
HALDIMAND COUNTY

Report CDS-11-2023 Physician Recruitment Strategy - Options Update For Consideration by Council in Committee on December 12, 2023



OBJECTIVE:

To present Council with a preferred option relative to physician recruitment in the County.

RECOMMENDATIONS:

1. THAT Report CDS-11-2023 Physician Recruitment Strategy - Options Update be received;
2. AND THAT staff be directed to develop a plan to retain a shared full-time recruitment coordinator under the Greater Hamilton Health Network, as described in Report CDS-11-2023;
3. AND THAT a detailed budget be developed in relation to the full-time recruitment coordinator for consideration as part of the 2024 Tax Supported Operating Budget.

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Approved: Cathy Case, Chief Administrative Officer

EXECUTIVE SUMMARY:

The 2022 to 2026 Term of Council Priorities identified a physician recruitment strategy to be developed and presented for consideration in 2023. Staff previously presented a series of options for Council to consider that ranged from using internal resources to those of securing external supports (report CDS-07-2023). At Council's direction, staff have further explored the retention of an external resource that would be cost shared with local hospitals and the Haldimand Family Health Team. A series of options within that shared resource framework have been developed, with the preferred option of a full-time physician recruitment coordinator (as part of the Greater Hamilton Health Network) being proposed for Council's consideration.

BACKGROUND:

At the October 10, 2023 Council in Committee meeting, staff presented report CDS-07-2023 Physician Recruitment Strategy Options. The report tied to the 2022 to 2026 Term of Council Priorities which identified that a physician recruitment strategy be developed and presented for consideration in 2023. The report laid out a series of detailed options for Council to consider that ranged from using internal resources to those of securing external supports, with costs ranging from low to high. The Council direction received from this presentation was as follows:

"AND THAT staff be directed to proceed with Option 1B as described in Report CDS-07-2023 with an update provided to Council before year-end, and alternatively Option 1a in the case that Option 1b is not deemed to be feasible;"

Option 1b included the retention of an external resource (contract or consultant) to support the recruitment efforts of the County. This option focused on a shared community resource (i.e. recruiter

or coordinator) that would operate under the Greater Hamilton Health Network (GHHN). It also consisted of a proposed cost-share model amongst key benefitting partners, including the Haldimand Family Health Team and two area hospitals. In this approach, the County would be a contributor to a larger “pot” with a portion of funding/staffing being for representation in Haldimand.

Staff have worked with the Greater Hamilton Health Network (GHHN) to build out a series of options that fit within the shared resource model (i.e. option 1b from previous staff report). Those options are summarized in the Analysis section and detailed in Attachment 1, including full cost estimates. The key partners—Haldimand War Memorial Hospital, West Haldimand General Hospital, Haldimand Family Health Team, Haldimand County (which also represents the core of the local Physician Recruitment & Retention Committee)—have met to review the options and discuss cost-sharing opportunities. All parties have identified a full-time recruitment coordinator, working as part of the GHHN, as the preferred option. That is the option recommended within the subject report. With respect to funding, the County’s three partners in this initiative have also indicated a commitment to share in the costs of the position. The amount the partners are able to commit cannot be determined until their budgets are considered in early 2024.

ANALYSIS:

Current Recruitment Program – Greater Hamilton Health Network

The full-time recruitment coordinator recommended as part of this report would work within the existing Greater Hamilton Health Network (GHHN) recruitment program. As a starting point, it is important to understand the genesis, evolution and current structure of that program.

In 2002, the City of Hamilton formed the Physician Recruitment and Retention (PR&R) Steering Committee to address the critical shortage of family physicians in Hamilton. In late 2004, the PR&R Steering Committee created the operational arm named “Hamilton Physicians” and hired the first physician recruitment specialist to develop and implement recruitment initiatives.

In the spring of 2023, the City of Hamilton’s PR&R Steering Committee agreed to move physician recruitment into the Greater Hamilton Health Network (GHHN) to increase the efficiency of program operations. Through this transfer the GHHN’s Physician Recruitment Program (program) was established.

The program (both through the City of Hamilton and now through the GHHN) has been largely successful, and since 2004 has helped support the recruitment of more than 300 permanent and 200 locum (temporary) family physicians to the Hamilton area. The program presently consists of one (1) full-time staff person who is the Director of Physician Recruitment (‘Director’). The Director currently oversees the day-to-day operations of the program, with support and oversight from the Executive Director of the GHHN. The Director position is funded by the City of Hamilton, local hospitals and the Hamilton Family Health Team (note: this is a similar funding partnership/structure being proposed in the subject report).

The Director—who is currently the only full-time staff person working within the program—runs all aspects the program with key focus on the following:

- **Succession Planning**

Details: staff connect with departing physicians directly to provide them with guidance and support throughout the process of retiring from practice. This includes gathering information from the physicians directly and drafting/posting advertisements on behalf of the practice. Advertisements are posted online (on a variety of platforms which have proven effective in securing family medicine coverage) and sent out to the program’s network of potential

candidates. Advertisements are also shared directly with potential candidates at various recruitment events.

Once an applicant expresses interest in a position, program staff collect their curriculum vitae (CV), conduct a background check (i.e. review their College of Physicians & Surgeons of Ontario profile and conduct an online search of the candidate) and connect with them directly to ensure that only the highest quality candidates are introduced to the practices. After the screening process is complete, suitable candidates are introduced to the practices directly for further discussion, given community tours, etc.

After a candidate has been selected by a practice, program staff work with both the candidate and the departing physician to review next steps and the processes that must be completed prior to transferring the practice to a new physician. This can include making connections with resources in the community as required (i.e. lawyers with experience in family medicine, sharing sample contracts or letters to patients, providing realtor information or gathering information on schooling/housing, etc.).

- Advertising for vacant clinic spaces/new physician capacity

Details: similar to the process of advertising for a departing physician, program staff connect with property owners/clinic managers directly and will typically tour the facilities of interest. Advertisements are drafted and included within an online posting listing available spaces in the area. Candidates are screened and connected directly to the property owners/clinic managers. Program staff also provides guidance and support (when necessary) for processes related to licensing and immigration for internationally trained candidates.

- Retention

Details: program staff supports the retention of family physicians through a number of methods including:

- Locum recruitment (securing coverage for leaves/absences or helping with patient volumes)
- Support in addressing practice challenges (connecting practices with available resources in the community to address any issues or challenges that they are experiencing in their practice)
- Supporting practice transitions (moving to group locations, securing practices with reduced overhead or additional space, etc.)

All of the above program benefits, supports, and practices would be equally extended to Haldimand County with the creation and funding of a full-time Physician Recruitment Coordinator which is described in the section that follows.

Proposed Position – Physician Recruitment Coordinator

The position recommended by staff (as well as the rest of the County's Physician Recruitment & Retention Committee representatives) is a full-time Physician Recruitment Coordinator (PRC). The PRC would provide supports to the Director of Physician Recruitment at the GHHN ('Director') for the entirety of the program (i.e. both Hamilton and Haldimand focuses). Key day-to-day duties are expected to include:

- connect with family physicians and family medicine residents to provide guidance and support on transitioning to the next stage of their career
- respond to requests from local family practices seeking permanent or temporary (locum) physician coverage. Support these practices through the creation and distribution of advertisements, pre-screening of potential candidates, and acting as a liaison between both parties throughout the recruitment process

- regularly follow-up with local practices and prospective physicians to ensure program records remain accurate and advertisements are up-to-date
- speak with prospective physicians via email, video and phone calls, and occasional in-person meetings to share information regarding available family medicine opportunities
- post various program updates online through the GHHN Physician Recruitment Program's various social media accounts. Provide support in completing regular website updates and maintaining online job postings (removing postings once positions have been filled, etc.)
- support the Director of Physician Recruitment in the preparation of conference and presentation materials
- occasionally co-present with the Director of Physician Recruitment on a variety of topics including next steps after residency and succession planning
- travel to 4-8 conferences per year to advertise for Family Medicine opportunities
- frequently provide support to the Director of Physician Recruitment on other projects/initiatives as they arise

The PRC would work under the daily guidance and supervision of the Director and would operate in a hybrid work environment – i.e. work-from-home arrangement with frequent requirement to work in office (alongside the Director) at the David Braley Health Sciences Centre in Hamilton. To be clear, this position would provide the above services for both Hamilton and Haldimand, while the Director would similarly be providing his services to both municipalities. The two persons would effectively form a team that runs the program for Hamilton and Haldimand.

In exchange for the funding of the PRC, all services currently provided to practices/family medicine clinics in Hamilton would be extended to Haldimand (i.e. the services described in the section above – succession planning, advertising vacant clinic spaces, retention). The Director would advertise equally for family medicine opportunities both within the City of Hamilton and Haldimand County. In this regard, program advertising materials (website, conference materials, etc.) would be updated to include Haldimand. Lastly, while the Physician Recruitment Program at the GHHN already attends a number of recruitment events each year, additional events geared towards more rural/small town recruitment would likely be added.

The proposed position, and the service provisions that would be received from the program, are considered suitable for a municipality which has a moderate level of recruitment need. Haldimand County is considered such a municipality given its current and anticipated state. Notwithstanding, a number of alternative position options were also developed by the Director and presented to County staff (and the PRRC) for consideration. Those positions are described in more detail in Attachment 1 but are summarized as follows:

- Part-time Physician Recruitment Coordinator (PRC) – the duties of the position would be similar to the full-time version described above. However, a part-time position would be difficult to recruit and would be less effective in supporting the program. For the limited difference in cost – approximately \$40,000 – and the (expected) diminished benefit/return on investment, this is not recommended.
- Full-time Physician Recruitment Specialist (PRS) – the duties of this position would differ from those of a coordinator in that it would be more of a lead role as opposed to a support role. While a PRS would benefit from access to the various resources and supports of the existing GHHN program, the position would operate somewhat independently with a focus solely on Haldimand. This is a more costly option and is one typically more suited to a municipality which has a high degree of both family medicine and specialist recruitment need. That level of need does not characterize Haldimand County and so it is not a recommended option.

- Part-time Physician Recruitment Specialist (PRS) – the duties of the position would be similar to the full-time version described in the bullet above. This position is not recommended for the same reasons as noted in the full-time PRS description.

Key Benefits

There are a variety of benefits that would be realized through the integration with the GHHN. Key amongst them are:

- Cost savings – recruitment events/booth costs

The GHHN Physician Recruitment Program attends numerous recruitment activities each year at the provincial, national, and international level. Booth fees for these events can be anywhere from \$15,000 - \$30,000 in a typical year (excluding travel and accommodations costs). Through collaboration, the GHHN and Haldimand can share in these costs to their mutual benefit.

- Advertising

Through collaboration, the costs of all marketing materials (conference materials, website costs, etc.) is shared. This alone could reduce operational costs by several thousand dollars each year.

- Pooling knowledge and resources

The Physician Recruitment Program at the GHHN (and its predecessor Hamilton Physicians) has established a large network of contacts within the family medicine community through years of advertising, attendance at family medicine events, and networking amongst local physicians and healthcare partners. The program also has a broad network of family medicine contacts (including potential candidates) that would be shared with Haldimand in the event of collaboration.

- Experience in physician recruitment

Program staff at the GHHN have a wealth of knowledge on a variety of topics related to physician recruitment including:

- events geared towards Family Medicine Recruitment (with leads tracked from each event)
- licensing and immigration requirements/processes for international recruits
- the processes associated with retiring and/or joining a family practice
- in depth knowledge of primary care payment models
- experience in delivering presentations on next steps after residency and succession planning
- knowledge of various public and private sector partners experienced in various aspects of family practice (lawyers, real estate agents, Ministry of Health contacts, etc.)

- Cross coverage/operational support

Through collaboration, both the GHHN's Physician Recruitment Program and Haldimand County would benefit from the staffing support that a team-based setting provides. Cross coverage would be available during staff absences and vacations, and shared booth space at some recruitment events allows for greater engagement with candidates at these events. The team would also be able to attend multiple overlapping events simultaneously when necessary.

Accountabilities

To ensure the County and its partners are properly represented within the Physician Recruitment Program, the following is being proposed:

- development and execution of service agreement between the GHHN and all partners that clearly defines roles and responsibilities, deliverables, reporting relationships, accountabilities and payment terms;

- delivery of detailed annual reports to County Council and the Boards of the partner institutions;
- quarterly meetings with, and provision of summary reports to, the County's Physician Recruitment & Retention Committee (note: the frequency would be subject to change if quarterly was determined to be excessive); and,
- a service contract of 3 years, with options to extend for an additional 3 years, pending Council approval, (in 1-year increments).

In addition to the above, the current performance tracking done by the Director would be completed for Haldimand County and would include the following metrics:

- total number of new recruits for Haldimand and Hamilton
 - separated by permanent and locum recruits
 - separated by municipality
 - separated by Haldimand community
- number of new physician contacts
 - tracking how many new/potential candidates the program has connected with within the past year (via email, phone calls, responses to job postings, etc.)
- physician coverage by sub-community
 - the program tracks current physician coverage and estimated family medicine shortages based on census population data and number of active physicians within each community
- number of recruitment conferences attended (leads from each event are tracked)

Next Steps & Managing Expectations

If Council supports the recommendation put forward in this report, staff would initiate the work with the Director of Physician Recruitment at the GHHN on the following:

- develop a detailed job description (for multi-year contract) and recruitment process for the Physician Recruitment Coordinator (PRC) position;
- develop a service agreement to govern roles, responsibilities, deliverables, reporting relationships, accountabilities and payment terms relative to the PRC.

The above would be formally rolled out upon receiving budget approval in late February 2024. As a final note, Council needs to be reminded that committing resources to this program does not guarantee results. While efforts such as those described in this report will certainly increase the odds of attracting physicians to the County, it is impossible to predict how quickly and/or how many could be expected. In terms of defining a reasonable measure of success, it is suggested that the attraction of two (2) to three (3) physicians over the span of the initial program (3 years) would qualify as such. While securing physicians would be the 'main' measure of success, other measures could include:

- supporting physicians with locums (i.e. temporarily covering a practice during extended periods of leave for vacations, sickness/treatment);
- getting to know the community businesses, and what options there are to support physician retention and recruitment (i.e. office space availability; incentives/supports such as spousal employment, housing);
- being part of/inputting into the larger visioning for the future of healthcare in Haldimand;
- supporting hospitals in emergency department and inpatient care.

FINANCIAL/LEGAL IMPLICATIONS:

The total upset cost estimate is \$123,000 per annum. This 'all in' budget amount would be allocated towards:

- program staffing costs (including pension and benefits)
- advertising (website, marketing materials, etc.)
- booth fees at various family medicine recruitment events (both national and international)
- travel expenses
- day-to-day operational expenses (I.T., website maintenance, office supplies, etc.)

As noted earlier in this report, the County's key partners in physician recruitment—two local hospitals and Family Health Team—have indicated a commitment to contributing funds to this initiative. At this time, the magnitude of that commitment is not known given the budgets of those organizations are still being developed and will not be presented to their respective boards until early 2024. Notwithstanding, it is anticipated that there will be off-setting funding for this initiative which would decrease the overall impact on the County's Tax Supported Operating Budget. It is expected that the committed amounts will be known prior to Council's consideration of the budget in late February 2024.

In terms of the mechanics of funding, it is expected that things would function similar to the current system. In particular, all funds would be provided by the County and its partners to the GHHN. The funds would be earmarked for physician recruitment activities/initiatives and would be held in a unique account that is managed by the Director of Physician Recruitment and the Executive Director of the GHHN.

STAKEHOLDER IMPACTS:

The members of the County's Physician Recruitment & Retention Committee (PRRC) have reviewed the various options and are in full agreement on the proposal in this report. The County's partners in the PRRC have made commitments to support the funding of the full-time position with amounts to be confirmed in the new year.

REPORT IMPACTS:

Agreement: No

By-law: No

Budget Amendment: No

Policy: No

REFERENCES:

None.

ATTACHMENTS:

1. Recruitment Options Comparison.