

CASPR CONNECTION

Chair's Message

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Years ago, someone once told me: “the days are long, but the years are short”. This has become truer with each passing year--it is hard to believe that another year is quickly drawing to a close and we will soon be meeting again at our conference in Ottawa in the spring.

Sincere thanks to Christie Cadotte and Dave Gravelle, who did an outstanding job planning and delivering our 2011 conference. Our CASPR executive have been working hard along with our conference co-chairs, Joanne Ferraccioli and Alice Preston, to provide everyone with another outstanding event in 2012.

Our executive members are truly some of the hardest working, most dedicated individuals I know and I am proud to have this opportunity to work with them. I hope that those of you who have not had the chance to participate at this level will consider doing so and step forward when the call for nominations is made. I am sure you will find this experience challenging and rewarding and you will be happy you got involved.

I hope that everyone enjoys the very best of the holiday season and I wish you all every happiness in the coming year. I will look forward to seeing you all in the spring.

Joan Mavrinc

Innovations Corner

Saskdocs Brings Our Saskatchewanians Home

Approximately 3,500 Canadians, about 500 of them from Saskatchewan, are studying at medical schools outside of Canada. Canadians Studying Abroad (CSA) attend 30 schools in almost 80 countries including Ireland, the Caribbean, Poland and Australia. While more than 90% of CSAs wish to return to Canada to practice medicine, few actually do.

Saskdocs (the Physician Recruitment Agency of Saskatchewan) has partnered with the University of Saskatchewan College of Medicine on some innovative initiatives to enhance opportunities for CSAs to study in Saskatchewan. Family medicine residency is now possible through round 1 of the CaRMS match. New processes and fewer restrictions on undergraduate clerkships and electives have been implemented and some students from Caribbean and Polish schools have even integrated into the U of S class and completed virtually all of their undergraduate clinical rotations in Saskatchewan!



Canadian Medical Students at Ross University in St. Maarten respond to the question, “by show of hands, who hopes to return to Canada to practice medicine?”

To read more about these and other initiatives, please check out our [newsletter](#) or visit saskdocs.ca Page 1

Join us!



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South of the border news



From the Executive Director

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ASPR Executive Director

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SAVE THE DATE

**COMING
UP**

CASPR's 8th Annual Conference / Educational Forum

Save the Date!

When: **April 30th - May 1st, 2012**

Where: **Ottawa Sheraton Hotel, Ottawa, ON**

CASPR's first **Physician Recruitment 101** session will be held on Sunday April 29th.

Stay tuned! A special edition of CASPR Connections will be released in January with conference details.



The ASPR 18th Annual Conference in Chicago, IL was an overwhelming success! There were approximately 470 attendees and over 250 exhibitor representatives - our largest conference in ASPR history! The Education Committee did a fantastic job once again, in planning and implementing educational sessions that address the mounting issues that in-house physician recruitment professionals grapple with every day. For a full recap of the conference, please visit the Education section of our website (www.aspr.org).

The 2012 Annual Conference will be held August 12-15, 2012 at the JW Marriott at LA Live in Los Angeles, CA. The theme for the conference will be Mission imPossible: Recruiting the Stars of Tomorrow. A call for speakers for the 2012 Annual Conference is expected to be released in December, please consider submitting a proposal.

The 2012 In-House Physician Recruitment Survey will open on December 1st and data collection will continue through February 28, 2012. Information on how to participate can be found on our website as well as the Executive Summary of the 2011 ASPR In-House Physician Recruitment Benchmarking Report. Those who participate in the survey receive free access to the full Report, unique Organization Benchmarking Report, and analyzable data. For those of you who do not participate, you may purchase access to the Report and data at any time.

Have you noticed the ASPR Weekly emails in your inbox? In an effort to consolidate the number of emails that ASPR sends and in response to membership

feedback, ASPR will now provide you with important news and updates through a new weekly email arriving in your inbox every Tuesday. I highly encourage you to read these emails to keep abreast of important news!

Each week we will be posting a "Question of the Week" in ASPR Weekly and on our home page, which will help provide us with valuable data and information on all aspects of physician recruitment and retention. We encourage you to take a quick moment to answer these questions as the more respondents we have, the more valuable the data will be. All responses will be shared in the following issue of ASPR Weekly. The information will help us better position ourselves for writing white papers on various topics and to be recognized as "The Go-To Resource" in the physician recruitment industry. Please take a moment and click!

Have you taken advantage of the ASPR Monthly Webinar Series? If you've missed any of them, they are available to view on demand anytime. The 2012 topics are in development, but some of the confirmed topics are onboarding and retention programs, physician engagement, behavioral interviewing, primary care acquisition, and developing relationships with residency programs.

One final update is regarding the Journal. We will begin a transition toward an exclusively electronic Journal beginning with the Winter edition. An electronic Journal will provide additional capabilities that are not feasible in a print publication. The Journal Committee is in the process of determining the best format for the electronic version and the transition may occur in phases. Stay tuned for more details in future ASPR Weekly's.

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Benefits of Membership

The Canadian Association of Staff Physician Recruiters (CASPR) is looking for new members to join our dynamic organization. Our annual membership fees are very reasonable at \$125.

CASPR is an excellent organization that will connect you to other recruiters from across the country. Benefits of CASPR go beyond access to an extensive and knowledgeable network of professionals. The CASPR annual conference provides a high quality professional development opportunity for all participants. It also provides an opportunity for members to meet face to face and exchange ideas and best practices. The CASPR website (www.caspr.ca)

continues to grow and evolve with some significant changes coming in the next few months. The CASPR web site allows members to post physician job vacancies in their communities or regions.



Who is the typical CASPR member? According to the October 2011 CASPR membership survey that was completed by 46% of current CASPR members, here is who they are:

84% work full-time and more than half have worked in physician recruitment for less than seven years. The majority of respondents have a comprehensive benefits package but salaries seem to vary. 37% earn between \$60,000 & \$80,000 with smaller groups of professionals on the lower and higher end. 91% of respondents had their CASPR membership paid by their employer. Position funding was split between hospital and provincial government.

Respondents seemed to be reasonably satisfied with CASPR as a professional organization. More than 98% were very or somewhat satisfied with their CASPR membership and 85% would refer a colleague to CASPR which is still the most popular means for learning about CASPR.



The CASPR Membership Committee is currently piloting the development of a regional chapter of CASPR in Saskatchewan. Provincial chapters would allow improved communication among members and hold forums geographically closer to members with content relevant or specific to their home province for their home province. This type of initiative seems to have support with 71% of survey respondents expressing an interest in being part of a provincial chapter of CASPR and 75% being supportive of smaller provincial events. In addition, one of our membership development strategies has been to enlist the

assistance of current members to promote CASPR to their colleagues through the distribution of information about the benefits of CASPR through their personal networks. With 75% of survey respondents saying they heard about CASPR from a colleague, this seems to be an approach that has yielded results.

More than half of respondents said they would be interested in a professional designation. The 2012 CASPR conference will include the first module of the CASPR Fellowship program the day prior to the main conference allowing those members who are interested in this designation to receive the training.

The organization does its best to communicate issues and events to the membership through the website and the quarterly newsletter. 60% of respondents to the survey found the newsletter helpful.

There were a variety of other questions included in the survey that will help the organization plan and move forward over the next year. A presentation on the full survey results will be included in the 2012 CASPR Conference in Ottawa.

Wayne Heide and your Membership Committee

Questions? Contact us: communications@caspr.ca

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Award Nominations

The CASPR Recruiter Recognition Award recognizes a member who has been selected by his or her peers. The recipient is recognized as an innovator who has developed collaborative approaches and solutions resulting in successful physician attraction and retention in their community.

To be eligible for this CASPR Award, a nominee must:

- Be a member of CASPR for a minimum of two years prior to nomination
- Exhibit significant results as an innovator and a role model or future leader in physician attraction and retention activities; and,
- Demonstrate a superior commitment and passion for physician attraction and retention.



Start now to complete your nomination for the 2012 Award! Details are available on the [CASPR website](http://www.caspr.ca).

2012/13 EXECUTIVE NOMINATIONS

Nominations for the 2012 CASPR Executive Committee have now opened! You may nominate yourself or another member of CASPR. Before nominating someone, please ensure that s/he is agreeable to serving if elected.

Nominations are open for the following positions:

Treasurer

- Responsible for the overall management of all finances and actively participate as a member of the Executive.
- Manage membership renewal and conference registration

Vice Chair

- Perform duties of Chair in Chair's absence
- Assist in duties as assigned at Executive meetings
- The Vice-Chair commits to a 3 year term. First year as Vice-Chair, second year as Chair and third year as Past Chair

Conference Co-Chair

- Plan CASPR Conference – annual or as determined
- Coordinate activities of Sub-Committees: Marketing, Sponsorship, Registration / Brochures / Folders, Exhibitors

Member at Large

- Responsible for the overall management of the organization and actively participate as a member of the Executive.
- Participate on a committee of the organization

Nomination forms are due by **Friday March 2nd, 2012**, 1200 hrs PDT. To access the nomination form, please visit the [CASPR website](http://www.caspr.ca).

REMINDER: Membership Renewal

It's that time again... membership renewal! Don't forget to renew your membership by December 31, 2011 to ensure that you don't miss out on the great benefits of being a CASPR member:

- * Ability to post physician job opportunities on the website.
- * Access to information sharing email network/chat line, and contacts for member organizations.
- * Listed in our public Members Directory
- * The right to stand for and hold Executive positions
- * Vote on matters brought before the Membership
- * Annual Conferences and other CASPR functions and events.
- * Access to the quarterly newsletter, Connections

VOLUNTEERS NEEDED!

We are looking for volunteers for the annual educational forum in Ottawa, Ontario.

If you are interested in volunteering, your Conference Co-Chairs want to hear from you! communications@caspr.ca

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Best Practices in Retirement Planning



Jane Walker
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If my job is to recruit new physicians, why have I developed a process focusing on retiring doctors? Because ultimately, it's helped me recruit more doctors and helped with retention. Watching a few of our older doctors closing up their practices because a new doctor couldn't be found, sent them into a tailspin during what is supposed to be their golden years because of the guilt for having to let their patients and staff go. The stress of wondering where patients would receive health care, recognizing the best many could get was to visit the nearest walk-in clinic or hospital emerg. These retiring physicians were missing something – the satisfaction that comes from handing over a practice, seeing the continuation of care for patients, a legacy.

Many physicians are so stressed by the notion of retiring and its' inherent unknowns and definite change, that many would prefer to ignore their age and health concerns, waiting to begin the process until health concerns made it impossible to practice. Better to take a proactive approach, encouraging

physicians to think of the possibilities and plan for their eventual retirement than coming in with disaster relief! With 15% of our 350 family physicians in the Hamilton area over the age of 65, there's never a shortage of doctors considering retirement.

Rather than approaching each new retirement on an ad hoc basis, developing a plan ensures a smoother recruitment process and limits the number of 'oops, forgot about that step'. A search for retirement planning resources uncovered several documents from the OMA and MD Management, but their focus was typically on closing a practice. While practical, these guides did nothing to help prepare the physician psychologically for retirement, identifying best practices in transitioning and the reality in regards to the lengthy lead time often required to transfer the practice smoothly and successfully from one doctor to another.

A consistent approach has resulted in the creation of a Succession Plan template:

Stage one: A confidential meeting between me and the retiring physician to answer the why, when, who and how's of succession planning starts things off. Myths are dispelled and an overview of the recruitment process is provided. My favourite is that they want a new person to join their practice, start taking on their own patients – because they can't see letting go of their own and yet somehow take over all of their patients 4 years later, not thinking that by that point, the new person's roster will be full and they'll have no need for more patients. Guidelines are provided on the issues involved in preparing the practice, knowing what young physicians are looking for, how to recruit a new physician and the various

ways of transitioning the new physician into the practice. A review of the legal issues to consider, pitfalls to avoid and a discussion of lessons learned from physicians who have transitioned from their practice successfully. Identifying areas where the older physician may continue to contribute such as a locum, nursing home director, research and program development for a Family Health Team or other medical organization can ease the anxiety that they feel about leaving a practice and utilize the physicians' skills and knowledge.

Stage two: Collecting information about the practice to write up an ad for our provincial job portal, HFOJobs, and my own list. Here, I want to know everything, including the payment model,

With 15% of our 350 family physicians in the Hamilton area over the age of 65, there's never a shortage of doctors considering retirement.

details of call, patient demographics, financial issues (eg. revenue, expenses, lease, loans, capital cost agreements, group governance contracts) and staff (how many, hours worked, roles, performance issues, contracts, tenure etc). From the information gathering, it becomes apparent what can be changed in the practice – for instance the practice opposite a crack house can be moved – and what can't be changed – a paper based, solo, fee-for-service practice, is unlikely to become part of a group with EMR and allies anytime soon. Identifying potential changes can assist in recruitment. Can someone do a locum to test the practice? What about an elective? How long an overlap is the older physician interested in? All the while I'm starting to develop an idea of the type of physician that the practice would appeal to which

Best Practices in Retirement Planning continued
on page 6 →



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➔ *Best Practices in Retirement Planning
continued from page 5*

leads us to stage three. Working closely with the retiring physician means that I become well-versed in the positive attributes of the practice and can better form a picture of the personality characteristics of the new person best suited for the practice ultimately resulting in a better retention rate.

Stage three: Market the opportunity to new physicians that I've met through conferences and events as well as those through HFOJobs. In the search

The older physician preserves the practice legacy, ensures continuity of patient care, retains staff expertise and leaves on a positive note.

for new physicians interested in the practice, I'll evaluate the compatibility of the new physician's goals, professional style and timelines with those of the practice searching.

Stage four: The courtship stage can be delicate as the older physician comes face-to-face with their own plans and perhaps mortality! Often physicians get cold feet as they can't imagine what life after medicine would look like. Mentors – older physicians who have already successfully navigated to retirement are a valuable resource. Stage one and four can be the most stressful

to the older physician - recognize it and get them to talk it through, accepting the inevitable changes that life's different stages bring. Who says we're not practicing mental health! As the recruiter, I feel that my role is to serve both the new and outgoing physicians well, assisting in the negotiations of a fair and equitable deal for both parties.

Stage five: Transition – I hold everyone's hand through the process, which for Family Health Organizations/Family Health Teams (FHO/FHT's are a popular Ontario payment and practice model) practices can get a bit complicated and definitely time consuming. I've developed a one page check list outlining the necessary steps such as getting the new person a billing number, applying for supervision if required from the CPSO, return of service agreements, batch roster transfers in a FHO/FHT practice, voting into the FHO, hospital privileges, introductions to key

organizations, governance agreements and of course contracts. There are countless meetings to ensure that the handover is as smooth as possible.

Suggestions as to how to get the practice up and running as soon as possible are discussed: letters to patients introducing the new doc, suggestions of resources to help with office policies, websites, staffing issues, the list goes on. Recognizing the huge commitment the new physician is making to our community, we all want to ensure that they will be rewarded financially and have the professional and personal satisfaction they're after.

Stage six: The final stage is what I refer to as the after sales support. The new person is in the practice, you've sent flowers welcoming them the first week and addressed any issues that have surfaced. Checking in after 3, 6 and 12

months gives an opportunity for the new physician to provide feedback that can help improve the recruiting or transition phase. You may also identify issues and suggest solutions before they become bigger problems. They may need a new call group, want to implement EMR, get a locum for vacation coverage all of which you can help with. My experience has shown that new physicians really appreciate the support, are more likely to come to you if experiencing issues and of course more likely to refer their colleagues to you when they're searching for a new practice opportunity.

Having a solid succession plan has resulted in both happier leaving and new physicians. The older physician preserves the practice legacy, ensures continuity of patient care, retains staff expertise and leaves on a positive note. The new physician is well suited for the practice, knows all the details before starting and is well-supported throughout the process minimizing growing pains and setting them solidly on the path to success.

Would you like to publish a best practices article in the next CASPR Connections newsletter? If so, we want to hear from you! Please send a brief description of the topic you would like to write about along with your name, title, and organization to: communications@caspr.ca.



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Sponsors Corner:



Scotiabank is proud to be endorsed by the Canadian Association of Staff Physician Recruiters. We understand that finances play an important role in a rewarding and successful physician career. Each CASPR representative has an assigned local Scotiabank representative that can assist you and your new physician with the process of establishing all their banking and financial needs, whether they are coming from across the country or around the world.

Scotia Professional[®] Plan and the Scotiabank StartRight[™] programs can be customized to the unique needs of each physician. With the understanding of personal and professional goals, our plans can provide financing options, banking services, investment management, as well as succession and estate planning.

We're here to help transition new physicians into our communities - think of us as another member of the welcoming committee!

Contact your local Scotiabank representative or Michele Seaton-Gascon at michele.seaton-gascon@scotiabank.com with any questions you may have.

*CASPR would like to thank Scotiabank for being our
Diamond Sponsor since 2009!*

CASPR Social Media Update

CASPR's social media strategy is in full swing! We are now on: Twitter, LinkedIn, and Facebook. Updates are posted to both Twitter and Facebook at least once a week. Don't miss out! 'Like' the CASPR Facebook page and 'follow' us on Twitter. to receive up-to-date physician recruitment and CASPR information.

As of December, we have:

- 118 Twitter followers
- 18 'likes' on Facebook
- 27 members on LinkedIn



Questions or comments?

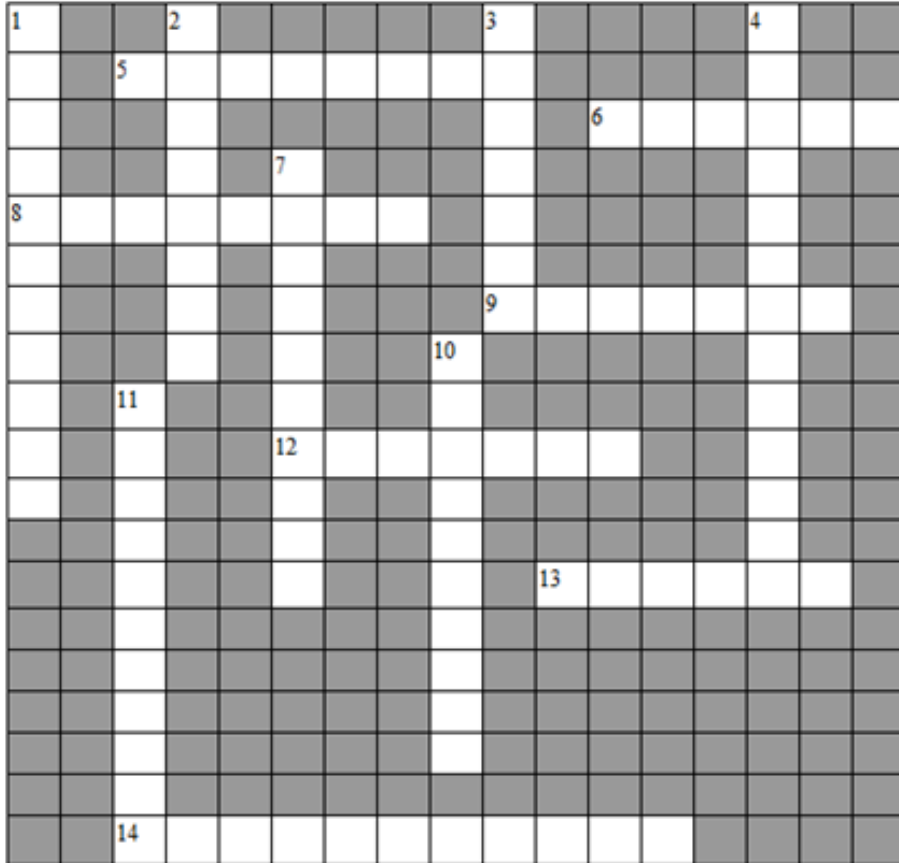
Please contact:

communications@caspr.ca



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Just for Fun!



ACROSS

- 5. Capital of Manitoba
- 6. Capital of Canada
- 8. Capital of Alberta
- 9. Capital of Ontario
- 12. Capital of Nova Scotia
- 13. Capital of Saskatchewan

DOWN

- 1. Capital of New Brunswick
- 2. Capital of BC
- 3. Capital of Nunavut
- 4. Capital of PEI
- 7. Capital of Newfoundland and Labrador
- 10. Capital of Yukon
- 11. Capital of Quebec

Canadian Trivia! *How well do you know Canada?*

1. Which of Canada's prairie provinces is the largest in area?
 - a. Alberta
 - b. Saskatchewan
 - c. Manitoba

2. Which Canadian province is largest in area?
 - a. Ontario
 - b. British Columbia
 - c. Quebec

3. Which province extends furthest north?
 - a. Newfoundland
 - b. Quebec
 - c. Ontario

4. Which province extends furthest south?
 - a. Manitoba
 - b. Nova Scotia
 - c. Ontario

5. Which Canadian province or territory has the most rain forests?
 - a. British Columbia
 - b. Newfoundland
 - c. New Brunswick

6. On July 5, 1937, which Canadian province or territory officially recorded a temperature of forty-five degrees Celsius?
 - a. British Columbia
 - b. Manitoba
 - c. Saskatchewan

7. On February 3, 1947, which Canadian province or territory officially recorded a temperature of minus sixty-three degrees Celsius?
 - a. Newfoundland
 - b. Yukon
 - c. Alberta

