

January 17, 2025

**Re: Distribution and Implementation of Think Tank Report**

Dear Think Tank Attendees,

I hope this letter finds you well. We are writing to express our sincere gratitude for your invaluable contributions and active participation in the October Northern Health Think Tank. The collaborative effort displayed during our sessions was truly inspiring and has laid a strong foundation for the advancement of medical staff retention and recruitment strategies in our region.

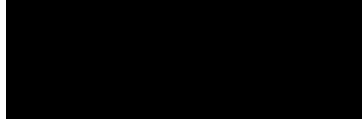
We are pleased to inform you that the Think Tank Report has been finalized and is now ready for dissemination. This report encapsulates the collective insights, innovative ideas, and strategic recommendations that emerged from our discussions. It is essential to emphasize that the Think Tank and the accompanying report are not solely Northern Health initiatives but rather a collective endeavor that represents the diverse perspectives and expertise of all attendees. We all have a responsibility to collectively implement the action items in the report.

We kindly request that you review the action items outlined in the Think Tank Report and consider what your organizations can plan and implement. Your proactive involvement and continued partnership are necessary for the success of this initiative. Furthermore, where possible, we encourage organizations to connect and work collaboratively on addressing the action items. By doing so, we can leverage our collective strengths and capabilities to achieve the ambitious goals set forth in the report.

In addition, we will be planning a follow-up meeting either late in 2025 or early 2026 to review the progress made and to address any challenges encountered during the implementation phase. This meeting will provide an opportunity for us to share updates, exchange feedback, and make any necessary adjustments to our approach. Your participation in this follow-up meeting will be highly valuable in ensuring the ongoing success and sustainability of our collaborative efforts.

Once again, thank you for your dedication and commitment to improving medical staff retention and recruitment in our region. We are confident that, together, we can make a significant and positive impact on the health and well-being of our communities. Should you have any questions or require further information, please do not hesitate to contact us. We eagerly anticipate our continued collaboration and look forward to seeing the tangible benefits of our combined efforts.

Yours sincerely,



Dr. Ronald Chapman  
Northern Health VP Medicine



Dr. Helene Smith  
Northern Health Medical Advisory  
Committee Chair

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# NORTHERN HEALTH THINK TANK 2024

*Event Summary Report*

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November 27, 2024

Pine Lake – Molly McRae, Northern Health

Report created by:  
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With many thanks to all participants for their invaluable contributions to  
Northern Health Think Tank 2024.

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## **Executive Summary**

In October 2024, the Northern Health Think Tank 2024 event, which included a survey and in-person discussions at the Fairmont hotel in Vancouver, British Columbia (BC), aimed to explore retention and recruitment of medical professionals working with Northern Health. Over two hundred municipal policy makers, collaborative clinical organizations, medical education and Indigenous health leaders took part in the event. After a full day of in-person brainstorming and group activities aimed at identifying key areas of improvement for the North, participants prioritized actionable items related to education strategies, return of service activities, data sharing, and community health tables. This report summarizes the results of the survey and in-person discussions. Northern Health will use the results of the Northern Health Think Tank 2024 event to inform future medical professional retention and recruitment programs and services.

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## **Introduction and Objectives**

Retention and recruitment are issues faced by many, if not all, businesses and companies regardless of industry at some point. However, data and anecdotal experience suggest healthcare is an industry that is currently struggling in BC<sup>1,2</sup>, and these struggles can be compounded for rural, remote, and Northern communities.<sup>3,4</sup>

Northern Health, as the providers of healthcare services to the Northern half of the province of British Columbia, face the compounding challenges related to both industry and location. For example, medical professionals, including students and locums, are more likely to select placements in the lower half of the province rather than the Northern Health region. In addition, Northern Health provides healthcare services to approximately 300,000 people across 600,000 square kilometres of land<sup>5</sup>, meaning there can be significant distances between services, facilities, and people; travel to access or to provide healthcare services, sometimes across unforgiving terrain and harsh conditions, is common in the North.

Challenges aside, there are also features of the North that may make it more attractive to medical professionals than large urban areas such as the lower mainland (e.g., cost of housing, access to unique research and leadership opportunities, and vast opportunities for outdoor enthusiasts).

Recognizing what works in the rest of the province might not work for the North, Northern Health established a policy of “in the North, for the North” for their programs and services. Collaborative discussions between administrative leadership, medical leadership, service providers, and community partners are the cornerstones of this policy, and think tanks are an example of how these collaborative discussions occur.

The Northern Health Think Tank 2024 held in October 2024 is a step forward in Northern Health’s response to addressing the unique medical professional retention and recruitment needs for Northern BC.

The goals for the Northern Health Think Tank 2024 event were to:

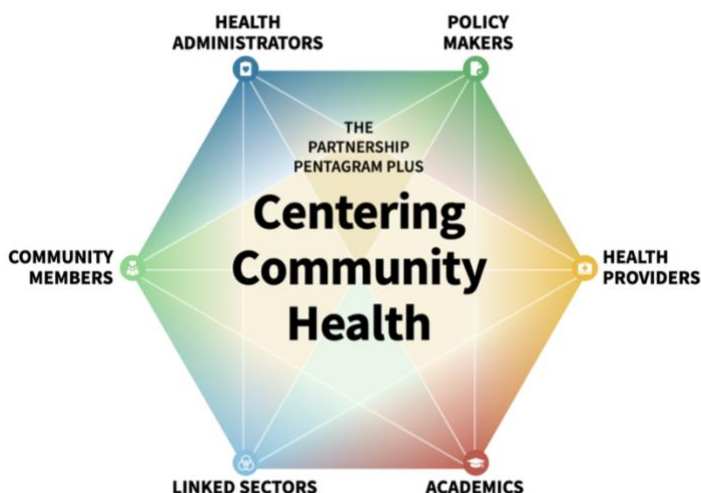
1. Explore potential solutions to address medical professional retention and recruitment.
2. Identify and prioritize action items to improve medical professional retention and recruitment in Northern BC.

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## Methods

Organizers used an adapted version of the World Health Organization’s Partnership Pentagram to ensure appropriate inclusion and social accountability<sup>6,7</sup> — shown in **Figure 1**. Potential participants were invited to take part in the Think Tank 2024 event via email, direct communication, and public announcements. A video invitation for the event was also created and shared (<https://youtu.be/yeZeHyMZVKE>).

**Figure 1.** Example of an Adapted Partnership Pentagram



An adapted version of the World Health Organization’s Partnership Pentagram by the Rural Coordination Centre of BC (RCCbc). Details and descriptions are available on their website: <https://rccbc.ca/about-us/our-story>.



Prior to the in-person discussions and to promote inclusion, key stakeholders and interested parties were invited to contribute their opinions on medical professional retention and recruitment in the North through a tool called Thought Exchange. Thought Exchange is an artificial intelligence (AI) survey software platform that collects, analyzes, and summarizes responses. Over two hundred ( $n = 216$ ) people responded to the Thought Exchange survey, which requested their ideas and innovations for retention and recruitment in Northern Health. The Thought Exchange questions and summary of the responses are provided in **Appendix A**.

In-person event participants ( $n = 44$ ) included policy makers, Northern Health medical and administrative leaders, and representation from medical professionals, educators, industry partners, and community members from across the Northern Health region.

As detailed in the agenda (see **Appendix B**), each day of the event started with a welcome, introductions, and land acknowledgement, with the second day including a traditional welcome by Elder Roberta Price.



*Attendees posing for a group picture during the in-person discussions for Northern Health Think Tank 2024 held in October at the Fairmont hotel in Vancouver, BC.*

The first day of the event was an evening meet and greet to allow attendees to introduce themselves, mingle with other participants, and learn about the process for the event. The second day of the event included a series of activities to explore the issue of retention and recruitment as follows:

### **Success Stories (Define and Discovery Split-group Discussions)**

After breaking into four mixed groups, ensuring diversity of positions with each group, participants were asked to share what is working well and what has worked well with retention and recruitment. Facilitators recorded the responses on flip charts. After approximately 40 minutes of discussion, each split-group shared their stories with the overall group.

### **Ideal State (Dream Snowball Activity)**

Starting off as a self-reflection activity, participants were asked to write on paper what successful retention and recruitment to the North looks like to them. After five minutes, they were paired up with another person to discuss and discover commonalities. This process repeated, pairing groups and doubling the group's size (i.e., 1, then 2, then 4, then 8, and then 16 participants per group), until everyone was placed into one of two large groups. Once completed, the groups shared their ideal state descriptions with the overall group.

### **Considerations (Design Fishbowl Discussion)**

After breaking into four mixed groups, participants were arranged in an outer circle around four chairs. One participant from each group sat in the middle of the fishbowl and provided their answer to the question: "When considering comprehensive retention and recruitment thinking of culture, values, and relationship, what do we need to wholly consider for vibrant communities?"

After discussion of their responses, four outer circle participants switched places with their respective group member in the middle chairs. This process continued until everyone had a chance to sit in the middle of the circle.

The results were shared and discussed with the group. Facilitators recorded the information on flip charts.

### **Actionable Items (Regional Group Voting)**

To determine retention and recruitment action items, participants were grouped based on their region (i.e., Northeast, Northern Interior, and Northwest). Each regional group was asked to create 2-3 action items, writing one per flip chart. Each participant was then given an equal number of stickers and asked to vote on priority actions by placing a sticker beside the items on the flip charts.

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## Data Collection and Reporting

In addition to the information provided on flip charts and notes taken by designated facilitators/note-takers, Thought Exchange was used for the pre-event survey and Otter AI software was used to transcribe and summarize the in-person discussion proceedings. Thought Exchange and Otter AI provided survey and in-person discussion summaries, including innovations, action items, and deep dives into specific topics.

The note-taker, Thought Exchange, and Otter AI summaries were then reviewed, consolidated, and compiled into this report.

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## Themes

Five overall discussion themes across all activities emerged from the Northern Health Think Tank 2024 (in order of relevance, as determined by Thought Exchange): community integration, administrative support, compensation and benefits, work-life balance, and professional development. These themes are outlined in **Figure 2**.

In addition to the five main themes, participants also noted the importance of ensuring both data-driven planning and long-term planning moving forward — including succession planning, predictive modelling, and addressing an ageing workforce.

According to the Thought Exchange summary, there was a slight difference in the organization and order of relevance for retention-specific innovations and activities. Retention-specific innovations and activities fell under the categories of (in order of relevance, as determined by Thought Exchange): community and family support, professional development and recognition, work-life balance and wellbeing, community engagement and integration, administrative and operational improvements, and financial incentives.

Thought Exchange survey summaries, theme rankings, and ratings, and Otter AI in-person discussion summaries and deep dives (i.e., for retention, recruitment, community partnership tables, and education and training) are provided in **Appendix A** and **Appendix C**, respectively.



**Figure 2. Northern Health Think Tank 2024 Themes<sup>a</sup>**

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Community Integration</p>	<ul style="list-style-type: none"> <li>• Crucial factor for both retention and recruitment.</li> <li>• A strong sense of belonging and community support may enhance the attractiveness of Northern Health.</li> <li>• Participants want to see a welcoming environment for new recruits and their families, including cultural and social activities to help new recruits feel at home and support for partner employment and social connections.</li> <li>• Improvements include community recruitment hosts, concierge services, housing and childcare support, health partner tables, and local community involvement in showcasing the area.</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Administrative Support</p>	<ul style="list-style-type: none"> <li>• Foundational to both retention and recruitment efforts.</li> <li>• Better administrative support may reduce moral distress and apathy among staff, which contribute to high turnover rates.</li> <li>• A critical area needing improvement with a need for clear roles, timely communication, accountability within the administration, better project management and support systems and tools, better access to billing and office management support, and more responsive leadership.</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Compensation and Benefits</p>	<ul style="list-style-type: none"> <li>• Compensation and benefits are essential for attracting and retaining medical staff.</li> <li>• Without competitive compensation, Northern Health will struggle to retain staff, especially when other regions offer better financial packages.</li> <li>• This includes competitive pay, additional benefits like dental and extended health, retention premiums that increase with years of service, loan forgiveness programs, flexible work arrangements, and financial incentives for those working in rural areas and for specific roles (e.g., midwives).</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Work-life Balance</p>	<ul style="list-style-type: none"> <li>• A recurring theme, with emphasized need for manageable workloads and adequate time off to reduce burnout and improve retention.</li> <li>• Suggestions included reducing call burdens, offering flexible work arrangements, ensuring access to fitness and wellness facilities, guaranteed vacation time, introducing sabbaticals, ensuring adequate coverage, providing recreational and cultural opportunities, and support for mental health and wellbeing for medical staff and their families.</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Professional Development</p>	<ul style="list-style-type: none"> <li>• Vital for both retention and recruitment.</li> <li>• Ongoing professional development may make Northern Health a more attractive place to work and help retain staff by keeping them engaged and up to date with the latest practices.</li> <li>• Suggestions included offering more training courses and a mentorship program, creating a Centre of Excellence, providing opportunities for continuous skill development, facilitating global exchanges, and better onboarding processes and support for new physicians.</li> </ul>

<sup>a</sup>Themes from the Northern Health Think Tank 2024 survey and in-person discussions provided by Otter AI and Thought Exchange (arranged in order of relevance according to Thought Exchange).

## Actionable Items

The Thought Exchange summary suggests the top three areas of actionable items that may significantly improve retention and recruitment in the North are community and family support, professional development and recognition, and financial incentives. The proposed changes hope to increase attractiveness of working in the North, improve retention, and decrease the likelihood of relocation.

The community and family support items (e.g., Red Carpet Welcome, support for spouse transition, and on-site childcare) aim to help physicians and their families feel welcomed and integrated into the community and ease the burden on working parents.

The professional development and recognition items (e.g., formal paid development program, outsourcing exit interviews, and recognition programs) aim to encourage continuous professional growth and satisfaction, provide insights to improve the work environment, and enhance job satisfaction and a sense of belonging.

The financial incentives items (e.g., retention bonuses every five years, increased rural retention premiums, and competitive compensation) aim to reward long-term commitment and encourage appropriate compensation that is reflective of working in rural areas.

It is important to note, however, that Northern Health may not be able to directly control all the proposed actionable items, or they may require significant resources (i.e., extensive collaborative efforts, time, and finances to enact, e.g., the financial incentives). Therefore, **Table 1** highlights examples of low-cost actionable items established during the Northern Health Think Tank 2024.

**Table 1.** Actionable Items with Minimal Financial Cost to Implement.<sup>a</sup>

Area	Actionable Item	Details
Community and Family Support	Red Carpet Welcome Program	<b>Action:</b> Organize volunteer-led airport pickups and community tours for new physicians and their families.
		<b>Responsible:</b> Community Relations Department
		<b>Steps:</b> <ol style="list-style-type: none"> <li>1. Recruit volunteers from the community.</li> <li>2. Develop a welcome package using existing resources and information.</li> </ol>

Area	Actionable Item	Details
		3. Coordinate with local businesses to offer discounts or special offers for new arrivals.
	Buddy System and Mentorship	<b>Action:</b> Establish a mentorship program where experienced physicians volunteer to mentor new recruits.
		<b>Responsible:</b> All the physician organizations
		<b>Steps:</b> <ol style="list-style-type: none"> <li>1. Identify and recruit experienced physicians willing to serve as mentors.</li> <li>2. Match new recruits with mentors based on specialty and interests.</li> <li>3. Schedule regular check-ins and social events to foster relationships.</li> </ol>
	Community Wrap-around	<b>Action:</b> Develop initiatives to make clinicians feel safe, valued, and part of the community.
		<b>Responsible:</b> Community Relations Department
<b>Steps:</b> <ol style="list-style-type: none"> <li>1. Organize community events and social gatherings.</li> <li>2. Create a support network for new physicians and their families.</li> <li>3. Encourage local businesses to offer special deals or discounts to healthcare workers.</li> </ol>		
Professional Development and Recognition	Recognition Programs	<b>Action:</b> Create a recognition program to celebrate the achievements and contributions of physicians.
		<b>Responsible:</b> All the physician organizations in the North
		<b>Steps:</b> <ol style="list-style-type: none"> <li>1. Develop criteria for recognizing achievements and contributions.</li> <li>2. Use existing communication channels (e.g., newsletters, social media) to publicize achievements.</li> <li>3. Plan low-cost recognition events, such as informal gatherings or award ceremonies.</li> </ol>
	<b>Action:</b> Outsource exit interviews to an independent body to promote safety and accuracy.	

Area	Actionable Item	Details
	Exit Interviews Outsourced	<p><b>Responsible:</b> Medical Affairs</p> <p><b>Steps:</b></p> <ol style="list-style-type: none"> <li>1. Identify and contract with an independent organization to conduct exit interviews.</li> <li>2. Develop a standardized exit interview process and questionnaire.</li> <li>3. Ensure that feedback from exit interviews is reviewed and acted upon.</li> </ol>
	Professional Development Opportunities	<p><b>Action:</b> Offer career development and CME credits based on physician interests.</p> <p><b>Responsible:</b> All the physician organizations</p> <p><b>Steps:</b></p> <ol style="list-style-type: none"> <li>1. Survey physicians to identify their professional development needs and interests.</li> <li>2. Develop a catalog of available courses and training programs.</li> <li>3. Allocate budget for CME credits and professional development activities.</li> </ol>
Work-life Balance and Well-being	Flexible Work Arrangements	<p><b>Action:</b> Allow a combination of in-person and virtual work to accommodate physicians living in different cities.</p> <p><b>Responsible:</b> Medical Affairs and RCCbc</p> <p><b>Steps:</b></p> <ol style="list-style-type: none"> <li>1. Develop policies and guidelines for flexible work arrangements.</li> <li>2. Communicate the availability of flexible work options to all physicians.</li> <li>3. Monitor and evaluate the effectiveness of flexible work arrangements.</li> </ol>
	Joy in Work Initiatives	<p><b>Action:</b> Adopt the IHI "Joy in Work" framework to support staff feeling safe, productive, and valued.</p> <p><b>Responsible:</b> Medical Affairs</p>

Area	Actionable Item	Details
		<p><b>Steps:</b></p> <ol style="list-style-type: none"> <li>1. Form a committee to explore and implement Joy in Work initiatives.</li> <li>2. Identify low-cost activities and programs that promote joy and wellbeing at work.</li> <li>3. Regularly assess the impact of these initiatives on staff morale and engagement.</li> </ol>
<p><b>Administrative and Operational Improvements</b></p>	<p>Streamlined Onboarding</p>	<p><b>Action:</b> Improve onboarding processes to be more straightforward and user-friendly.</p>
		<p><b>Responsible:</b> All physician organizations</p>
		<p><b>Steps:</b></p> <ol style="list-style-type: none"> <li>1. Review and streamline existing onboarding processes.</li> <li>2. Develop clear and concise onboarding materials.</li> <li>3. Assign onboarding buddies to new recruits to help them navigate the process.</li> </ol>
	<p>Transparent Communication</p>	<p><b>Action:</b> Ensure regular and transparent communication with all stakeholders.</p>
		<p><b>Responsible:</b> Communications Department</p>
		<p><b>Steps:</b></p> <ol style="list-style-type: none"> <li>1. Establish regular communication channels (e.g., newsletters, town hall meetings).</li> <li>2. Provide updates on organizational changes, initiatives, and achievements.</li> <li>3. Encourage open and honest feedback from staff.</li> </ol>
<p>Improved Leadership</p>	<p><b>Action:</b> Focus on compassionate, respectful, and flexible leadership to create a positive work environment.</p>	
	<p><b>Responsible:</b> All physician organizations</p>	
	<p><b>Steps:</b></p> <ol style="list-style-type: none"> <li>1. Provide leadership training and development opportunities.</li> <li>2. Encourage leaders to engage with staff and address their concerns.</li> <li>3. Foster a culture of respect, collaboration, and support.</li> </ol>	

<sup>a</sup>Suggestions provided by Thought Exchange.

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## Voting Results

During the final activity of the Northern Health Think Tank 2024 in-person discussions, participants were asked to vote on the actionable items they deemed a priority moving forward. The top four categories, accounting for the majority of the 322 votes, were:

### 1) Education Strategies (65 votes)

- Intentional reach-out at all levels [i.e., junior and high school, premed (using the Selkirk model), medical school, and residency] and advocacy for change in the selections process.

### 2) Return of Service (46 votes)

- Funded medical school and residency positions (e.g., military) and dedicated specialist return of service positions.

### 3) Data Sharing on Health Care Resources with Local Leaders (42 votes)

- Activities related to data collection, community specific data, using data to drive policy and funding, and predictive modelling (e.g., future healthcare provider needs in rural and northern communities).

### 4) Community Table (38 votes)

(with relevant stakeholders to develop local retention and recruitment strategies.)

- With a landing coordinator and recruitment coordinator.
- For example, create or participate in a community partnership table for the Rural Voices gathering in November.

The other actionable items included scheduled check-ins by people who can help implement/advocate change (37 votes), a refreshed retention and recruitment strategy with broad consultation and engagement (30 votes), a focussed community retention and recruitment table in every community with all partners (27 votes), Stay Conversations/Interviews (17 votes), committing to engaging with local partnership structure (11 votes), and a Regional Northern meeting (9 votes).

The full results of the actionable items voting activity are provided in **Appendix D**.



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## Conclusion and Next Steps

The Northern Health Think Tank 2024 marks a step forward in improving retention and recruitment of medical professionals in Northern BC. By opening the event to and engaging with a broad spectrum of participants, Northern Health opened the door to further discussions and action planning with a clearer understanding of the hopes, needs, and expectations across the North.

This report will be shared with event participants and used to foster discussions with key stakeholders. The actionable items identified during this event will act as a foundation for future retention and recruitment discussions, activities, and projects.

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## References

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7. 7 Our Story: Overview of the Partnership Pentagonam Plus (PPP). Rural Coordination Centre of BC. Accessed November 20, 2024. <https://rccbc.ca/about-us/our-story/>

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## Appendix A – Thought Exchange Survey

### Part I: Questions Asked in the Survey

Main question:

From your experiences, what ideas and innovations have you come up with or do you have for vibrant retention and recruitment in Northern Health?

Demographic/participant questions:

- 1) What community are you from?
- 2) What is your Role?"
  - a) Actively Practicing Physician
  - b) Health Administrator
  - c) Community Member
  - d) Other

### Part II: Thought Exchange Results and Summaries

*\*\* The following information presents the results and summaries as provided by Thought Exchange. Minor editing and formatting changes may have been made to make the information more relevant to Northern Health (e.g., recommended departments, etc.) and/or easier to read. \*\**

**216 participants** (301 thoughts and 4785 ratings; results link: <https://tejoin.com/scroll/862985700>)

#### **A Quick Overview of the Main Thoughts**

To enhance vibrant retention and recruitment in Northern Health, respondents suggested promoting engagement in outdoor activities, supporting physician partners in finding employment, and ensuring clear administrative roles with accountability. They emphasized the importance of locum opportunities, collaboration with indigenous communities, and providing fitness facilities and food for medical staff. Other ideas included a recruitment concierge, project management tools, corporate memberships for activities, and additional CPRSP contributions. Improving EMR systems, addressing administrative barriers, and offering childcare were also highlighted. Respondents stressed the need for competitive compensation, community integration, and support for physicians' families, alongside fostering a respectful and supportive workplace culture.

## **Common Ground and Differences**

### **Outdoor Activities vs. Admin Support Side A**

#### **Outdoor Activities**

Promoting engagement in outdoor activities through corporate passes and loan lockers for outdoor equipment can attract individuals who are drawn to the outdoor lifestyle. This approach leverages the natural environment of Northern Health to create a unique value proposition for potential recruits.

#### **Common ground**

#### **Community Integration**

Both sides agree on the importance of community integration for retention and recruitment. Whether through outdoor activities or administrative support, creating a welcoming and supportive community environment is essential. This includes social events, buddy systems, and collaboration with local stakeholders to make new recruits feel valued and integrated. Side B

#### **Administrative Support**

Clear administrative roles, timely communication, and accountability are crucial for retention. Poor patient outcomes and moral distress due to lack of responsiveness from administration lead to staff leaving. Improving administrative support and project management tools can enhance efficiency and reduce cognitive burden.

## **Summary of Highest and Lowest Rated Thoughts**

Overviews generated from highest rated thoughts and lowest rated thoughts

### **Highest rated thoughts**

To enhance retention and recruitment in Northern Health, respondents suggest fostering a welcoming and supportive medical culture, offering financial incentives, and increasing rural retention premiums. They emphasize the importance of involving physicians in decision-making, providing daycare and childcare, and ensuring competitive compensation. Transparency, meaningful engagement, and addressing physician burnout are crucial. Community integration, seamless recruitment processes, and support for physician families are also highlighted. Respondents call for better leadership, respect, and support for current staff, along with innovative childcare solutions and equitable pay for local and locum doctors.

## **Lowest rated thoughts**

Suggestions for vibrant retention and recruitment in Northern Health include providing branded items like coffee mugs to locums to foster positive memories of the community, establishing walk-in primary care clinics to alleviate ER and acute care burdens, and considering the quadruple aim to ensure stakeholder engagement and transparency. One respondent believes the current plan is adequate but highlights that community issues, such as inadequate schools, drive families away.

## **Categories**

Top themes ordered by relevance:

### **1 Community Integration**

Community integration emerged as a crucial factor for both recruitment and retention. Participants emphasized the importance of creating a welcoming environment for new recruits and their families, including support for partner employment and social connections. Suggestions included community recruitment hosts, concierge services, and local community involvement in showcasing the area. The perception is that a strong sense of belonging and community support can significantly enhance the attractiveness of Northern Health. This category also highlighted the need for cultural and social activities to help new recruits feel at home.

### **2 Administrative Support**

Administrative support was frequently mentioned as a critical area needing improvement. Participants called for clear roles, timely communication, and accountability within the administration. There were also calls for better project management tools and more responsive leadership. The perception is that poor administrative support leads to moral distress and apathy among staff, contributing to high turnover rates. Effective administrative support is seen as foundational to both recruitment and retention efforts.

### **3 Compensation and Benefits**

Compensation and benefits were highlighted as essential for attracting and retaining medical staff. Participants suggested competitive pay, additional benefits like dental and extended health, and retention premiums that increase with years of service. There were also calls for financial incentives for those working in rural areas and for specific roles like midwives. The perception is that without

competitive compensation, Northern Health will struggle to retain staff, especially when other regions offer better financial packages.

#### **4 Work-Life Balance**

Work-life balance was a recurring theme, with participants emphasizing the need for manageable workloads and adequate time off. Suggestions included reducing call burdens, offering flexible work arrangements, and ensuring access to fitness and wellness facilities. The perception is that burnout is a significant issue, and improving work-life balance could help retain staff. Participants also mentioned the importance of guaranteed vacation time and support for mental health and wellbeing.

#### **5 Professional Development**

Professional development opportunities were seen as vital for both recruitment and retention. Participants suggested offering more training courses, creating a Centre of Excellence, and providing opportunities for continuous skill development. There were also calls for better onboarding processes and support for new physicians. The perception is that ongoing professional development can make Northern Health a more attractive place to work and help retain staff by keeping them engaged and up-to-date with the latest practices.

### **Innovative ideas and suggestions from the participants' responses that aim to improve physician retention in Northern Health\*:**

#### **1) Community and Family Support**

##### **a) Support for Spouse Transition**

- i) Description: Help spouses find employment and integrate into the community.
- ii) Rating: 4.1

##### **b) Buddy System and Mentorship**

- i) Description: Introduce new recruits to a dedicated buddy or mentor with scheduled welcome lunches or dinners and ongoing check-ins.
- ii) Rating: 3.8

c) Community Wrap Around

- i) Description: Keep clinicians feeling safe, valued, and part of the community.
- ii) Rating: 3.5

d) Red Carpet Welcome Program

- i) Description: Airport welcome, support for community integration, housing, schools, partner employment, and activities.
  - ii) Rating: 3.3
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## 2) Professional Development and Recognition

a) Exit Interviews Outsourced

- i) Description: Outsource exit interviews to an independent body to promote safety and accuracy.
- ii) Rating: 3.8

b) Formal Paid Development Program

- i) Description: Based on physician interests, offering career development and CME credits.
- ii) Rating: 3.4

c) Recognition Programs

- i) Description: Celebrate accomplishments for new hires and long-term practitioners to show value.
  - ii) Rating: 3.3
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## 3) Work-Life Balance and Wellbeing

a) Onsite Childcare

- i) Description: Provide 24-hour onsite childcare at hospitals to support working parents.
- ii) Rating: 3.8

b) Joy in Work Initiatives

- i) Description: Adopt the IHI "Joy in Work" framework to support staff feeling safe, productive, and valued.
- ii) Rating: 3.8

c) Flexible Work Arrangements

- i) Description: Allow a combination of in-person and virtual work to accommodate physicians living in different cities.
  - ii) Rating: 3.7
- 

## 4) Community Engagement and Integration

a) Community Partnerships



- i) Description: Engage local businesses and organizations to support new physicians and their families.
- ii) Rating: 3.9
- b) Monthly Social Activities
  - i) Description: Facilitate support groups and social activities for physicians to connect and build collegiality.
  - ii) Rating: 3.3

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## 5) Administrative and Operational Improvements

- a) Improved Leadership
  - i) Description: Focus on compassionate, respectful, and flexible leadership to create a positive work environment.
  - ii) Rating: 4.0
- b) Streamlined Onboarding
  - i) Description: Improve onboarding processes to be more straightforward and user-friendly.
  - ii) Rating: 3.9
- c) Transparent Communication
  - i) Description: Ensure regular and transparent communication with all stakeholders.
  - ii) Rating: 3.9

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## 6) Financial Incentives

- a) Retention Bonuses
  - i) Description: Provide financial incentives to stay in remote communities every 5 years.
  - ii) Rating: 3.9
- b) Increased Rural Retention Premiums
  - i) Description: Scale up retention premiums based on years of service in the community.
  - ii) Rating: 3.9

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\* Items within each category were rearranged to show them in order of highest to lowest rating.

These innovative ideas focus on creating a supportive and engaging environment for physicians, addressing both professional and personal needs to improve retention in Northern Health.

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## Actionable items derived from the innovative ideas and suggestions to improve physician retention in Northern Health:

(Note: items within this list were colour coded to highlight timelines and rearranged in order of increasing timelines. Red = Immediate / Ongoing, Orange = 3 months, Yellow = 6+ months.)

### 1) Community and Family Support

#### a) Red Carpet Welcome Program

- i) Action: Organize volunteer-led airport pickups and community tours for new physicians and their families.
- ii) Responsible: Community Relations Department
- iii) Timeline: Immediate

#### b) Community Wrap Around

- i) Action: Develop initiatives to make clinicians feel safe, valued, and part of the community.
- ii) Responsible: Community Relations Department
- iii) Timeline: Ongoing

#### c) Buddy System and Mentorship

- i) Action: Establish a mentorship program where experienced physicians volunteer to mentor new recruits.
- ii) Responsible: HR Department / All physician organizations
- iii) Timeline: 3 months

#### d) Support for Spouse Transition

- i) Action: Create a network of local businesses and organizations willing to help spouses find employment opportunities.
- ii) Responsible: Community Relations Department
- iii) Timeline: 3 months

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### 2) Professional Development and Recognition

#### a) Exit Interviews Outsourced

- i) Action: Outsource exit interviews to an independent body to promote safety and accuracy.
- ii) Responsible: HR Department / Medical Affairs
- iii) Timeline: Immediate

b) Recognition Programs

- i) Action: Create a recognition program to celebrate the achievements and contributions of physicians.
- ii) Responsible: HR Department / All the physician organizations in the North
- iii) **Timeline: 3 months**

c) Formal Paid Development Program

- i) Action: Offer career development and CME credits based on physician interests.
- ii) Responsible: HR Department / All the physician organizations
- iii) **Timeline: 6 months**

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**3) Work-Life Balance and Wellbeing**

a) Flexible Work Arrangements

- i) Action: Allow a combination of in-person and virtual work to accommodate physicians living in different cities.
- ii) Responsible: HR Department / Medical Affairs and RCCbc
- iii) **Timeline: 3 months**

b) Onsite Childcare

- i) Action: Provide 24-hour onsite childcare at hospitals to support working parents.
- ii) Responsible: Facilities Management
- iii) **Timeline: 6 months**

c) Joy in Work Initiatives

- i) Action: Adopt the IHI "Joy in Work" framework to support staff feeling safe, productive, and valued.
- ii) Responsible: HR and Quality Improvement Departments / Medical Affairs
- iii) **Timeline: 6 months**

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**4) Community Engagement and Integration**

a) Monthly Social Activities

- i) Action: Facilitate support groups and social activities for physicians to connect and build collegiality.
- ii) Responsible: Community Relations Department
- iii) **Timeline: Ongoing**

b) Community Partnerships

- i) Action: Engage local businesses and organizations to support new physicians and their families.

ii) Responsible: Community Relations Department

iii) Timeline: 3 months

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## 5) Administrative and Operational Improvements

### a) Transparent Communication

i) Action: Ensure regular and transparent communication with all stakeholders.

ii) Responsible: Communications Department

iii) Timeline: Immediate

### b) Improved Leadership

i) Action: Focus on compassionate, respectful, and flexible leadership to create a positive work environment.

ii) Responsible: Senior Management / All physician organizations

iii) Timeline: Ongoing

### c) Streamlined Onboarding

i) Action: Improve onboarding processes to be more straightforward and user-friendly.

ii) Responsible: HR Department

iii) Timeline: 3 months

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## 6) Financial Incentives

### a) Retention Bonuses

i) Action: Provide financial incentives to stay in remote communities every 5 years.

ii) Responsible: Finance Department

iii) Timeline: 6 months

### b) Increased Rural Retention Premiums

i) Action: Scale up retention premiums based on years of service in the community.

ii) Responsible: Finance Department

iii) Timeline: 6 months

By implementing these action items, Northern Health can create a more supportive and engaging environment for physicians, addressing both professional and personal needs to improve retention

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**Based on the participants' responses, the top three areas that will significantly increase physician retention and recruitment in Northern Health in BC are\*:**

**1) Community and Family Support**

a) Support for Spouse Transition

- i) Description: Assist spouses in finding employment and integrating into the community.
- ii) Impact: Addressing the needs of the physician's family can reduce the likelihood of relocation due to family dissatisfaction.
- iii) Rating: 4.1

b) Onsite Childcare

- i) Description: Provide 24-hour onsite childcare at hospitals to support working parents.
- ii) Impact: Eases the burden on working parents, making it more feasible for them to stay in the community.
- iii) Rating: 3.8

c) Red Carpet Welcome Program

- i) Description: Organize airport pickups, community tours, and support for housing, schools, partner employment, and activities.
- ii) Impact: Helps new physicians and their families feel welcomed and integrated into the community, which can significantly improve retention.
- iii) Rating: 3.3

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**2) Professional Development and Recognition**

a) Exit Interviews Outsourced

- i) Description: Outsource exit interviews to an independent body to promote safety and accuracy.
- ii) Impact: Provides honest feedback and actionable insights to improve the work environment.
- iii) Rating: 3.8

b) Formal Paid Development Program

- i) Description: Offer career development and CME credits based on physician interests.
- ii) Impact: Encourages continuous professional growth and satisfaction, which can improve retention.
- iii) Rating: 3.4

c) Recognition Programs

- i) Description: Celebrate accomplishments for new hires and long-term practitioners to show value.
- ii) Impact: Enhances job satisfaction and a sense of belonging, which can improve retention.
- iii) Rating: 3.3

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### 3) Financial Incentives

#### a) Competitive Compensation

- i) Description: Ensure compensation is competitive and reflective of the challenges of working in rural areas.
- ii) Impact: Attracts new recruits and retains current staff by making the financial package more appealing.
- iii) Rating: 4.2

#### b) Retention Bonuses

- i) Description: Provide financial incentives to stay in remote communities every 5 years.
- ii) Impact: Offers a tangible reward for long-term commitment, making it financially attractive to stay.
- iii) Rating: 3.9

#### c) Increased Rural Retention Premiums

- i) Description: Scale up retention premiums based on years of service in the community.
- ii) Impact: Encourages long-term retention by increasing financial benefits over time.
- iii) Rating: 3.9

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\* Items within each category were rearranged to show them in order of highest to lowest rating.

### Summary

Focusing on Community and Family Support, Professional Development and Recognition, and Financial Incentives will create a more supportive, engaging, and financially attractive environment for physicians. These areas address both personal and professional needs, making Northern Health a more desirable place to work and live.

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## Actionable items that can be implemented with little or no financial cost to improve physician retention and recruitment in Northern Health:

### 1) Community and Family Support

#### a) Red Carpet Welcome Program

- i) Action: Organize volunteer-led airport pickups and community tours for new physicians and their families.
- ii) Responsible: Community Relations Department
- iii) Steps:
  - (1) Recruit volunteers from the community.
  - (2) Develop a welcome package using existing resources and information.
  - (3) Coordinate with local businesses to offer discounts or special offers for new arrivals.

#### b) Buddy System and Mentorship

- i) Action: Establish a mentorship program where experienced physicians volunteer to mentor new recruits.
- ii) Responsible: HR Department / All the physician organizations
- iii) Steps:
  - (1) Identify and recruit experienced physicians willing to serve as mentors.
  - (2) Match new recruits with mentors based on specialty and interests.
  - (3) Schedule regular check-ins and social events to foster relationships.

#### c) Community Wrap Around

- i) Action: Develop initiatives to make clinicians feel safe, valued, and part of the community.
- ii) Responsible: Community Relations Department
- iii) Steps:
  - (1) Organize community events and social gatherings.
  - (2) Create a support network for new physicians and their families.
  - (3) Encourage local businesses to offer special deals or discounts to healthcare workers.

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### 2) Professional Development and Recognition

#### a) Recognition Programs

- i) Action: Create a recognition program to celebrate the achievements and contributions of physicians.
- ii) Responsible: HR Department / All the physician organizations in the North
- iii) Steps:

- (1) Develop criteria for recognizing achievements and contributions.
- (2) Use existing communication channels (e.g., newsletters, social media) to publicize achievements.
- (3) Plan low-cost recognition events, such as informal gatherings or award ceremonies.

b) Exit Interviews Outsourced

- i) Action: Outsource exit interviews to an independent body to promote safety and accuracy.
- ii) Responsible: HR Department / Medical Affairs
- iii) Steps:
  - (1) Identify and contract with an independent organization to conduct exit interviews.
  - (2) Develop a standardized exit interview process and questionnaire.
  - (3) Ensure that feedback from exit interviews is reviewed and acted upon.

c) Professional Development Opportunities

- i) Action: Offer career development and CME credits based on physician interests.
- ii) Responsible: HR Department / All the physician organizations
- iii) Steps:
  - (1) Survey physicians to identify their professional development needs and interests.
  - (2) Develop a catalog of available courses and training programs.
  - (3) Allocate budget for CME credits and professional development activities.

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### 3) **Work-Life Balance and Wellbeing**

a) Flexible Work Arrangements

- i) Action: Allow a combination of in-person and virtual work to accommodate physicians living in different cities.
- ii) Responsible: HR Department / Medical Affairs and RCCbc
- iii) Steps:
  - (1) Develop policies and guidelines for flexible work arrangements.
  - (2) Communicate the availability of flexible work options to all physicians.
  - (3) Monitor and evaluate the effectiveness of flexible work arrangements.

b) Joy in Work Initiatives

- i) Action: Adopt the IHI "Joy in Work" framework to support staff feeling safe, productive, and valued.
- ii) Responsible: HR and Quality Improvement Departments / Medical Affairs
- iii) Steps:
  - (1) Form a committee to explore and implement Joy in Work initiatives.

- (2) Identify low-cost activities and programs that promote joy and wellbeing at work.
  - (3) Regularly assess the impact of these initiatives on staff morale and engagement.
- 

#### **4) Administrative and Operational Improvements**

##### **a) Streamlined Onboarding**

- i) Action: Improve onboarding processes to be more straightforward and user-friendly.
- ii) Responsible: HR Department / All physician organizations
- iii) Steps:
  - (1) Review and streamline existing onboarding processes.
  - (2) Develop clear and concise onboarding materials.
  - (3) Assign onboarding buddies to new recruits to help them navigate the process.

##### **b) Transparent Communication**

- i) Action: Ensure regular and transparent communication with all stakeholders.
- ii) Responsible: Communications Department
- iii) Steps:
  - (1) Establish regular communication channels (e.g., newsletters, town hall meetings).
  - (2) Provide updates on organizational changes, initiatives, and achievements.
  - (3) Encourage open and honest feedback from staff.

##### **c) Improved Leadership**

- i) Action: Focus on compassionate, respectful, and flexible leadership to create a positive work environment.
- ii) Responsible: Senior Management / All physician organizations
- iii) Steps:
  - (1) Provide leadership training and development opportunities.
  - (2) Encourage leaders to engage with staff and address their concerns.
  - (3) Foster a culture of respect, collaboration, and support.

#### **Summary**

By implementing these low-cost action items, Northern Health can create a more supportive, engaging, and financially attractive environment for physicians. These steps address both personal and professional needs, making Northern Health a more desirable place to work and live.

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## Appendix B – Northern Health Think Tank 2024 In-Person Discussions Agenda

### ORGANIZERS AGENDA - DRAFT

Sunday, October 27, 2024 - 6:00pm-9:00pm

Time	Item	Lead	Item	Details
6:00pm	Mingle & Networking		<ul style="list-style-type: none"> <li>Participant check-in, collect name tags with breakout details and playing card.</li> <li>Dinner and Networking.</li> </ul>	Need Registration table and lanyard name tags.
6:30pm	Dinner			Buffet Dinner
6:50pm	Welcome	Ronald & Helene	<ul style="list-style-type: none"> <li>Welcome</li> <li>Land Acknowledgement</li> <li>Introduce Facilitators</li> </ul>	Welcome and Introduce facilitators Small Bio for facilitators
7:00pm	Setting the stage	Dave, Alan	<ul style="list-style-type: none"> <li>Begin reflective process to support seeds of optimism</li> <li>Guiding Principles for the meeting</li> </ul>	Guiding Principles for the meeting – everyone can speak, no idea is a bad idea, ideas are owned by the room...not one group in particular.
7:15pm	Human Being / Human Doing	Dave, Alan	<ul style="list-style-type: none"> <li>Playing cards match up</li> </ul>	Each participant has a playing card in lanyard and need to find another attendee with matching card. From there greetings and gratitude. Each pair introduce the other to room with microphone passed (approx. 30sec/participant)

				Need 2 decks blue cards and 2 decks red cards.
<b>8:15pm</b>	Define / Discover	Dave & Alan	<ul style="list-style-type: none"> <li>• Begin Define &amp; Discover</li> </ul>	Principle Themes of Thought Exchange
<b>8:45pm</b>	Adjourn for Evening	Dave & Alan		

Monday, October 28, 2024 -7:00am-3:30pm

Time	Item	Lead	Item	Details
7:00am	Breakfast		<ul style="list-style-type: none"> <li>• Settle in for day</li> </ul>	Room set up banquet style with tables and chairs
7:50am	Welcome	Helene & Ronald	<ul style="list-style-type: none"> <li>• Welcome</li> <li>• Introduce Facilitators</li> </ul>	Define current state and why the Think Tank
		Alan & Dave	<ul style="list-style-type: none"> <li>• Introduce Elder</li> </ul>	
8:00am	Traditional Welcome	Elder Roberta Price		See bio
8:30am	Welcome & Recap	Alan & Dave	<ul style="list-style-type: none"> <li>• Guiding Principles</li> <li>• Ground Define</li> </ul>	Reiterate Guiding Principles High level of Thought Exchange overview
8:45am	Define / Discover cont...  (Success stories)	Alan & Dave	<ul style="list-style-type: none"> <li>• Break out into 4 mixed groups (approx.40min)</li> <li>• Group share (approx. 20 min)</li> </ul>	<p><i>Share stories of success – what is working well and/or what has worked well with Recruitment and Retention.</i></p> <p>Need 4 Table facilitators – Leslie, Carrera, Alan, David.</p> <p>Capture on flip charts around the room – Leslie and Carrera</p>

9:45am	Break			
10:00am	Dream  (Ideal State)	Alan & Dave	<ul style="list-style-type: none"> <li>• Snowball activity: <ul style="list-style-type: none"> <li>○ Individual (approx. 5min)</li> <li>○ 2 (approx. 5min)</li> <li>○ 4 (approx. 10 min)</li> <li>○ 8 (approx. 15 min)</li> <li>○ 16 (approx. 20 min)</li> <li>○ Group share (approx. 20min)</li> </ul> </li> </ul>	<p><i>What does successful recruitment and retention look like for the North?</i></p> <p>Piece of paper individually think about individually. Then snowball. Discovering the commonalities.</p>
11:15am	Lunch			
12:15pm	Design  (Considerations)	Alan & Dave	<ul style="list-style-type: none"> <li>• Break out into 4 mixed groups (approx.45min)</li> </ul>	<p><i>When considering comprehensive retention and recruitment thinking of culture, values and relationships what do we need to wholly consider for vibrant communities.</i></p> <p>1 per group sit in fishbowl. 4 chairs in middle.</p>
1:00pm	Design cont..	Alan & Dave	<ul style="list-style-type: none"> <li>• Fishbowl</li> </ul>	<p>Share back and discussion around design. Leslie and Carrera to capture on flipcharts.</p> <p>Flipchart – Carrera and Leslie</p>
1:30pm	Break			
1:45pm	Deliver  (Actionable items)	Alan & Dave	<ul style="list-style-type: none"> <li>• Break into regional groups (approx.50min)</li> </ul>	<p>Dependent on numbers in each peer group. Each group come up with 2-3 action items and write 1 per flipchart.</p>

			<ul style="list-style-type: none"> <li>Individually select priority actions (approx.20min)</li> </ul>	Each participant receives 15 stickers to vote on priority action.
2:55pm	Wrap-up & Reflections	Helene & Ronald	<ul style="list-style-type: none"> <li>Wrap-up &amp; next steps</li> </ul>	
3:30pm	Day adjourns			

### A Vision for the North

In the vast expanse of our northern land,  
A dream takes shape, a guiding hand.  
To build a healthcare system that can thrive,  
Where providers and patients alike can strive.

Seamless recruitment, a welcoming embrace,  
Offering support at every pace.  
Flexible models, tailored to each need,  
Empowering providers to succeed.

Sabbaticals and exchanges, a chance to grow,  
Sharing knowledge, letting creativity flow.  
Collaborative teams, a culture that cares,  
Nurturing talent, reducing burnout's snares.

Data-driven insights, a roadmap to guide,  
Community partnerships, a steady tide.  
Integrated services, virtual and in-person,  
Bringing care to all, a dream to disperse.

Transportation links, a lifeline to all,  
Connecting the north, standing tall.  
A collective vision, a future so bright,  
Delivering healthcare with all of our might.

In this northern realm, we dare to dream,  
A healthcare oasis, where all can gleam.  
A dream of balance, of support, and of pride,  
Shaping a future where all can reside.



### **Key themes discussed included:**

1. **Retention strategies:** Proposals for retention bonuses, sabbaticals, and non-monetary recognition to keep healthcare professionals in rural areas (Think Tank Considerations Activity). Participants suggested implementing sabbaticals and exchanges with Australia to support retention and professional growth (Think Tank Success Stories Activity).
2. **Community integration:** Emphasis on involving local communities in recruitment efforts and creating support systems for new healthcare professionals and their families. This included discussions on childcare access, spousal employment, and community engagement events like "Rock with Your Doc" (Think Tank Success Stories Activity).
3. **Training and education:** Proposals for early exposure to healthcare careers, support for local students, and specialized training programs for rural practice. There was discussion about a rural residency program and the importance of maintaining a generalist approach in rural areas (Think Tank Considerations Activity, Think Tank Considerations Activity).
4. **Flexible work arrangements:** Recognition of the need for part-time contracts and adaptable practice models to attract and retain physicians, especially younger generations (Think Tank Ideal State Activity).
5. **Data-driven planning:** Emphasis on using available data to inform future healthcare needs and staffing requirements (Think Tank Ideal State Activity).
6. **Collaborative approach:** Discussions on creating community health partner tables, involving local politicians, and fostering partnerships between health authorities and municipalities (Think Tank Actionable Items Activity).
7. **Support systems:** Proposals for virtual support systems, mentorship programs, and advanced practice training to help physicians feel more prepared and confident in their roles (Think Tank Success Stories Activity).
8. **Long-term planning:** Considerations for succession planning, predictive modeling, and addressing the challenges of an aging physician workforce (Think Tank Actionable Items Activity, Think Tank Success Stories Activity).

The meetings concluded with a focus on practical solutions and the need for continued collaboration to address the complex healthcare challenges in northern and rural communities.

**Several examples of successful initiatives and practices were discussed during the in-person discussions:**

1. The Northern Medical Program Specialist panel nights, which help medical students explore different specialties and potentially attract them to rural practice (Think Tank Ideal State Activity).
2. A partnership with YMCA that provides 13 priority childcare seats for physicians, though it was noted this needs expansion (Think Tank Success Stories Activity).
3. The Peace River Regional District's scholarship program, which supports nursing and professional development (Think Tank Success Stories Activity).
4. Virtual support systems like RTVS and Vera, which provide peer-to-peer support and overnight coverage for rural physicians (Think Tank Success Stories Activity).
5. Community recruiters who help new families settle into the community and find employment opportunities for spouses (Think Tank Ideal State Activity).
6. The learner program in rural areas, which exposes medical students and residents to rural practice (Think Tank Success Stories Activity).
7. Existing programs in Northern Health and School District 60 that support students interested in healthcare careers (Think Tank Considerations Activity).
8. Collaboration with NSW Rural Doctors Network in Australia and RCCbc, which provides international exchange opportunities currently with Australian medical students in NH leading to providers and leaders (Think Tank Ideal State Activity).
9. The practice of offering flexible, part-time contracts that allow physicians to engage in diverse aspects of rural medicine. (Think Tank Success Stories Activity).

These examples demonstrate that there are already some effective strategies in place for recruitment, retention, and support of healthcare professionals in rural areas. However, many of these initiatives could benefit from expansion or further development to meet the growing needs of rural communities.

**Overall summary of strategies brought forward during the in-person discussions:**

1. Implement a robust retention bonus system, offering incentives at strategic milestones like the 4-year mark, with potential amounts ranging to be discussed. Consider scaling bonuses for longer-term commitments of 5, 10, 15, and 30 years (Think Tank Actionable Items Activity).

2. Create a comprehensive "cocooning" approach for new recruits, providing clinical and non-clinical support, housing, childcare, and partner support for the first 12 months. This should include a seamless integration process with transportation and privileging arrangements (Think Tank Ideal State Activity).
3. Develop community-driven HR plans that involve local input in determining staffing needs. Establish Health Partner tables in each community to involve medical and political stakeholders in recruitment and retention efforts (Think Tank Actionable Items Activity).
4. Offer flexible practice models, such as GP rosters with guaranteed maximum coverage and options for additional or part time work. This can help accommodate different lifestyle preferences and reduce burnout (Think Tank Ideal State Activity).
5. Implement a sabbatical program, offering six months off every five years for personal development. Consider exchanges with other communities or countries to share knowledge and solutions (Think Tank Ideal State Activity).
6. Enhance early exposure to healthcare careers by supporting programs in high schools and providing mentorship opportunities. Collaborate with local educational institutions to maintain academic opportunities for students in smaller communities (Think Tank Considerations Activity).
7. Establish a robust community-based recruitment and retention team with paid administrative staff and medical leaders. Be aggressive in recruitment, targeting medical students and residents early in their training (Think Tank Ideal State Activity).
8. Provide comprehensive support for new physicians, including assistance with office setup, equipment purchases, and hiring staff. Offer training on proper billing practices to ensure fair compensation (Think Tank Ideal State Activity).
9. Expand on the rural residency program specifically designed to train physicians for rural practice, ensuring they can provide the necessary care in these settings (Think Tank Ideal State Activity).
10. Implement data-informed care planning to anticipate future needs and avoid being unprepared. Consider a return of service model in rural communities to ensure long-term care provision (Think Tank Ideal State Activity).
11. Expand childcare access, potentially partnering with organizations like YMCA to provide priority seats for physicians' children (Think Tank Success Stories Activity).

12. Foster community engagement through events like "Rock with Your Doc" and ensure new physicians and their families are connected with local resources, schools, and employment opportunities for spouses (Think Tank Success Stories Activity).

**Key action items:**

1. Create or participate in a community partnership table for the Rural Voices gathering in November (Think Tank Actionable Items Activity).
2. Explore establishing community health partner tables with relevant stakeholders to develop local recruitment and retention strategies (Think Tank Considerations Activity).
3. Implement structured check-in processes with new recruits to provide early support.
4. Investigate funding opportunities for community-led recruitment and retention initiatives.
5. Advocate for more autonomous, community-led communication strategies within the health authority.
6. Develop predictive models for future healthcare provider needs in rural and northern communities.
7. Explore a dedicated role or co-leadership model focused on retention.
8. Investigate the feasibility of a "residency program for the north" model.
9. Explore loan forgiveness and other incentives for healthcare providers from outside the province or country.
10. Develop a formal system to recognize and compensate teaching and mentorship contributions.
11. Create a retention survey to gather data on why physicians are staying in or leaving rural communities (Think Tank Considerations Activity table talk).
12. Advocate for retention premiums in Physician Master Agreement negotiations.
13. Review medical staff rules to enable more flexibility in physician schedules and workloads.
14. Explore community-driven, customized human resource plans for physician recruitment and retention.
15. Investigate local community recruiters or talent development specialists to support recruitment and retention.
16. Strengthen connections between communities, educational institutions, and Northern Health to support prospective rural healthcare students.
17. Assemble a robust recruitment and retention team (Think Tank Ideal State Activity).

18. Provide funding for new hires to attend conferences and workshops.
19. Offer initial housing and office support for new hires.
20. Establish a fund for team-building activities among healthcare providers.
21. Provide training on proper billing and compensation practices.
22. Advocate for easier entry of live-in caregivers to support healthcare workers with childcare needs.
23. Implement a flexible practice model recognizing needs at different career stages.
24. Develop a comprehensive medical learner journey from high school onwards.
25. Establish a community partnership approach for local healthcare workforce solutions.
26. Explore expanding the YMCA partnership for priority childcare seats for physicians (Think Tank Success Stories Activity).
27. Review and potentially expand the scholarship program for healthcare professionals.
28. Develop recruitment, retention, and exit surveys through the Medical Staff Association.
29. Investigate opportunities for Northern Health to sponsor short-term sabbaticals or training placements.
30. Promote flexibility and diversity of career options through alternative payment contracts.
31. Explore ways to better support physicians transitioning towards retirement.

These action items cover a wide range of strategies to improve recruitment, retention, and support for healthcare professionals in rural and northern communities.

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## Deep Dive on the In-Person Discussion Responses

### **Retention:**

Here are key categories of ways to improve physician retention in BC:

1. Financial Incentives:
  - Implement retention bonuses, especially for long-term service (Think Tank Considerations Activity).
  - Offer loan forgiveness programs (Think Tank Considerations Activity).
  - Provide competitive compensation packages.
2. Work-Life Balance:
  - Introduce sabbaticals (e.g., 6 months off every 5 years) (Think Tank Ideal State Activity).

- Allow flexible work arrangements and part-time options (Think Tank Success Stories Activity).

- Ensure adequate coverage for time off and vacations.

### 3. Professional Development:

- Facilitate exchanges with other rural communities globally (Think Tank Ideal State Activity).

- Provide advanced training opportunities (Think Tank Success Stories Activity).

- Support ongoing education and skill development.

### 4. Community Integration:

- Assist with spousal employment and family integration (Think Tank Success Stories Activity).

- Help secure housing and childcare (Think Tank Ideal State Activity).

- Organize community events to welcome and appreciate physicians (Think Tank Considerations Activity table talk).

### 5. Practice Support:

- Implement team-based care models (Think Tank Success Stories Activity).

- Offer mentorship programs for new physicians (Think Tank Success Stories Activity).

- Provide administrative support for setting up practices (Think Tank Ideal State Activity).

### 6. Tailored Work Environments:

- Allow physicians to focus on areas of interest/expertise (Think Tank Success Stories Activity).

- Create hospitalist positions to reduce on-call burden (Think Tank Success Stories Activity).

- Develop specialized roles based on community needs.

### 7. Technology and Virtual Support:

- Implement virtual support systems for peer-to-peer assistance (Think Tank Success Stories Activity).

- Utilize telemedicine to reduce isolation and workload.

### 8. Career Planning:

- Offer career support planners and financial planning assistance (Think Tank Success Stories Activity).

- Develop clear pathways for career progression in rural settings.

### 9. Recognition and Appreciation:

- Implement non-monetary recognition programs (Think Tank Considerations Activity table

talk).

- Organize community appreciation events (Think Tank Considerations Activity table talk).

#### 10. Infrastructure and Resources:

- Improve local amenities and recreational facilities (Think Tank Success Stories Activity).
- Ensure access to quality education for physicians' children (Think Tank Success Stories Activity).
- Enhance medical facilities and equipment in rural areas.

### **Recruitment:**

Here are some key categories to improve physician recruitment in BC:

#### 1. Community Integration and Support:

- Establish Health Partner tables involving medical and political input (Think Tank Actionable Items Activity).
- Provide seamless integration for new recruits, including transportation and housing.
- Offer community tours and social connections for new physicians and their families.
- Create 24/7 childcare options, especially near hospitals.

#### 2. Financial Incentives:

- Implement retention bonuses at key milestones (e.g., 4, 5, 10 years).
- Offer signing incentives for high-vacancy communities.
- Provide loan forgiveness programs for physicians who commit to rural practice.

#### 3. Flexible Practice Models:

- Allow physicians to choose their preferred practice areas (e.g., ER, OB, community).
- Implement part-time contracts and job-sharing options.
- Create a "go health" model for physicians to easily work in different locations (Think Tank Ideal State Activity).

#### 4. Education and Training:

- Develop rural-focused residency programs.
- Offer early exposure to healthcare careers for high school students.
- Provide advanced training opportunities for established physicians.
- Create direct entry to medical school from high school for rural students (Think Tank Considerations Activity).

#### 5. Mentorship and Professional Development:

- Establish formal mentorship programs for new physicians.

- Offer sabbaticals and exchange programs with other regions or countries.
  - Provide ongoing education and skill development opportunities.
6. Community-Driven Recruitment:
- Empower local communities to participate in physician recruitment.
  - Involve local physicians in the recruitment process.
  - Create community health tables to address local healthcare needs.
7. Work-Life Balance:
- Implement predictive modeling for staffing to prevent burnout.
  - Offer support for physicians' families, including spousal employment assistance.
  - Provide recreational and cultural opportunities in rural communities.
8. Technology and Virtual Support:
- Utilize virtual support systems for peer-to-peer assistance.
  - Implement telemedicine to reduce isolation in rural practices.
  - Provide administrative support for billing and office management.
9. Marketing and Outreach:
- Develop aggressive recruitment strategies targeting medical students and residents.
  - Showcase the unique benefits of rural practice.
  - Create a customer relationship management approach to stay connected with potential recruits throughout their education.
10. Recognition and Appreciation:
- Implement non-monetary recognition programs, such as awards and community events.
  - Host annual appreciation events like "Rock with Your Doc" (Think Tank Success Stories Activity).
  - Ensure long-term physicians feel valued and appreciated for their commitment.

### **Community Partnership Tables:**

Community partnership tables were a significant topic of discussion in several meetings. The concept involves creating collaborative structures where medical professionals, local politicians, and community members can work together to address healthcare needs and recruitment challenges.

These tables were seen as a way to improve community integration and support for healthcare providers. The idea is to have regular meetings where stakeholders can discuss local healthcare



priorities, recruitment strategies, and ways to support new and existing medical staff (Think Tank Actionable Items Activity).

Some key points discussed about community partnership tables include:

1. Not all communities currently utilize this approach, but it was recommended that each community consider forming a Health Partner table.
2. These tables should involve input from the medical community and local politicians to develop ideas and understand the climate for recruitment.
3. There's a need for funding and structure to support these tables, ensuring that action items are carried through and ideas are implemented.
4. The tables could help in creating community-specific retention strategies and addressing unique local needs.
5. They could play a role in educating the community about healthcare challenges and fostering support for the local healthcare system.
6. These tables could assist in integrating new healthcare providers and their families into the community, helping with aspects like housing, childcare, and social connections.
7. There was discussion about empowering communities to understand their healthcare needs using data provided by the health authority, which could inform the work of these partnership tables (Think Tank Considerations Activity table talk).

It was emphasized that these community partnership tables should be seen as a collaborative effort, not just the responsibility of Northern Health, but involving all community stakeholders to support healthcare providers and their families (Think Tank Ideal State Activity).

### **Education and Training:**

Several strategies related to education and training could improve recruitment and retention in Northern Health:

1. Early exposure programs: Implement initiatives for students as early as grades 5-6 to introduce them to healthcare careers. This could include bringing doctors to schools and organizing clinic visits (Think Tank Considerations Activity table talk).

2. High school support: Expand existing programs like Project Help, which introduces secondary students to healthcare opportunities through university visits and hospital tours (Think Tank Considerations Activity table talk).
3. Local student support: Provide mentorship, guidance, and scholarships to local students interested in healthcare careers. This could help create a pipeline of future healthcare professionals from within the community (Think Tank Considerations Activity table talk).
4. Rural-focused medical education: Develop a direct-entry medical school program from high school, with a focus on training for rural and northern practice. This could include an extra year in high school leading directly to medical school (Think Tank Considerations Activity).
5. Rural residency program: Create a specific residency program for the North, targeting individuals interested in rural practice. This could be coupled with a return of service agreement (Think Tank Considerations Activity).
6. Continuing education support: Offer funding for medical students and residents to attend specialty conferences, encouraging their interest in specific areas of practice (Think Tank Ideal State Activity).
7. Advanced practice training: Provide opportunities for physicians to gain additional skills and specializations while working in rural areas, helping them feel more prepared and confident in their roles (Think Tank Success Stories Activity).
8. Sabbaticals and exchanges: Implement a sabbatical program offering six months off every five years for personal development. Consider exchanges with other communities or countries to share knowledge and solutions (Think Tank Ideal State Activity).
9. Career support planners: Introduce career support planning services to help young providers navigate their professional development and future opportunities (Think Tank Success Stories Activity).
10. Virtual support systems: Utilize virtual platforms like RtPA and Vera to provide peer-to-peer support and overnight coverage, enhancing the learning experience for rural physicians (Think Tank Success Stories Activity).

By implementing these education and training initiatives, Northern Health could create a more robust pipeline of healthcare professionals and provide ongoing support for their development, ultimately improving recruitment and retention in the region.

## Appendix D – Actionable Items Voting Results

**Table 2** summarizes the ten categories of actionable items identified and voted upon by the Northern Health Think Tank 2024 in-person discussion participants in order of the number of votes received.

**Table 2.** *Actionable Retention and Recruitment Items by Number of Votes Received.*

Actionable Items by Category
<p><b>1) Education strategies. (65 votes)</b></p> <ul style="list-style-type: none"> <li>a) Intentional reach out at all levels: High school, junior high; premed (Selkirk model), med school, residency.</li> <li>b) Advocacy for change in selections process.</li> </ul>
<p><b>2) Return of service. (46 votes)</b></p> <ul style="list-style-type: none"> <li>a) Funded med school (and residency) positions (e.g., military).</li> <li>b) Dedicated specialist ROS spots.</li> </ul>
<p><b>3) Data sharing on Health Care Resources with Local Leaders. (42 votes)</b></p> <ul style="list-style-type: none"> <li>a) Collection.</li> <li>b) Community specific.</li> <li>c) Driving policy and funding.</li> <li>d) Predictive modelling.</li> </ul>
<p><b>4) Community Table. (38 votes)</b></p> <ul style="list-style-type: none"> <li>a) With landing coordinator and recruitment coordinator.</li> </ul>
<p><b>5) Scheduled, intentional check-ins by people who can help implement/advocate change. (37 votes)</b></p> <ul style="list-style-type: none"> <li>a) Triad (PMSA, site Medical Director, site Admin Director).</li> <li>b) Iterative, closed loop.</li> <li>c) Positive team culture.</li> </ul>

**6) Refreshed NH R/R Strategy w/broad consultation and engagement. (30 votes)**

- a) In partnership (MSA/Divisions, etc.).
- b) Using existing staff.
- c) Maybe restructured (HSDA/Hub and spoke/where can local be focused).
- d) Paid medical leadership.
- e) Educators.

**7) Focused Community R/R Table (in every community) – all partners. (27 votes)**

- a) May be able to leverage existing tables.
- b) Every community has funded local recruiter.
- c) Team mapping, communication/avoiding overlap/gaps.

**8) Stay conversation/interview. (17 votes)**

- a) Solutions-based question surveys.
- b) Concierge level of supports.

**9) Committing to engaging with local partnership structure. (11 votes)**

- a) Participating in Rural Voices Gathering (Nov 20).
- b) Resourcing for Success.

**10) Regional Northern meeting. (9 Votes)**

- a) Retention/recruitment.
- b) Work with local partners.
- c) Including reflections, next steps.