle.”

HMBC selected physicians from two rural areas (Pemberton and the Creston Valley) and one suburban area (Abbotsford). The videos consist of one 5 minute video featuring three physician testimonials, and three 4-5 minute videos focusing on each physician individually.

Primarily intended to showcase BC to physicians practising in the United Kingdom (UK), the videos also inspire all physicians who are both eligible to practise medicine in BC and interested in moving to Canada, to find out about vacancies in the province.

These new productions build upon previous videos made by HMBC. In addition to physicians talking about practising in BC, these also show the towns they live in and the things they love doing outside of work. “What better way to be inspired than by seeing, and hearing from their peers, about how BC is such a wonderful place to live and work?” says Mabbott.

The Physicians and their stories

Ten years ago, Dr. Jel Coward moved from the UK to Pemberton with his wife, a Canadian family physician. Years later, he reflects on what he loves most about raising a family and practising medicine in rural BC: working in the ER at the local hospital, providing health care to First Nations communities, and volunteering with Pemberton Search and Rescue and Whistler Blackcomb Ski Patrol.

Dr. Sue Hopkins and her family moved to the Creston Valley from the UK in 2012. Like many physicians who relocate to BC, climate, community, and an active lifestyle were important considerations. It also fits the bill for a much better work/life balance for her as a busy general practitioner with ER responsibilities at the local hospital.

Dr. Narayanappa Dayananda (known as Dr. Daya) moved to Maple Ridge in the Fraser Valley from the UK in 2007. He talks about why he decided to move to BC, what he loves about living here and practising medicine in a city that’s less than an hour’s drive from Vancouver, yet just minutes from sailing, boating, and swimming on a lake in one of the largest parks in the province.