McMaster University | Health Forum

Rapid Synthesis

Models for implementing healthcare professional recruitment strategies

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Context

- Recruitment of qualified health professionals is a long-standing human resource strategy that has been researched and used to increase access to healthcare but less is known about how recruitment strategies are implemented by organizations.(1)
- Implementation approaches may differ by the level of recruitment focus (e.g. national, international), the type of health professional being recruited, and/or the stakeholders involved in the implementation process.
- This rapid synthesis examines the evidence about features and impacts of models and approaches for implementing healthcare professional recruitment strategies.

Question

- What is known about the features and impacts of models for implementing healthcare professional recruitment strategies?

Box 1: Evidence and other types of information

+ Global evidence drawn upon

Evidence syntheses selected based on relevance, quality, and recency of search

+ Forms of domestic evidence used (🍁 = Canadian)

Evaluation

Qualitative insights

+ Other types of information used

Jurisdictional scan (five countries: AU, CA, NZ, UK, US)

*** Additional notable features**

Prepared in a 30-business-day timeline

High-level summary of key findings

- We identified nine evidence documents relevant to the question, of which we deemed one to be highly relevant, four to be of medium relevance, and four to be of low relevance.
- In most evidence documents, it was necessary to infer the approaches that were taken to implement recruitment strategies, and we did not identify evidence that specifically assessed models of implementation for healthcare professional recruitment.
- One evidence document explored the features of a behaviourally grounded recruitment approach that consisted of training for recruiting managers and consumer advocates on the behaviour-based interview process, while three evidence documents focused on the implementation of strategies to recruit health professionals and students to practice in rural or underserved communities.
- Incorporating diversity into the recruitment process was emphasized in one evidence document that recommended mandatory training on diversity for staff involved in recruitment, establishing representative recruitment committees, mandatory inclusion of candidates from diverse backgrounds, and the promotion of open positions on the job sites of underrepresented groups.
- Several evidence documents provided general facilitators and challenges of effective recruitment, and the few evidence documents that evaluated the impact of the implementation approaches indicated positive outcomes.

- In our jurisdictional scan of experiences from five countries and all Canadian provinces and territories, we found that concerted efforts are being made at all levels of government to increase health workforce capacity through labour mobility legislation, financial incentives, and information outreach measures.
- Some examples of approaches for implementing health worker recruitment strategies include the facilitation of Ontario's inter-jurisdictional mobility legislation by regulatory colleges, the appointment of a chief physician recruitment officer as an accountability measure in Prince Edward Island, and the development of a data and information dashboard by Health Workforce Canada to provide a consolidated view of the available health workforce across Canada that will support provincial recruitment efforts.
- Most provincial and territorial governments have published a guide or plan for recruiting and retaining healthcare professionals and have allocated funding for health workforce recruitment, which will finance incentives, training, and career development opportunities for healthcare workers.
- Several provinces have reported that implementing their recruitment initiatives has resulted in the successful recruitment of thousands of healthcare professionals in multiple sectors.

What we found

We outline in narrative form below our key findings related to the question from relevant evidence documents and experiences from the jurisdictional scan of five countries and all Canadian provinces and territories (see Box 1 for more details).

Detailed data extractions from each of the included evidence documents, organized by relevance, is provided in Appendix 3 (evidence syntheses) and Appendix 4 (single studies), while a summary of the experiences from other countries and from Canadian provinces and territories is provided in Appendix 5 (other countries) and Appendix 6 (provinces and territories). Hyperlinks for documents excluded at the final stage of reviewing is provided in Appendix 7.

Box 2: Approach and supporting materials

We identified evidence addressing the question by searching Health Systems Evidence, Health Evidence, and PubMed to identify evidence syntheses and single studies published in the last 10 years. All searches were conducted on 10 May 2024. The search strategies used are included in Appendix 1. We identified jurisdictional experiences by hand searching government and stakeholder websites for information relevant to the question from five countries including Australia, Canada, New Zealand, United Kingdom, and the United States from three states (California, New York, and Washington) as well as Canadian provinces and territories.

Originally, we developed a framework to organize our findings. However, after analysing the evidence, we determined that the framework did not align with the findings from the evidence and scans and therefore did not serve as an effective method to organize the content. Our approach to organizing the findings is described in the 'Key findings' section of this report, and the original organizing framework is included in Appendix 2.

In contrast to our rapid evidence profiles, which provides an overview and insights from relevant documents, this rapid synthesis provides an in-depth understanding of the evidence. We appraised the methodological quality of evidence syntheses that were deemed to be highly relevant using AMSTAR. Note that quality appraisal scores for evidence syntheses such as rapid syntheses/reviews are often lower because of the methodological shortcuts that need to be taken to accommodate compressed timeframes. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents an evidence synthesis of the highest quality.

This rapid synthesis was prepared in a 30-business-day timeline.

A separate appendix document includes:
1) methodological details (Appendix 1)
2) framework to organize what we looked for (Appendix 2)
3) details about each identified evidence synthesis (Appendix 3)
4) details about each included single study (Appendix 4)
5) details about experiences from international jurisdictions (Appendix 5)
6) details about experiences in Canadian provinces and territories (Appendix 6)
7) documents excluded at the final stages of reviewing (Appendix 7).

Key findings from relevant evidence sources

We identified nine evidence documents relevant to the question, of which we deemed one to be highly relevant and four to be of medium relevance, and four to be of low relevance.

Gaps in existing evidence documents

We found that there was limited evidence available on implementation models for healthcare professional recruitment strategies. In most evidence documents, it was necessary to infer the approaches that were taken to implement recruitment strategies, and we did not identify evidence that specifically assessed models of implementation for healthcare professional recruitment. Originally, we developed a framework to organize our findings. However, after analyzing the evidence, we determined that the framework did not align with evidence found and therefore did not serve as an effective tool to organize the content. Our evidence summary below focuses on describing components of recruitment implementation strategies that we were able to infer and the impacts of these strategies when reported.

Summary of findings from evidence documents

The five high- and medium-relevance documents were all single studies and addressed implementation approaches for different recruitment models for health professionals. The implementation of a recruitment model at a hospital in Melbourne, Australia, was explored in a 2020 case study that found behaviourally grounded recruitment approaches improved allied health staff attrition rates and led to fewer staff terminations.(2) The recruitment model differed from traditional competency-based models in that it included a telephone interview of the top three to five applicants with the hiring manager focused on clinical competencies and one to two face-to-face interviews with a consumer on the interview panel focused on applicant behaviours, attitudes, and organizational values. All recruiting managers and consumer advocates received training on the new behaviour-based recruitment model that consisted of instruction on the interview process and the importance of including behavioural outcomes.

One single study from 2019 explored how diversity was implemented into the recruitment processes of a U.S. university's academic medicine program.(3) Strategies included mandatory training for all faculty, staff and residents on diversity in recruitment, establishing recruitment committees with representation of faculty from diverse backgrounds and academic ranks, promoting open positions on the websites of professional organizations of underrepresented groups (e.g., Society of Black Academic Surgeons), implementing the modified "Rooney rule" that involved the mandatory inclusion of at least two qualified candidates from diverse backgrounds, and standardized interview protocols, written evaluations, and scoring tools. Implementation of these strategies resulted in increased diversity of applicants and hires and positive experiences of participants and recruitment committee members.

The other three single studies focused on strategies to recruit health professionals and students to practice in rural or underserved communities, especially those who previously resided in these communities. The Northwest Native American Centre of Excellence, a recruitment and training program for American Indian and Alaska Native (AI/AN) students and faculty in medicine, was described in one single study where three program pilots were implemented to diversify the health professional workforce.(4) These three pilots were Tribal Health Scholars (a 14-week clinical opportunity for AI/AN youth at a tribal clinic that was facilitated by a Tribal Engagement Team), Wy'East post-baccalaureate Pathway (a nine-month medical school preparation program that offered conditional acceptance to Oregon Health & Science University School of Medicine after completion), and the Indigenous Faculty Forum (a professional development conference to teach AI/AN medical school faculty how to plan their careers, maintain their identities, and navigate their fields and communities). While the impact of these pilots was not evaluated, the authors concluded that overall, the program offered innovative efforts to increase the number of American Indians and Alaska Natives in the U.S. physician workforce.

Another recruitment program that targeted college students in northern Ontario was evaluated in a 2017 case study that found that the program led to an increased number of physicians in several communities, reduced recruitment expenditures, and a shift from crisis management to long-term planning for recruitment activities.(5) The Northern Ontario School of Medicine's (NOSM) Comprehensive Community Clerkship program enabled third-year students to live and work in a longitudinal integrated clerkship in a local northern Ontario community. As part of the implementation process for the program, members of the NOSM team participated in the interview process for the incoming class and were involved in the development of the post-graduate curriculum and training sessions for the students, many of whom were locals of the communities they served in. Finally, a 2016 study described two approaches used by a U.S. university to increase the number of underrepresented minorities from disadvantaged backgrounds in their baccalaureate nursing program, with the long-term expectation of increasing diversity in the local nursing workforce.(6) The first approach was a pre-professional education program where five urban high schools with ethnically diverse populations were selected and provided with human and fiscal resources to introduce them to careers in nursing, and the second approach provided resources for the retention of students from the program once they were accepted into the university's nursing program, including hiring a full-time retention specialist who worked exclusively with the students to support them in overcoming any retention risk factors. Over the three years that the program was funded, 392 high school students attended the pre-professional education program, 21 of which were admitted to a nursing program, and retention rates for the target population increased from 84.6% to 93.4% after the retention specialist was hired.

The remaining four low-relevance evidence documents, including the two relevant evidence syntheses we identified from our evidence search, did not address any specific models or approaches for implementing recruitment strategies but provided general facilitators and challenges of effective recruitment. Six facilitators of locum physician recruitment and retention were identified in a high-quality evidence synthesis, namely financial incentives, educational or career-based factors, familial considerations, mental and clinical support, personal incentives, and deterrents of locum physicians work.(7) Some of these facilitators were echoed in a medium-quality evidence synthesis exploring strategies to boost general practitioner recruitment in China.(8) Strategies included individual background (i.e., personal characteristics, family influence), remuneration and benefits, career prospects (e.g., job responsibilities, training and development opportunities), work environment, self-fulfillment issues (e.g., low job satisfaction and social recognition), and systemic factors. The evidence synthesis highlighted that effective strategies need to address these diverse issues through comprehensive policies, enhanced training programs, better remuneration, and improved working conditions.

In rural and remote areas, implementing a multifaceted recruitment framework involving multiple stakeholders (e.g., government officials, healthcare leaders, and community representatives), alongside strategies like virtual recruitment and personalized onboarding, can significantly enhance workforce stability in remote healthcare settings, according to a single study from 2020.(9) Such an approach was used and proved to be effective in the Rural Clinical Schools Program in Australia where medical students participating in extended rural clinical school placements proved in a 2019 study to be 1.5x more likely to practice in regional and rural practice five years upon graduating.(10) Given the diversity in the range of recruitment strategies, the evidence recommends that organizations should develop their own unique recruitment approach based on their available size, location, resources, and the needs of the health professional they are aiming to recruit.(7)

Key findings from jurisdictional scans

Our jurisdictional scan consisted of experiences from five countries and all Canadian provinces and territories on implementation approaches for healthcare professional recruitment strategies. We found that recruitment strategies implemented in the jurisdictions focused on recruiting individuals who were already trained as health professionals or students who could potentially become qualified health professionals. Based on the findings of the scan, we have organized the narrative summary below based on the target population of recruitment and the level of recruitment focus in other countries (Australia, New Zealand, United Kingdom, and United States – California, New York, and Washington) and then in Canadian jurisdictions.

International jurisdictions

Recruitment of qualified healthcare professionals

Local level

We did not identify any specific implementation approaches for recruiting healthcare professionals at the local level. Several third-party organizations that assist local organizations in recruiting healthcare workers were identified, such as KPG Healthcare, Alliance Recruitment Strategy, Nurse Match, Tag MedStaffing, and Atlantic Group, but the exact implementation strategies used by these businesses were not specified. However, a 2023 Local Public Health Workforce Report for the state of Washington, U.S., highlighted recruitment trends in the state that included the predominant use of third-party websites and local partners by most employers to recruit in a timely manner and the need for increased training in diversity in recruitment and retention policies.

National and state level

In terms of national-level recruitment strategies, we identified implementation features of the Voluntary Bonding Scheme program in New Zealand managed by Te Whatu Ora (Health New Zealand) which aims to encourage newly qualified health professionals to serve in high-need communities and specialties and to retain essential health professionals across New Zealand. An intake registration period of six weeks occurs annually, and all applications are considered and assessed by Te Whatu Ora. Those enrolled in the program receive annual payments that contribute to the repayment of their student loan or as top-up income. In the state of Washington, U.S., the Rural Health Sections Workforce Team advocates for recruitment of healthcare workers to rural areas by doing in-person presentations in clinics across the state and by encouraging rural employers to offer workers accessible transportation, financial incentives, employment opportunities and resources for healthcare workers' spouses, cultural and religious gatherings, recreational services, and professional development supports.

International level

Most of the recruitment strategies we identified focused on recruiting international health professionals. The National Health Service (NHS) in the U.K. has several programs aimed specifically at recruiting and supporting internationally-trained nurses to work in the U.K. Cpl Healthcare and Health Education England (NHS) offer the NHS Global Learners that supports nurses from overseas to work in NHS hospitals with a relocation package when positions are available. Benefits of the program include access to leading NHS hospitals, excellent educational opportunities, quick onboarding, objective structured clinical examination (OSCE) training, Nursing and Midwifery Council (NMC) registration support, a preceptorship program, and a personal development plan. NHS trusts receive extensive financial support for nursing and midwifery international recruitment, supplemented by a Direct Support Program focusing on effective recruitment strategies, collaboration, and pastoral care. Refugee nurse support is also available through the Refugee nurse support pilot programme, an NHS collaboration with the Department of Health and Social Care, Liverpool John Moores University (LJMU), RefuAid, and Talent Beyond Boundaries (TBB) that provides tailored training to nurses re-entering the nursing profession in England and secures NHS roles as support workers until participants are registering as nurses. Support in the form of pastoral care for participants and their families integrating into new communities is also provided.

In response to acute health workforce shortages, the New Zealand government established a Health Workforce Plan and launched a major International Recruitment Campaign in November 2022 that consisted of Health New Zealand and Immigration New Zealand collaborating to launch several initiatives specifically focused on recruitment and retention of internationally trained health professionals:

- Health New Zealand targeted the five countries where most internationally educated migrants to New Zealand come from – the U.K., Ireland, Canada, Singapore, and the U.S. – and worked with Immigration New Zealand to direct

message health professionals who were interested in migrating to New Zealand and run a series of webinars to give health workers a fuller picture of the emigration process.
- Immigration New Zealand added 32 new health sector roles to Tier 1 of the Green List (the straight-to-residence pathway) in May 2023 in order to prepare the health system for the coming winter, which led to a total of 48 health sector roles eligible for the pathway.
- Health New Zealand initiated the International Recruitment Centre in 2022 to provide a streamlined, candidate-centred service that offers free immigration advice by Licensed Immigration Advisors, a relocation package, local settlement services, and a candidate guide that can help eligible candidates to plan their migration journeys.
- Financial support was provided for internationally trained nurses going through the registration process who needed to complete the Competence Assessment Programme, for general practices to take post-graduate year one and year two interns, and for places on the Nurse Practitioner Training Programme.
- Two pilot programs were launched for overseas-trained doctors, one to help them achieve full registration and one to help bridge them into New Zealand health system.

One program in New Zealand also focuses on recruiting international health professionals to serve rural communities. The Hauora Taiwhenua Rural Health Network is contracted by the New Zealand government to recruit both national and international doctors and nurse practitioners for fixed-term and permanent positions in rural general practices across New Zealand. The network provides these services through its NZLocums & NZMedJobs team.

Finally, in Washington, U.S., the Department of Health implemented a workforce recruitment and retention program that sponsors a maximum of 30 waivers per year (20 primary care and 10 specialists) for internationally trained professionals to have their U.S. citizenship and immigration requirements waived once they commit to working in a rural or underserved area for a minimum of five years. The application process is facilitated and managed by third-party recruiters.

Training and recruitment of students in healthcare

In the international jurisdictions, all of the recruitment strategies for students in healthcare that we identified were focused on recruiting health professional students to serve rural or underserved communities.

Local level

The Rural Medical Immersion Program at the University of Otago in New Zealand enables fifth-year medical students to enhance their understanding of rural health and healthcare delivery by living and learning in rural communities across the South and lower North islands for one year. Guidance and mentorship in the program are provided by experienced general practitioners, rural hospital generalists, visiting specialists, and other healthcare team members. The University of Otago anticipates that in 2025, up to 35 students will live and learn in small groups in nine rural communities across the South and lower North Islands.

National and state level

The Australian government has financially invested in two programs to recruit health students to rural areas for medical training. The Rural Health Multidisciplinary Training (RHMT) program for medical, nursing, dental, and allied health professional students is implemented through a network for teaching and training consisting of 19 rural clinical schools and 16 University Departments of Rural Health (UDRH). As a result of this program, long-term rural clinical school placements have reportedly tripled since the 2000s, with nursing and allied health professional rural placements growing from approximately 3,000 per year in 2004 to 13,000 in 2018. The Australian College of Rural and Remote Medicine (ACRRM), predominantly funded by the Department of Health and Aged Care, support junior doctors and medical students in Australia who are considering a career as a Rural Generalist, and delivers structured education and training to its members through online on-demand and face-to-face workshops overseen by the Director of Training in collaboration with medical educators,

registrar liaison officers, and training network coordinators. As of 1 May 2023, the College has offered free student membership that gives medical students opportunities to access government grants and learn more about rural generalism as a career option. The Australian government continues to explore ways to increase rural medical training through giving stakeholders opportunities to access grants and funding for rural clinical placements.

In the U.S., state governments in New York and Washington have provided recommendations for implementing recruitment strategies for healthcare professionals that target students, including building relationships to support their career advancement, using incentives like service-obligated scholarships and loan repayment programs, and expanding volunteer opportunities for students at local healthcare organizations. Some examples of recruitment strategies that were implemented include the NYC Health + Hospitals Nursing Residency Program, the New Jewish Home Geriatrics Career Development Program, FutureReadyNYC, and multiple training and apprenticeship programs in Washington.

Canadian provinces and territories

Recruitment of qualified healthcare professionals

Provincial level

Our Canadian jurisdictional scan revealed that most provincial and territorial governments have published a guide or plan for recruitment and retention of healthcare professionals (British Columbia, Alberta, Manitoba, Saskatchewan, Quebec, New Brunswick, Nova Scotia, Northwest Territories, Yukon, and Nunavut). Targets of these plans generally encompass expanding the scope of practice of some allied health professionals (e.g. pharmacists), increasing the number of seats within provincial medical schools, ensuring consistent hiring practices, and creating educational opportunities for health workforce career development.

To attract health workers from other provinces, the Ontario government created and passed the "As of Right" legislation in 2023 that allows health care workers registered in other provinces and territories to immediately start working and caring for people without first having to register with one of Ontario's health regulatory colleges. Implementation of the inter-jurisdictional mobility rule is facilitated by the regulatory colleges. The province of Quebec has a system called PREM (Plan Régional d'Effectifs Médicaux) that regulates the distribution and practice of physicians across different regions of the province by taking into account the mobility of doctors already in practice and the expected number of new doctors. PREM is reviewed each year by the Ministry of Health and Social Services and the Federation of General Practitioners of Quebec based on the gaps observed between the workforce in place and the needs to be filled in each region of Quebec. In Nova Scotia, the Office of Healthcare Professionals Recruitment was established to recruit physicians nurses, and allied care workers, and in Prince Edward Island (P.E.I.), the Medical Society of Prince Edward Island and the Department of Health and Wellness have implemented a physician recruiting physician program that provides a more tailored recruitment process for physicians that includes a chief physician recruitment officer as an accountability measure for implementation.

Most provinces and territories have also allocated funding towards health workforce recruitment that will finance incentives, training, and career development opportunities for healthcare workers (British Columbia, Manitoba, Saskatchewan, New Brunswick, Newfoundland and Labrador, P.E.I., and Yukon). In Manitoba, specific examples of financial incentives that were identified include a weekend premium of $8.00 per hour for registered nurses and licensed practical nurses, a wellness bonus of $500 for nurses and allied health employees, and reimbursement of licensing fees. Newfoundland and Labrador provides financial incentives through their "Come Home" program for health professionals born, trained, educated, and previously practiced in the province and offers retention benefits such as travel allowances, income guarantees, and paid leaves. In Yukon, financial incentives to enhance recruitment and retention of healthcare workers included a $6 million package of retention and signing bonuses for nurses employed by the Government of Yukon and $2 million distributed across relevant stakeholders in Yukon to increase health human resource capacity and fund community physician and nurse practitioner recruitment strategies. In some provinces, funding is allocated specifically to recruit health professionals

to practice in rural communities. The British Columbia (B.C.) government invested $73.1 million to expand rural retention incentives for nurses, such as providing signing bonuses to fill high-need vacancies, and the government of Saskatchewan introduced incentive packages of up to $50,000 over three years for a return-of-service agreement for hard-to-recruit positions in rural and remote areas.

In terms of impact, some provinces have reported that implementation of their recruitment plan has been successful. For example, B.C. has reportedly welcomed more than 38,000 new workers to the health system during the last five years, New Brunswick reported that over 2,000 healthcare professionals were successfully recruited between 2021 and 2023, and in Nova Scotia, an increase of 28% increase was seen with 163 physicians being recruited from 2021 to 2022.

National level

The Government of Canada has implemented several initiatives aimed at improving and increasing the recruitment of healthcare professionals from within Canadian provinces and territories. In December 2023, Health Canada established Health Workforce Canada (HWC) to improve the collection and sharing of health workforce data and to collaborate with health sector partners, including the Canadian Institute for Health Information (CIHI), to address health workforce challenges. HWC has conducted a virtual pop-up session that focused on retaining new graduate nurses and it is currently developing a data and information dashboard to provide a consolidated view of the health workforce data available that will help users to plan for recruitment strategies. The Nursing Retention Toolkit was developed in early 2024 by Health Canada, in collaboration with the nursing community, to support the retention of nurses in Canada and improve their working lives by targeting eight core themes that can be used by organizations as strategies to target retention. The eight core themes are underpinned by the values of respect, anti-racism, anti-oppression, and transparency, and each theme has a respective goal and initiatives that align with it that organizations can implement to enhance the working conditions of nurses. Finally, in early 2024, the federal government increased the Canada Student Loan forgiveness for doctors and nurses working in underserved communities by 50%, meaning that up to $60,000 will be forgiven for a family physician or resident and up to $30,000 will be forgiven for a nurse or nurse practitioner. Managed by the Minister of Employment, Workforce Development and Official Languages, the Student Loan program works in partnership with most provinces and territories, with the exception of Quebec, the Northwest Territories, and Nunavut that receive alternative payments from the federal government to administer their own student financial assistance programs. The Government of Canada anticipates that the increase in loan forgiveness will assist approximately 3,000 doctors and nurses in the first year and up to 8,000 recipients per year by 2032–2033.

International level

In terms of recruitment of internationally trained health professionals, the Government of Canada has allocated funding in its recent yearly budgets for investments to increase the number of training positions and better integrate internationally educated healthcare professionals into the Canadian workforce. The government's Foreign Credential Recognition Program provides resources to internationally educated health professionals by collaborating with organizations across Canada that facilitate foreign credential recognition and support internationally educated health professionals in accessing work experiences and navigating through labour mobility between Canadian jurisdictions. In alignment with the objectives of this program, several of the provincial workforce recruitment plans (B.C., Alberta, Manitoba, Saskatchewan, Nova Scotia, and P.E.I.) highlight the need to streamline entry pathways and training for internationally educated health professionals. Contracting a recruitment firm to enhance initiatives to recruit internationally educated health professionals is one way that provinces have accelerated the process.

Training and recruitment of students in healthcare

There were limited experiences identified in Canadian provinces and territories that focused on training and recruitment initiatives for students in healthcare. The Manitoba, Saskatchewan, and Ontario governments have invested in increasing the capacity of provincial training institutions for medical, nursing, and allied health students, but we did not identify information on how the initiatives were actually implemented.

Next steps

Several gaps exist in the existing evidence syntheses and jurisdictional scans on models and approaches for implementing healthcare professional recruitment strategies that could be the focus of future research. These include:

- specific measures of how organizations execute the recruitment strategies they develop
- differences in implementation of healthcare professional recruitment strategies at the local, provincial/state, national, and international levels
- health sector–specific implementation approaches that consider the unique needs of healthcare professionals working in different areas of the health system
- additional measures being taken by Canadian provinces and territories to attract local and international recruits to be educated in a healthcare profession
- structured evaluations of the impact of different implementation approaches on recruitment of health professionals.

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