

PREPARATION TO START WORK

Ensuring success from the first day in a new community and practice requires pre-planning and a structured approach. Knowing what to expect, what is expected and who to connect with for assistance can make this transition significantly easier for the new physician.

Now that you have successfully recruited the new physician, getting prepared for him/her to start work is your first active step of retention. By actively preparing for the new physician, you will ensure that the practice is setup in a way that supports the new doctor in your community so he/she is able to start working and make an adequate income right from their first day of work. In the sections below, we've described some methods that are guaranteed to enhance your recruitment and retention efforts.

PROFESSIONAL

- **Provide information regarding what to expect in the office**
 - Having a quick conversation regarding what to expect on the first day in a new practice can go a long way to ensuring the new physician comes into the building feeling prepared and leaves it feeling satisfied. Consider providing information about when to arrive, parking, anticipated caseload, and anticipated contact with administrators or support staff etc.
- **Plan for integration of the new physician into the practice**
 - Ensure that the new physician has a clear understanding of what is expected. If certain hours of practice are essential, make this clear prior to the start date. Consider, as well, any other work expectations that might be assumed but not expressed. How could these be communicated clearly? Are there any specific training or clinical skills that need to be obtained prior to starting work?
- **Develop a Collaborative Practice Relationship**
 - It is important to create a Collaborative Practice Relationship and supporting agreement amongst the physician group that identifies how the group will make decisions, processes and ensure equity amongst allocation of patient roster, coverage and holiday schedule, financial contributions to clinic overhead costs etc.

- **How will the new physician get patients?**

- Will the new physician be assuming the practice of a departing physician or is the new physician filling a vacancy that other physicians or locums have been covering?
 - In either situation it is important to determine if there is an already existing roster of patients or whether the current physicians will need to adjust their own patient rosters to support the new physician.
 - If an adjustment is needed, work with all of the physicians in the practice to determine the most reasonable and equitable way to achieve this.
 - Advertise the arrival of the new physician in the newspaper, send the information to the hospital, pharmacies, community health centers, etc and explain how patients can be connected with the new physician and do this well in advance of the physician's start-date
 - For Specialists, arrange for a mail-out to all referring physician offices with details of how to make a referral
- Communication about the new physician is key!
 - Be sure to communicate information about the new physician to the patients who are currently attached to the departing physician. They will want to be reassured that they will receive consistent care from the new physician.
 - Post information about the new physician throughout your office indicating when the new physician is starting and that he/she is accepting new patients, or that a referral from their GP is required if it is a specialist practice.

- **When will the office begin booking/referring patients?**

- Be sure to involve your whole office in this process so that everyone understands the goal of having the new doctor booked with patients from their first day.
 - Set the date from which you will start booking/referring patients to the new doctor
 - Be clear about how full the new physician's schedule should be from day one. Do they want to be fully booked, or do they want a slower-paced introductory week to allow time for orientation to the practice and Interior Health facilities in the community?

- For Specialists, ask the physician how much time they need for a new consult and how much for a follow-up visit. For Family Physicians, ask the physician how much time they would like to have with each new patient and each type of visit.
- This should be determined in collaboration with the new physician
- o To maximize bookings, consider if there is a “best start date” for the new physician:
 - When one of the other physicians is on holidays or during a time when you would otherwise need to bring in a locum might be a good time to start – now you might not need that locum and it might be quieter in your office.
 - If you have a Resident in your office who might take some of the patients of the new physician, you might want to try to delay the start date by a couple of weeks.
- **Other relevant information**

Ensure you consider what other relevant information is required to practice in the area and share this information with the new physician:

- o Hospital hours of operation and services provided, phone number and location of medical equipment
- o Community health care supports and programs including those provided through partner organizations
- o Hospital or health center Administrator and Medical Leader’s names, roles and contact information

PERSONAL

A new physician’s first few weeks in a community can have a significant impact on their long term success and likelihood to stay. Ensuring a proper orientation to the practice and the community is essential.

- Prior to starting

What information would assist the new physician and his/her family in preparing for their move to your community?

- o Housing?
- o Schools?

- o Leisure time and activities?
- o Business and social contacts? (i.e.: accountant, lawyer, real estate agent, church)
- o Travel and transportation options?

Determining start date

Determining the most appropriate start date with the new physician will often involve a variety of professional and personal considerations such as:

- o When does the vacancy begin?
- o What is the desired start date based on clinical need?
- o Is this an appropriate expected start date based on the new physician's family situation and needs such as schools?
- o Is there flexibility with this start date?

CUSTOMIZED TO POSITION AND DOCTOR

The professional practice orientation and personal orientation to the community should have components that occur prior to the new physician's move and within their first two weeks of beginning work. Determine who will be the lead for the professional orientation and any questions as well as for the personal orientation to the community. Finding two people in the community who can act in the "professional mentor" and "personal mentor" roles to the new physician and his/her family can be highly effective to support the new family to settle into the community.

ORIENTATION

It is important to ensure that the new physician feels welcomed in his/her new community on a professional level from other physicians and staff, and also that the physician's whole family feels welcomed on a personal level within the community. This can result in the difference between a physician working in the community for 1 to 2 years or remaining there long-term.

PROFESSIONAL

- Make arrangements for the new physician to complete the required Hospital Orientation through the Chief of Staff's office
- Which service locations and facilities will the new physician require a tour of? Who can best provide this tour?
- Who should the new physician be introduced to? What information is required? (i.e.: specialties, interests etc.)
- Will referral patterns change and if so, who needs to be informed?
- When should introductions be made? Some will require an introduction prior to the new physician beginning his/her practice and others will be once they begin. Consider timing.
- Is it appropriate to host a welcome meeting/ event? Who should be included and what would be relevant to discuss? What special touches might make it more appealing to the new physician?

PERSONAL

- Personal introductions can add significant stability for a new physician coming to town. Consider key people in your community who may ease the tension for a new physician. (i.e.: lawyer, church leader, mayor, organizer of relevant clubs etc).
- Consider the key people whom the physician's family might appreciate being connected to (e.g. school, children's sports leagues, daycare etc.)
- Is there an opportunity to host a welcome event in the community for the whole family? Who should be included and what activities would be appropriate?
- Educate the community on how to treat the physician and his/her family as people, not as sources of medical information when they meet outside of the physician's practice.

International Medical Graduates often face many cultural and unique lifestyle challenges in their new community such as:

- How to bank in Canada
- How to get credit to buy necessities at the time of arrival (e.g. car) without having to wait until a credit record has been established in Canada.
- How to buy a car – do they need snow tires in Canada all year round?
- What are some of our Canadian customs for their children attending school

Excerpt from *Interior Health Guide to Successful Long-term Physician Recruitment and Retention*
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- How to use home appliances and home electronics
- What's a fishing license?
- What's a block heater? Where do they get one and how does it plug into the car?

Connecting the new physician and their spouse with an individual in their community who can help "mentor" the new family through these types of situations which immigrants may be embarrassed to ask about, can be quite rewarding in the long-run to support the new physician's whole family's adjustment to their new community.

The "Welcome Pack" is a useful resource for new immigrants to Canada and provides information about many of the above considerations. It is available at www.welcomemap.ca

Training for individuals who wish to improve their skills in welcoming and integrating new immigrants to their community and workplace is also available at www.welcomemat.ca

RETENTION

Physician recruitment can be a lengthy process but the reward is a successful recruitment. The challenge then becomes how to keep the physician engaged to achieve long term recruitment and retention.

By considering how you plan to actively retain your new recruits you will build a strong, cohesive team of physicians in your community. This will help you to recruit other new physicians because of the strong reputation of being a supportive community for physicians to live and work.

FACILITATE RELATIONSHIPS

You can help facilitate the establishment of good working relationships for the new physician with other physicians, staff and Interior Health.

- Most new physicians have been trained to work in a collaborative model where the doctor is one member of the team, and there is support available from other physicians and other types of inter-disciplinary health care providers. By facilitating this kind of relationship in your office and community, this can foster increased satisfaction from your new physician in the practice (see section on establishing a Collaborative Practice Relationship).

- Ensure that the new physician knows who the people are within Interior Health Administration and Medical Leadership and when to contact them.
- Encourage this relationship right from the start by introducing your new physician to the key stakeholders in Interior Health and your community as soon as he/she arrives.

LOCAL MENTORSHIP AND NETWORKING

In addition to the practice group, professional support can be achieved through a number of different ways such as:

- For those physicians working on Provisional Licensure a clinical supervisor is required by the College of Physicians and Surgeons of BC.
- Applying for Credentialing and Privileges with Interior Health to enable the physician to provide services at their local hospital facility, which will also provide the opportunity to interact with other physicians practicing in the region
- Connect the new physician with a mentor in your community to whom the new physician can ask day to day clinical questions such as local protocols, referral processes etc. This may be facilitated in conjunction with your local Division of Family Practice
- Continuing Medical Education (CME) events

Communities have great success when they partner a physician with long standing roots in the community with a physician who is newly arrived.

PERSONAL

When a physician and his/her family feel that they are a part of the community and their needs are being met both professionally and personally, it is much more likely that the family will stay attached to the community. Focusing on this personal attachment is worth all the time and energy spent to retain a local physician as a part of the medical community.