

Appendices

- 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 identified single study](#) (Appendix 4)
- 5) [Details about experiences identified in other countries](#) (Appendix 5)
- 6) [Details about experiences identified in Canadian provinces and territories](#) (Appendix 6)
- 7) [Documents that were excluded in the final stages of reviewing](#) (Appendix 7)
- 8) [References](#)

Models for implementing healthcare professional recruitment strategies

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Appendix 1: Methodological details

Background to the rapid synthesis

This rapid synthesis mobilizes both global and local research evidence about a question submitted to the McMaster Health Forum's Rapid Response program. Whenever possible, the rapid synthesis summarizes evidence drawn from existing evidence syntheses and from single research studies in areas not covered by existing evidence syntheses and/or if existing evidence syntheses are old or the science is moving fast. A systematic review is a summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and appraise research studies, and to synthesize data from the included studies. The rapid synthesis does not contain recommendations, which would have required the authors to make judgments based on their personal values and preferences.

The Forum produces timely and demand-driven contextualized evidence syntheses such as this one that address pressing health and social system issues faced by decision-makers (see [our website](#) for more details and examples). This includes evidence syntheses produced within:

- days (e.g., rapid evidence profiles or living evidence profiles)
- weeks (e.g., rapid syntheses that at a minimum include a policy analysis of the best-available evidence, which can be requested in a 10-, 30-, 60- or 90-business-day timeframe)
- months (e.g., full evidence syntheses or living evidence syntheses with updates and enhancements over time).

This rapid synthesis was prepared over a 30-business day timeframe and involved five steps:

- 1) submission of a question from a policymaker or stakeholder (in this case, B.C. Ministry of Health)
- 2) identifying, selecting, appraising, and synthesizing relevant research evidence about the question
- 3) conducting and synthesizing a jurisdictional scan of experiences about the question from other countries and Canadian provinces and territories
- 4) drafting the rapid synthesis in such a way as to present concisely and in accessible language the research evidence
- 5) finalizing the rapid synthesis based on the input of at least two merit reviewers.

Identification, selection, quality appraisal and synthesis of evidence

For this rapid synthesis, we searched Health Systems Evidence, Health Evidence, and PubMed on 10 May 2024 for:

- 1) evidence syntheses
- 2) single studies (when no guidelines or evidence syntheses are identified or when they are older).

In [Health Systems Evidence](#) and [Health Evidence](#), we searched for evidence syntheses using combinations of the search terms “recruit*,” “implement,” and “health.” In [PubMed](#), we searched for evidence syntheses and single studies published within the last 10 years using the search strategy: (operationalize OR roll-out OR administer or implement) AND recruitment strategy AND healthcare professional).

Each source for these documents is assigned to one team member who conducts hand searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid synthesis, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

For any included guidelines, two reviewers assess each guideline using three domains in the AGREE II tool (stakeholder involvement, rigour of development, and editorial independence). Guidelines are classified as high quality if they were scored as 60% or higher across each of these domains.

For each evidence synthesis we included, we documented the dimension of the organizing framework (see Appendix 2) with which it aligns, key findings, living status, methodological quality (using AMSTAR), last year the literature was searched (as an indicator of how recently it was conducted), availability of GRADE profile, and equity considerations using PROGRESS PLUS.

For AMSTAR, two reviewers independently appraise the methodological quality of evidence syntheses that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. High-quality evidence syntheses are those with scores of eight or higher out of a possible 11, medium-quality evidence syntheses are those with scores between four and seven, and low-quality evidence syntheses are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess evidence syntheses focused on clinical interventions, so not all criteria apply to evidence syntheses pertaining to delivery, financial, or governance arrangements within health systems or to broader social systems. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, an evidence synthesis that scores 8/8 is generally of comparable quality to another scoring 11/11; both ratings are considered ‘high scores.’ A high score signals that readers of the evidence synthesis can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the evidence synthesis should be discarded, merely that less confidence can be placed in its findings and that it needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1): S8.)

For primary research (if included), we documented the dimension of the organizing framework with which it aligns, publication date, jurisdiction studied, methods used, a description of the sample and intervention, declarative title and key findings, and equity considerations using PROGRESS PLUS. We then used this extracted information to develop a synthesis of the key findings from the included syntheses and primary studies.

During this process we include published, pre-print and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from documents that are written in languages other than Chinese, English, French, Portuguese, or Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing. We excluded documents

that did not directly address the research questions and the relevant organizing framework. All of the information provided in the appendix tables was taken into account by the authors in describing the findings in the rapid synthesis.

Identifying experiences from other countries and from Canadian provinces and territories

For this rapid synthesis, we work with the requestors to collectively decide on what countries (and/or states or provinces) to examine based on the question posed. For other countries as well as Canadian provinces and territories, we searched government and stakeholder websites, including national, regional, and local organizational sites for information relevant to the research question and organizing framework. While we do not exclude content based on language, where information is not available in English, Chinese, French, Portuguese, or Spanish, we attempt to use site-specific translation functions or Google Translate. A full list of websites and organizations searched is available upon request.

Appendix 2: Framework to organize what we looked for

We originally developed the framework below to categorize each of the evidence documents included in the rapid synthesis and to structure the presentation of the findings in appendices 3–6. 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 of our findings.

- Those involved in implementing the recruitment process
 - Recruiters responsible for coordinating the process
 - Government staff
 - Third-party recruiters
 - Local community representatives involved in the pitch and negotiation
 - Political leaders or representatives
 - Leaders of health systems or regions
 - Leaders of healthcare organizations (e.g., executive boards)
 - Healthcare professionals (e.g., chief of staff)
 - Leaders of community organizations
 - Leaders with affiliated academic institutions
- Components of recruitment implementation strategies or models that could be used
 - Recruitment
 - Virtual recruitment (e.g., through an online portal, social media, or job boards)
 - In-person recruitment
 - Existing networks
 - Recruitment process
 - Pre-screen based on criteria and licensing eligibility
 - Dissemination of personalized information package (e.g., type of practice opportunities and personal interests such as family, cultural, hobbies)
 - Interview
 - Site visits
 - Offer to hire and accept an applicant
 - Onboarding and retention
 - Use of recruitment agents/coordinators and/or implementation advisors or committee
 - Model/strategy implementation level
 - Centralized
 - Decentralized (e.g., to regions or local areas)
- Key components of the recruitment strategy that may need to be considered as part of implementation
 - Individuals for whom the recruitment process is targeted
 - Type of professional(s) being recruited
 - Physicians
 - Nurses
 - Pharmacists
 - Allied health professional
 - Personal support workers
 - Family members involved in relocation from recruitment
 - Level of recruitment focus
 - International
 - National
 - Province/state
 - Region
 - Local
 - Sector of recruitment focus

- Home and community care
- Primary care
- Speciality care (including hospitals, laboratory, and diagnostic services)
- Rehabilitation care
- Long-term care
- Public health
- Outcomes of recruitment implementation strategies or models
 - Healthcare professional experience
 - Number of healthcare professionals recruited

Appendix 3: Detailed data extractions from evidence syntheses sorted by relevance

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
<ul style="list-style-type: none"> Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> Type of professional(s) being recruited <ul style="list-style-type: none"> Physicians Level of recruitment focus <ul style="list-style-type: none"> National Sector of recruitment focus <ul style="list-style-type: none"> Primary care Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> Number of healthcare professionals recruited 	<p>Although various strategies have been implemented to boost general practitioner (GP) recruitment in China, challenges such as financial constraints, decreased clinician pay during training, and regional disparities continue to hinder their success (1)</p> <ul style="list-style-type: none"> GP recruitment in China faces multifaceted challenges involving personal, financial, and systemic factors Factors and challenges identified impacting the willingness to pursue GP roles include: <ul style="list-style-type: none"> individual background (i.e., personal characteristics, family influence, academic interest) remuneration and benefits (e.g., low wages and poor living conditions, especially in rural areas) poor career prospects (e.g., unclear job responsibilities, limited development opportunities, suboptimal training experiences) work environment factors including location (e.g., preference for urban and well-equipped facilities over rural and under-resourced settings), issues with doctor-patient interactions, and safety concerns self-fulfilment issues (e.g., low job satisfaction and social recognition) negatively affect willingness to pursue GP roles systemic factors associated with the national development and reform of primary care including well-developed policies (e.g., better understanding and implementation of supportive policies can enhance recruitment), organizational infrastructure (e.g., underdeveloped organizational structures) and scope of practice (e.g., limited prescribing rights) The review highlighted that effective strategies need to address these diverse issues through comprehensive policies, enhanced training programs, better remuneration, and improved working conditions 	Low	No	4/9 (AMSTAR rating by McMaster Health Forum)	April 2022	No	<ul style="list-style-type: none"> None identified
<ul style="list-style-type: none"> Components of recruitment implementation strategies or models that could be used 	<p>Given the diversity in the range of recruitment strategies for locum physicians, organizations develop their own unique recruitment approach based on their available size, location, resources, and the needs of the locum physicians they are aiming to recruit (2)</p>	Low	No	7/9 (AMSTAR rating by McMaster Health Forum)	October 2023	No	<ul style="list-style-type: none"> None identified

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
<ul style="list-style-type: none"> ○ Model/strategy implementation level ● Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians ▪ Family members involved in relocation from recruitment ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ Local ○ Sector of recruitment focus <ul style="list-style-type: none"> ▪ Primary care 	<ul style="list-style-type: none"> ● Six facilitators of locum physician recruitment and retention were identified in this systematic review, namely financial incentives, educational or career-based factors, familial considerations, mental and clinical support, personal incentives, and deterrents of locum work ● While different types of recruitment strategies were described, there was minimal detail about how these strategies were implemented by organizations 						

Appendix 4: Detailed findings from each single study sorted by relevance

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
<ul style="list-style-type: none"> Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> Recruitment process <ul style="list-style-type: none"> Pre-screen based on criteria and licensing eligibility Interview Site visits Offer to hire and accept an applicant Onboarding and retention Model/strategy implementation level <ul style="list-style-type: none"> Centralized Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> Type of professional(s) being recruited <ul style="list-style-type: none"> Allied health professional Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> Healthcare professional experience Number of healthcare professionals recruited 	<p>Behaviourally grounded recruitment approaches to allied health can help to improve staff attrition as compared to traditional competency-based models (3)</p> <ul style="list-style-type: none"> This case study evaluated the effectiveness of a recruitment intervention on allied health staff attrition rates at a hospital in Melbourne, Australia The new recruitment model differed from the traditional model as it included a telephone interview of the top three to five applicants with the hiring manager (three to five screens per position 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 <ul style="list-style-type: none"> 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 The study found that this new recruitment approach led to fewer staff terminations and overall improved staff retention 	High	<p><i>Publication date:</i> February 2020</p> <p><i>Jurisdiction studied:</i> Australia</p> <p><i>Methods used:</i> Case study</p>	<ul style="list-style-type: none"> None identified
<ul style="list-style-type: none"> Those involved in implementing the recruitment process <ul style="list-style-type: none"> Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> Leaders with affiliated academic institutions Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> Recruitment <ul style="list-style-type: none"> Virtual recruitment In-person recruitment Existing networks Recruitment process <ul style="list-style-type: none"> Interview Site visits 	<p>The implementation of inclusive recruitment practices in academic medicine involving standardized and transparent procedures and diverse recruitment committees can lead to positive experiences for equity-seeking candidates (4)</p> <ul style="list-style-type: none"> This study explored recruitment practices for implementing diversity in academic medicine at the University of Michigan The strategy for implementing diversity in the recruitment process involved: <ul style="list-style-type: none"> mandatory training for all faculty, staff, and residents on diversity in recruitment recruitment committees with representation of faculty from diverse backgrounds and academic ranks promotion of open positions on the job sites of underrepresented groups (e.g., Society of Black Academic Surgeons) implementation of the modified Rooney rule (which involved the mandatory inclusion of at least two qualified candidates from diverse backgrounds) standardized interview protocols, written evaluations, and scoring tools that are displayed to each candidate 	Medium	<p><i>Publication date:</i> August 2019</p> <p><i>Jurisdiction studied:</i> United States</p> <p><i>Methods used:</i> Not specified</p>	<ul style="list-style-type: none"> Race/ ethnicity/ culture/ language

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
<ul style="list-style-type: none"> ▪ Offer to hire and accept an applicant ▪ Onboarding and retention ○ Use of recruitment agents/coordinators and/or implementation advisors or committee ○ Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ National 	<ul style="list-style-type: none"> • Implementation of these strategies resulted in increased diversity of applicants and hires • Participants viewed the experience of the recruitment practices as positive and recruitment committee members felt the standardized tools were accurate • In terms of challenges, members of the recruitment committee were not compensated for their time, contributing to a minority tax that occurred where equity seeking groups perform unpaid labour to help 			
<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> ○ Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> ▪ Leaders of healthcare organizations ▪ Leaders of community organizations ▪ Leaders with affiliated academic institutions • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ In-person recruitment ▪ Existing networks ○ Recruitment process <ul style="list-style-type: none"> ▪ Interview ▪ Site visits ○ Model/strategy implementation level <ul style="list-style-type: none"> ▪ Decentralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ Region ▪ Local ○ Sector of recruitment focus <ul style="list-style-type: none"> ▪ Primary care • Outcomes of recruitment implementation strategies or models 	<p>Family physicians were recruited into rural communities in northern Ontario that were medically underserved through the Northern Ontario School of Medicine (NOSM) which exposed its graduates to rural and northern communities throughout their undergraduate or post-graduate medical training (5)</p> <ul style="list-style-type: none"> • Key informants for this case study represented eight communities, six of which had experienced a shortage of family physicians five to 10 years prior to the time of study (fall 2014) • According to the informants, dependency on locum doctors declined after the NOSM program was implemented; in five of the communities, an almost full complement of family doctors was achieved, with estimates of a decrease in the need for physicians from about 30 full-time physician vacancies to only one full-time vacancy • NOSM's Comprehensive Community Clerkship program enabled third-year students to live and work in a longitudinal integrated clerkship in the communities; many of these students were locals of the community • To facilitate recruitment, members of the NOSM team participate in the interview process for the incoming class and are involved in the development of the post-graduate curriculum and training sessions 	Medium	<p><i>Publication date:</i> 2017</p> <p><i>Jurisdiction studied:</i> Ontario</p> <p><i>Methods used:</i> Multiple case study</p>	<ul style="list-style-type: none"> • Place of residence

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
<ul style="list-style-type: none"> Healthcare professional experience Number of healthcare professionals recruited 				
<ul style="list-style-type: none"> Those involved in implementing the recruitment process <ul style="list-style-type: none"> Recruiters responsible for coordinating the process <ul style="list-style-type: none"> Third-party recruiters Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> Recruitment <ul style="list-style-type: none"> In-person recruitment Use of recruitment agents/coordinators and/or implementation advisors or committee Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> Type of professional(s) being recruited <ul style="list-style-type: none"> Nurses Level of recruitment focus <ul style="list-style-type: none"> Local Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> Healthcare professional experience Number of healthcare professionals recruited 	<p>Pre-professional education programs and specific resources for retention of students of underrepresented minorities from disadvantaged backgrounds can be used to increase diversification of university nursing program graduates and subsequently the nursing workforce (6)</p> <ul style="list-style-type: none"> This 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 The first approach was a pre-professional education program (established as a health career club, or HCC) where five urban high schools were selected and provided with human and fiscal resources through a three-year grant to establish an early connection with students from the schools' ethnically diverse populations and introduce them to careers in nursing <ul style="list-style-type: none"> For the program, a faculty adviser was appointed to act as a liaison between high school personnel and the university's education coordinator, and high school faculty were oriented to the program and provided with annual training sessions The education coordinator worked directly with students who joined the HCCs, which met twice per month; all students required parental consent to participate in the HCCs Students in the HCC completed individualized academic and career plans and were provided with several resources including web-based modules, presentations, experiential learning, and scheduled interactions with college nursing students to share firsthand experiences Funding was also provided to HCC students to enrol in the Kaplan Review ACT Prep course (eight weeks, 30 hours) to support them in preparing for the ACT nursing exam The second approach was to provide the resources and support for retention of students from the program once they were accepted into the nursing program, including hiring a full-time retention specialist who worked exclusively with the students to monitor their progress throughout the program and support them in overcoming any retention risk factors <ul style="list-style-type: none"> The retention specialist also held monthly "open meetings" after classes with the target population where they could discuss their experiences with other students in an open forum and get advice on how to address perceived barriers Mentorship opportunities and scholarship support were also provided Over the three years of the program, 392 high school students attended the HCCs, 45 of which enrolled in a health career major and 21 who were admitted to a nursing program 	Medium	<p><i>Publication date:</i> 2016</p> <p><i>Jurisdiction studied:</i> United States of America</p> <p><i>Methods used:</i> Descriptive</p>	<ul style="list-style-type: none"> Socio-economic status Race/ethnicity/culture/language Social capital Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
	<ul style="list-style-type: none"> After the retention specialist was hired, retention rates for the target population increased from 84.6% to 93.4% 			
<ul style="list-style-type: none"> Those involved in implementing the recruitment process <ul style="list-style-type: none"> Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> Leaders of community organizations Leaders with affiliated academic institutions Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> Type of professional(s) being recruited <ul style="list-style-type: none"> Physicians Level of recruitment focus <ul style="list-style-type: none"> Province/state Local 	<p>Community led organizations can support the recruitment and career planning of American Indians and Alaska Natives (AI/AN) in U.S. medical schools (8)</p> <ul style="list-style-type: none"> The paper described strategies for the training and development of the American Indian and Alaskan physician workforce, and includes an overview of the Northwest Native American Centre of Excellence (NNACoE), which aims to recruit, train, and retain AI/AN students and faculty in order to diversify the health professional workforce <ul style="list-style-type: none"> NNACoE has three primary target groups: pre-college students, college and post-college individuals with an interest in medical school, and academic faculty members The program piloted three innovations in 2017: <ul style="list-style-type: none"> 1) Tribal Health Scholars, a 14-week clinical opportunity for AI/AN youth at a tribal clinic that was facilitated by a Tribal Engagement Team that selected a tribal community to pilot the concept and gained approval from the tribal council prior to participant recruitment 2) Wy'East post-baccalaureate Pathway, a nine-month curriculum for AI/AN individuals who were seeking a career change or was denied acceptance into medical school that was structured specifically for the MCAT exam and for medical school, with conditional acceptance to Oregon Health & Science University School of Medicine 3) 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 Evaluation of the program is still needed to determine the impact of the innovations The authors concluded that there is limited information about recruiting Indigenous physicians in the U.S. workforce 	Medium	<p><i>Publication date:</i> December 2019</p> <p><i>Jurisdiction studied:</i> Alaska</p> <p><i>Methods used:</i> Cross-sectional study</p>	<ul style="list-style-type: none"> Race/ ethnicity/ culture/ language
<ul style="list-style-type: none"> Those involved in implementing the recruitment process <ul style="list-style-type: none"> Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> Leaders with affiliated academic institutions Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> Recruitment process Model/strategy implementation level <ul style="list-style-type: none"> Decentralized 	<p>Rural clinical schools have been associated with significant improvement in rural workforce recruitment and retention as opposed to urban-trained peers (7)</p> <ul style="list-style-type: none"> This study aimed to determine the association between rural clinical placement in the Rural Clinical Schools Program and rural location of practice The Rural Clinical Schools Program, funded by the Australian government, requires that 25% of all Commonwealth-supported students train at a rural clinical school for a minimum of one year and that 25% of students enrolled have a rural background Independent of a previous rural connection, medical students participating in extended rural clinical school placements have been shown to be 1.5 times more likely to practice in regional and rural practice five years upon graduating 	Low	<p><i>Publication date:</i> March 2019</p> <p><i>Jurisdiction studied:</i> Australia</p> <p><i>Methods used:</i> Cross-sectional study</p>	<ul style="list-style-type: none"> Place of residence

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
<ul style="list-style-type: none"> Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> Type of professional(s) being recruited <ul style="list-style-type: none"> Physicians Level of recruitment focus <ul style="list-style-type: none"> Region Local Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> Number of healthcare professionals recruited 				
<ul style="list-style-type: none"> Those involved in implementing the recruitment process <ul style="list-style-type: none"> Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> Political leaders or representatives Leaders of health systems or regions Healthcare professionals Leaders of community organizations Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> Recruitment <ul style="list-style-type: none"> Virtual recruitment 	<p>Implementing a multifaceted recruitment framework involving multiple stakeholders (e.g., government officials, healthcare leaders, community representatives), alongside strategies like virtual recruitment and personalized onboarding, significantly enhances workforce stability in remote healthcare settings (9)</p> <ul style="list-style-type: none"> The study explored a comprehensive framework (The Framework for Remote Rural Workforce Stability) for recruitment and retention of healthcare personnel in remote healthcare settings The strategic elements of the Framework are grouped into three elements that can be undertaken at the local, regional, or national levels: plan, recruit, and retain Under the <i>recruit</i> element, the Framework emphasizes the need to provide comprehensive accessible information to prospective recruits that can influence their decision (e.g. school locations), involve communities in the development of the recruitment and retention strategies, and support the spouses and families of the potential recruits Under the <i>retain</i> element, the Framework recommends supporting team cohesion amongst health professionals in rural and remote communities, ensuring relevant professional development training and education, and investing in training for future professionals Successful implementation relies on recognizing unique local issues, community engagement, targeted investments, consistent activities (e.g., supporting team cohesion), and continuous improvement 	Low	<p><i>Publication date:</i> 2020</p> <p><i>Jurisdiction studied:</i> Various countries including Canada, Norway, Colombia, Scotland, and Sweden</p> <p><i>Methods used:</i> Case studies</p>	<ul style="list-style-type: none"> None identified

Appendix 5: Detailed jurisdictional scan about models for implementing healthcare professional recruitment strategies in other countries

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
Australia	<ul style="list-style-type: none"> Those involved in implementing the recruitment process <ul style="list-style-type: none"> Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> Political leaders or representatives Leaders of health systems or regions Leaders of healthcare organizations Healthcare professionals Leaders with affiliated academic institutions Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> Recruitment <ul style="list-style-type: none"> Existing networks Model/strategy implementation level <ul style="list-style-type: none"> Centralized Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> Type of professional(s) being recruited <ul style="list-style-type: none"> Physicians Nurses Allied health professional Level of recruitment focus <ul style="list-style-type: none"> National Sector of recruitment focus <ul style="list-style-type: none"> Primary care Speciality care (including hospitals, laboratory, and diagnostic services) Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> Number of healthcare professionals recruited 	<ul style="list-style-type: none"> The Australian government has financially invested in the Rural Health Multidisciplinary Training (RHMT) program to recruit health students (medical, nursing, dental, allied health professionals) to rural areas for medical training at 21 funded universities <ul style="list-style-type: none"> The program is implemented through a network for teaching and training consisting of 19 rural clinical schools and 16 University Departments of Rural Health (UDRH) 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 An online sector stakeholder briefing was held with the Department of Education in May 2023 to discuss ways to increase rural medical training through a competitive grant of AU\$81 million in funding to expand clinical placements in rural areas <ul style="list-style-type: none"> Universities were asked to send questions in advance of the briefing and questions about the grant application process can be asked through GrantConnect The Queensland North West Hospital and Health Service (NWHHS) workforce was redesigned to improve service provision, recruitment and retention of staff; however, increasing supply of medical doctors reportedly did not translate to an increase in the medical workforce in remote regions The Australian College of Rural and Remote Medicine (ACRRM) aims to 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 <ul style="list-style-type: none"> As of 1 May 2023, the College has offered free student membership that gives medical students opportunities to access government grants; ACRRM offers this membership to expand brand awareness and rural generalism as a career option
New Zealand	<ul style="list-style-type: none"> Those involved in implementing the recruitment process <ul style="list-style-type: none"> Recruiters responsible for coordinating the process <ul style="list-style-type: none"> Government staff Third-party recruiters 	<ul style="list-style-type: none"> The Voluntary Bonding Scheme is a program managed by Te Whatu Ora (Health New Zealand) which aims to encourage newly qualified health professionals to serve in high-need communities and specialties using annual payments to help repay their student loan or as top-up income <ul style="list-style-type: none"> All applications are considered and assessed by Te Whatu Ora, which contacts applicants via a registrant portal and/or email

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> ○ Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> ▪ Leaders of health systems or regions ▪ Healthcare professionals • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ In-person recruitment ▪ Existing networks ○ Recruitment process <ul style="list-style-type: none"> ▪ Dissemination of personalized information package ▪ Site visits ▪ Offer to hire and accept an applicant ▪ Onboarding and retention ○ Use of recruitment agents/coordinators and/or implementation advisors or committee ○ Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized ▪ Decentralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses ▪ Family members involved in relocation from recruitment ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ International ▪ National ▪ Local ○ Sector of recruitment focus <ul style="list-style-type: none"> ▪ Primary care • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> ○ Healthcare professional experience ○ Number of healthcare professionals recruited 	<ul style="list-style-type: none"> ○ For the 2024 intake year, eligible professions include graduate midwives, nurses, rural and regional general practice trainees, and graduate pharmacists and anaesthetic technicians working in public sector hospitals (see website for full list of professions) ○ The scheme also focuses on retaining essential health professionals across New Zealand • Rural health initiatives in New Zealand: <ul style="list-style-type: none"> ○ Rural Medical Immersion Program (RMIP) is a one-year academic program for University of Otago fifth-year medical students and covers the Advanced Learning in Medicine (ALM5) curriculum's clinical knowledge and skills through experiential learning <ul style="list-style-type: none"> ▪ The program aims to enhance students' understanding of rural health and healthcare delivery ▪ Guidance and mentorship are provided by experienced general practitioners, rural hospital generalists, visiting specialists, and other healthcare team members ▪ In 2025, up to 35 students will live and learn in small groups in nine rural communities across the South and lower North islands ○ The Hauora Taiwhenua Rural Health Network has a contract with the New Zealand Government to offer rural support and recruitment services <ul style="list-style-type: none"> ▪ The network provides these services through its NZLocums & NZMedJobs team ▪ The NZLocums & NZMedJobs team recruits both national and international doctors and Nurse Practitioners ▪ Recruitment is for fixed-term and permanent positions in rural and urban general practices across New Zealand • In response to acute health workforce shortages, Health New Zealand initiated the International Recruitment Centre in 2022 to provide a streamlined, candidate-centred service to support the recruitment and retention of internationally trained migrants to New Zealand as well as New Zealand-trained ex-pats <ul style="list-style-type: none"> ○ The service provides 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 ○ The relocation package consists of one-way tickets to New Zealand for candidates and their family members temporary accommodation, a contribution towards moving, and a short-term car hire • Given the interest of other sectors of the health system to be a part of this work, Health New Zealand is working towards adopting a "whole-of-system" approach of expanding the International Recruitment Centre to other health and disability system employers • In November 2022, Health New Zealand launched its first major International Recruitment Campaign that targeted five countries where most internationally educated migrants come from – the U.K., Ireland, Canada, Singapore, and the U.S. – that consisted of working with Immigration New Zealand to direct message health professionals who were interested in migrating to New Zealand and running a series of webinars to give health workers a fuller picture of the emigration process • Immigration New Zealand has a Green List of 89 occupations that are eligible for a straight to residence visa or work to residence visa pathway of immigration to New Zealand <ul style="list-style-type: none"> ○ The Green List was first created in May 2022 to provide a pathway to residence for priority workers ○ The straight to residence visa allows candidates in Tier 1 Green list roles with current work or a job offer from an accredited employer in New Zealand to live, study and work in New Zealand indefinitely while the

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
		<p>work to residence visa allows candidates in Tier 2 Green list roles with permanent full-time work at an accredited employer in New Zealand to live, work and study indefinitely in New Zealand; spouses and dependents of the candidates can be included in the visa application</p> <ul style="list-style-type: none"> • In May 2023, the New Zealand government added 32 new health sector roles to Tier 1 of the Green List (the straight-to-residence pathway) in order to prepare the health system for the coming winter; this led to a total of 48 health sector roles eligible for the pathway • In July 2023, the New Zealand government released a Health Workforce Plan to boost recruitment and retention of healthcare workers that described several related initiatives that were underway including: <ul style="list-style-type: none"> ○ Accredited Employer Work Visa ○ funding support for nurses returning to practice or international going through the registration process who need to complete the Competence Assessment Programme ○ national Rural Hospital Locum Coordination Service for doctors in the rural workforce ○ funding for general practices to take post-graduate year one and year two interns ○ funding for places on the Nurse Practitioner Training Programme ○ two pilot programmes for overseas-trained doctors – one to help them achieve full registration and one to help bridge them into New Zealand health system
United Kingdom (U.K.)	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> ○ Recruiters responsible for coordinating the process <ul style="list-style-type: none"> ▪ Government staff ▪ Third-party recruiters ○ Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> ▪ Leaders of healthcare organizations ▪ Healthcare professionals • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ Virtual recruitment ▪ In-person recruitment ▪ Existing networks ○ Recruitment process <ul style="list-style-type: none"> ▪ Dissemination of personalized information package ▪ Onboarding and retention ○ Use of recruitment agents/coordinators and/or implementation advisors or committee ○ Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized ▪ Decentralized • Key components of the recruitment strategy that may need to be considered as part of implementation 	<ul style="list-style-type: none"> • The Targeted Enhanced Recruitment Scheme (TERS) provides financial incentives for trainees committing to work in historically under-recruited or under-doctoring and deprived areas of the U.K. <ul style="list-style-type: none"> ○ The application process and rules for TERS vary across the different nations of the U.K., but it offers a one-off payment of £20,000 to General Practitioner Specialty Trainees who work in selected training locations in England with a history of under-recruitment or under-doctoring ○ The scheme is part of a national recruitment and retention strategy, expanded to retain trainees who often stay in these areas post-training • Cpl Healthcare and Health Education England, National Health Service (NHS), offer the NHS Global Learners Program which is a program for overseas nurses to work in NHS hospitals in the U.K., gaining vital experience and expanding nursing knowledge <ul style="list-style-type: none"> ○ 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 ○ Support includes a relocation package, paid flight, visa fee coverage, three months paid accommodation, opportunity to join the NHS pension scheme, and a competitive salary with increments based on NMC Pin and experience ○ Availability to register for the Global Learners Program may vary • The nursing international recruitment programme through the NHS aims to establish an ethical and sustainable model supporting NHS trusts to enhance their international recruitment strategies <ul style="list-style-type: none"> ○ It prioritizes safe onboarding, induction, and pastoral support for international recruits entering the NHS workforce ○ Financial support is provided to trusts to increase international recruitment and ensure effective integration and professional support for nurses • International recruitment support is available for NHS trusts:

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses ▪ Family members involved in relocation from recruitment ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ International ▪ National ▪ Local ○ Sector of recruitment focus <ul style="list-style-type: none"> ▪ Primary care ▪ Speciality care (including hospitals, laboratory, and diagnostic services) • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> ○ Healthcare professional experience ○ Number of healthcare professionals recruited 	<ul style="list-style-type: none"> ○ 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 ○ The Universal Offer includes an International Recruitment Masterclass webinar series, sharing best practices, and an online community for international recruitment leads to foster idea sharing and discussion ○ The NHS launched the NHS Pastoral Care Quality Award in March 2022, allowing trusts to apply for recognition based on their international recruitment practices ○ Trusts can access core marketing materials to promote NHS opportunities to international nurses, supported by research and resources addressing recruitment challenges and a grants scheme to enhance pastoral support • The refugee nurse support pilot programme is an NHS collaboration with the Department of Health and Social Care, Liverpool John Moores University (LJMU), RefuAid, and Talent Beyond Boundaries (TBB), to assist refugee nurses in restarting their careers in the NHS <ul style="list-style-type: none"> ○ Initially designed for refugee nurses in the UK, the program now extends support to refugee nurses outside the U.K. seeking to join the NHS in England ○ Participants receive tailored training by LJMU to re-enter nursing and secure NHS roles, initially as healthcare support workers, while pursuing registration as nurses in England ○ To help with integration into new communities for participants and their families, improved pastoral care is provided from RefuAid and TBB (also supported by Reset)
United States – California	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> ○ Recruiters responsible for coordinating the process <ul style="list-style-type: none"> ▪ Third-party recruiters • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ Virtual recruitment ▪ In-person recruitment ▪ Existing networks ○ Use of recruitment agents/coordinators and/or implementation advisors or committee ○ Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses 	<ul style="list-style-type: none"> • The California Center for Health Care Strategies provides recommendations for implementation approaches for expanding the healthcare sector <ul style="list-style-type: none"> ○ Recruitment can be done using existing networks (e.g., within health clinics) or through in person community events • For-hire third-party agencies like KPG Healthcare and Alliance Recruitment Strategy are virtual platforms that can match healthcare workers from across the United States to positions in California <ul style="list-style-type: none"> ○ The exact implementation strategy used in businesses were not clearly stated, perhaps because there are a few third-party agencies that exist and compete for the same business • Nurse Match is a third-party organization offering financial incentives for registered nurses trained in Canada or the United States to work in the Fresno or Rancho Mirage country

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> - Pharmacists - Allied health professional - Personal support workers o Level of recruitment focus <ul style="list-style-type: none"> ▪ National 	
United States – New York	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> o Recruiters responsible for coordinating the process <ul style="list-style-type: none"> ▪ Third-party recruiters • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> o Recruitment <ul style="list-style-type: none"> ▪ Virtual recruitment ▪ In-person recruitment ▪ Existing networks o Recruitment process <ul style="list-style-type: none"> ▪ Onboarding and retention o Use of recruitment agents/coordinators and/or implementation advisors or committee o Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> o Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses - Pharmacists - Allied health professional - Personal support workers o Level of recruitment focus <ul style="list-style-type: none"> ▪ National ▪ Provincial/state 	<ul style="list-style-type: none"> • For-hire third-party agencies like Valhalla Medics, Tag MedStaffing, and Atlantic Group help organizations find qualified national candidates and continuously stay up to date on best-to-date practices for recruitment and retention • The Centre for Health Workforce Studies recommends that organizations implementing recruitment strategies for healthcare professionals could target student networks, 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 <ul style="list-style-type: none"> o Some examples of best practice in the field included the NYC Health + Hospitals Nursing Residency Program, the New Jewish Home Geriatrics Career Development Program, FutureReadyNYC, Jamaica Hospital Student Nurse Summer Externship Program, and the implementation of an AHRC Retention Support Coordinator (a retention support coordinator can be hired to help limit turnovers and support the onboarding process)
United States – Washington	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> o Recruiters responsible for coordinating the process <ul style="list-style-type: none"> ▪ Government staff ▪ Third-party recruiters • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> o Recruitment 	<ul style="list-style-type: none"> • The Washington State Department of Health has implemented a workforce recruitment and retention program <ul style="list-style-type: none"> o The states sponsors a maximum of 30 waivers per year (20 primary care and 10 specialists) for internationally trained professionals to work in rural and underserved areas o Internationally trained physicians can apply to waive their U.S. citizenship and immigration requirements if they commit to servicing an underserved area for a minimum of five years

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> ▪ Virtual recruitment ▪ In-person recruitment ▪ Existing networks ○ Recruitment process <ul style="list-style-type: none"> ▪ Onboarding and retention ○ Use of recruitment agents/coordinators and/or implementation advisors or committee ○ Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses - Pharmacists - Allied health professional - Personal support workers ▪ Family members involved in relocation from recruitment ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ International ▪ National ▪ Provincial/state ▪ Regional ▪ Local ○ Sector of recruitment focus <ul style="list-style-type: none"> ▪ Home and community care ▪ Primary care ▪ Speciality care (including hospitals, laboratory, and diagnostic services) 	<ul style="list-style-type: none"> ○ To recruit and incentivise at the student level, the state offers a loan repayment program for providers in primary care, dental, behavioural health, allopathic, osteopathic, nursing, midwife, and physician assistance ○ The state has created a website, run by third-party recruiters, to facilitate the application process for healthcare professionals looking to work in rural areas • The Rural Health Sections Workforce Team does in-person presentations in clinics across the state to recruit healthcare workers to rural areas, as well as help rural clinics implement recruitment plans <ul style="list-style-type: none"> ○ Employers are encouraged to offer options for healthcare workers to explore rural communities including accessible transportation, cultural and religious gatherings, recreational services, community supports, and more ○ Employers should consider the demographic information and unique needs of community to find candidates with interest and experience in these areas (e.g., older adults) ○ Spouses and family members should be considered during recruitment (e.g., employment for spouses and schools for children) ○ Financial incentives may be beneficial (e.g., loan repayment, income guarantee, signing bonus, retention payment, retirement package, benefits) ○ Employers should provide professional development and supports ○ The unique services and resources available in the clinic should be highlighted in the recruitment plan ○ Formal recruitment and onboarding plans can provide necessary supports for the transition • The Rural Health Workforce has created a guide to implementing workforce strategies in Washington States's rural health systems <ul style="list-style-type: none"> ○ Strategies to recruit students from high school should be implemented to encourage healthcare workers from rural communities to return to their communities (e.g., awareness, shadowing, in-person events, and scholarships) ○ Key components of implementation include intentional conversations with prospective candidates, ongoing community outreach, and compensation when possible ○ Existing healthcare workers should participate in recruitment plans (e.g., career fair panels or testimonials) ○ Some examples of workforce recruitment strategies include the Lake Chelan Health Hospital's Job shadowing Program, the Mason Health Scholarship Program, the Nursing Assistant Certified Scholarship Program, and training and apprenticeship programs • The 2023 Local Public Health Workforce Report has identified recruitment trends <ul style="list-style-type: none"> ○ Most employers recruit via third-party websites (e.g., Indeed), local partners, and country human resources ○ Recruitment was described as resource and time intensive, with some employers opting to use professional recruitment services ○ The report recommends increased training in recruitment, diversity in recruitment policies, and retention policies ○ Examples of retention strategies that can be implemented include career advancement opportunities, loan repayment programs, competitive salaries, and supporting staff mental health • The National Academy for State Health Policy's 2022 report has recommended strategies for recruiting physicians and nurses

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
		<ul style="list-style-type: none"> ○ The report recommends recruiting students from equity deserving groups who plan to work in underserved areas

Appendix 6: Detailed jurisdictional scan about models for implementing healthcare professional recruitment strategies in Canadian provinces and territories

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
Pan-Canadian	<ul style="list-style-type: none"> Those involved in implementing the recruitment process <ul style="list-style-type: none"> Recruiters responsible for coordinating the process <ul style="list-style-type: none"> Government staff Third-party recruiters Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> Political leaders or representatives Leaders of health systems or regions Healthcare professionals Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> Recruitment <ul style="list-style-type: none"> Virtual recruitment Existing networks Recruitment process <ul style="list-style-type: none"> Pre-screen based on criteria and licensing eligibility Dissemination of personalized information package Onboarding and retention Model/strategy implementation level <ul style="list-style-type: none"> Centralized Decentralized Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> Type of professional(s) being recruited <ul style="list-style-type: none"> Physicians Nurses Pharmacists Allied health professional Level of recruitment focus <ul style="list-style-type: none"> International National Province/state Sector of recruitment focus <ul style="list-style-type: none"> Home and community care Primary care 	<ul style="list-style-type: none"> Health Workforce Canada (HWC) was established in December 2023 by Health Canada as an independent organization that aims 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 <ul style="list-style-type: none"> HWC's data and information dashboard is being developed in collaboration with CIHI and Statistics Canada to provide a consolidated view of the health workforce data available that will help users to plan for recruitment strategies HWC conducted a virtual pop-up session that was focused on retaining new graduate nurses by asking a workshop of key decision-makers (e.g. supervisors) and new graduates about their experiences working on the frontline In Budget 2024, the Government of Canada proposed an investment of \$77.1 million over four years, starting in 2025–2026, to better integrate internationally educated healthcare professionals into the Canadian workforce through the creation of 120 training positions and investments in assessment capacity and support for navigating the credentialing systems On 13 February 2024, the Government of Canada announced that Canada Student Loan forgiveness for doctors and nurses working in underserved communities in Canada was increased 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 <ul style="list-style-type: none"> This loan forgiveness policy only applies to the federal portion of a student loan and is 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 To access grants and loans through the program, students must apply with their province or territory and the amount is calculated after application 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 The Government of Canada's Foreign Credential Recognition Program focuses on supporting the integration of skilled newcomers into the health workforce of Canada and was allocated \$115 million in Budget 2022 over five years and \$30 million ongoing, in addition to the program's annual base of \$27.3 million <ul style="list-style-type: none"> In January 2024, the federal government announced an additional investment of \$86 million in funding for 15 organizations in Canada to increase capacity for foreign credential recognition through the program that will support approximately 6,600 internationally educated health

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> ▪ Speciality care (including hospitals, laboratory, and diagnostic services) ▪ Rehabilitation care ▪ Long-term care ▪ Public health • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> ○ Healthcare professional experience ○ Number of healthcare professionals recruited 	<p>professionals in accessing work experiences and navigating through labour mobility between Canadian jurisdictions</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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 ○ The eight core themes are: 1) inspired leadership, 2) flexible and balanced ways of working, 3) organizational mental health and wellness supports, 4) professional development and mentorship, 5) reduced administrative burden, 6) strong management and communication, 7) clinical governance and infrastructure, and 8) safe staffing practices
British Columbia (B.C.)	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> ○ Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> ▪ Political leaders or representatives ▪ Leaders of health systems or regions ▪ Leaders of healthcare organizations ▪ Healthcare professionals • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ Virtual recruitment ○ Recruitment process <ul style="list-style-type: none"> ▪ Onboarding and retention • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses - Pharmacists - Allied health professional - Personal support workers ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ Province/state ○ Sector of recruitment focus <ul style="list-style-type: none"> ▪ Home and community care ▪ Primary care 	<ul style="list-style-type: none"> • The Government of British Columbia released its workforce strategy, which focuses on four key pillars: 1) retain, 2) redesign, 3) recruit, and 4) train <ul style="list-style-type: none"> ○ Targets include expanding the scope of practice of pharmacists (e.g., prescribing for minor ailments and contraception), recognizing internationally educated healthcare workers, increasing the seats within provincial medical schools, and developing a pool of nurses to travel to rural and remote areas ○ The province will be investing \$155.7 million in retaining and recruitment efforts for allied health and clinical support staff and an additional \$73.1 million to expand the rural retention incentives, which provides signing bonuses to fill high-need vacancies ○ As a result of efforts to increase the health workforce in B.C. in recent years, the province has welcomed more than 38,000 new workers to the health system during the last five years • The FPSC Provincial Recruitment and Retention Steering Committee was developed to bring together family physicians, divisions, professional associations, governments, and health authorities to coordinate a streamlined approach to recruiting, retaining, and practice <ul style="list-style-type: none"> ○ In the Provincial Allied Health Strategy Consultation Engagement Summary Report, respondents discussed hearing about their current position through employer websites and word of mouth as opposed to recruitment incentives

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> Speciality care (including hospitals, laboratory, and diagnostic services) Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> Number of healthcare professionals recruited 	
Alberta	<ul style="list-style-type: none"> Those involved in implementing the recruitment process <ul style="list-style-type: none"> Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> Political leaders or representatives Recruitment process <ul style="list-style-type: none"> Onboarding and retention Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> Type of professional(s) being recruited <ul style="list-style-type: none"> Physicians Nurses Pharmacists Allied health professional Personal support workers Level of recruitment focus <ul style="list-style-type: none"> Province/state Sector of recruitment focus <ul style="list-style-type: none"> Primary care Speciality care (including hospitals, laboratory, and diagnostic services) Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> Number of healthcare professionals recruited 	<ul style="list-style-type: none"> Alberta's Health Workforce Strategy features five key pillars: 1) retain and support, 2) attract, 3) grow, 4) strengthen, and 5) evolve <ul style="list-style-type: none"> Key features include new and expanded supports for rural physicians, streamlining entry pathways for internationally trained healthcare professionals, focused recruitment strategies that emphasize consistent hiring practices, and new mental health training programs and educational investments On 17 February 2022, a brief published by the O'Brien Institute for Public Health discussed recruitment and retention strategies for rural and remote physicians; physicians emphasized alternate payment models (non-fee for service) and non-financial incentives as facilitators to address the issues facing rural practice <ul style="list-style-type: none"> A second brief discusses competitive compensation, incentives, and increased capacity for training and education as strategies to bolster the primary care sector workforce within the province
Manitoba	<ul style="list-style-type: none"> Those involved in implementing the recruitment process <ul style="list-style-type: none"> Recruiters responsible for coordinating the process <ul style="list-style-type: none"> Third-party recruiters Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> Political leaders or representatives Leaders of health systems or regions Leaders of healthcare organizations Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> Recruitment process <ul style="list-style-type: none"> Pre-screen based on criteria and licensing eligibility Model/strategy implementation level 	<ul style="list-style-type: none"> In November 2022, the Manitoba government announced a \$200 million Health Human Resource Action plan to help retain, train, and recruit 2,000 nurses, doctors, and allied health professionals <ul style="list-style-type: none"> Since its inception, there has been a notable increase in nurse and physician training over the years; over 400+ nursing seats have been added across multiple training institutions (e.g., 115 seats at Red River College Polytechnic and an additional class intake at the University of Manitoba) and 80 seats within medical education (e.g., 40 undergraduate medical student seats, 10 seats in the one-year international medical graduate program, and 30 seats in the two-year post-graduate medical education program) <ul style="list-style-type: none"> Additional training seats will be opening in psychiatry, psychology, and psychiatric career programs Several incentives have been initiated since announcing this action plan, including but not limited to a weekend premium of \$8.00 per hour (\$5.9 million has been paid through this premium to date), a wellness bonus of \$500, and reimbursing licensing fees; forthcoming

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> ▪ Centralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses - Allied health professional ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ Province/state ○ Sector of recruitment focus <ul style="list-style-type: none"> ▪ Home and community care ▪ Primary care ▪ Speciality care (including hospitals, laboratory, and diagnostic services) • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> ○ Number of healthcare professionals recruited 	<p>incentives include a physician collaboration tool, mental health supports, and institutional safety officers</p> <ul style="list-style-type: none"> ○ Recruitment efforts include the implementation of a 'refer-a-nurse program,' which consists of a \$1,000 referral bonus, and an eligible retiree and returning provider incentive programs; future recruitment investments will be made in modernizing a memorandum of understanding with the Philippines and fast-tracking pathways for both physicians and nurses • The Manitoba government has contracted a recruitment firm to recruit an additional 150 physicians to work within the province, accelerating the process for internationally educated physicians to enter the workforce
Saskatchewan	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> ○ Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> ▪ Political leaders or representatives ▪ Leaders of health systems or regions ▪ Leaders of healthcare organizations ▪ Healthcare professionals ▪ Leaders of community organizations ▪ Leaders with affiliated academic institutions • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ Existing networks ○ Recruitment process <ul style="list-style-type: none"> ▪ Onboarding and retention ○ Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses 	<ul style="list-style-type: none"> • Saskatchewan has developed a four-point Action Plan that accelerates efforts to attract and retain healthcare workers <ul style="list-style-type: none"> ○ The plan outlines four pillars guiding solutions to address the current challenges and build a stronger, more sustainable healthcare workforce ○ Over \$60 million will be invested in this Action Plan ○ Actions include: <ul style="list-style-type: none"> ▪ Recruitment <ul style="list-style-type: none"> - Actively recruiting hundreds of internationally educated healthcare professionals from countries like the Philippines and welcoming Ukrainian newcomers interested in pursuing careers in the healthcare sector - A call for unlicensed residents of Saskatchewan and Canada with international healthcare training or experience to explore opportunities for future training and employment within Saskatchewan's healthcare system ▪ Training <ul style="list-style-type: none"> - A 150-nursing seat expansion in fall 2024 through the University of Saskatchewan, University of Regina and Saskatchewan Polytechnic - A streamlined and accelerated training, assessment, and licensure pathway for internationally educated nurses for overseas recruits ▪ Incentives <ul style="list-style-type: none"> - Introduction of new incentive packages of up to \$50,000 over three years for a return-of-service agreement for hard-to-recruit positions, mainly in rural and remote areas - Training, licensing, and relocation supports for internationally educated healthcare workers arriving from overseas and those currently living in the province

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> - Allied health professional o Level of recruitment focus <ul style="list-style-type: none"> ▪ International ▪ National ▪ Province/state o Sector of recruitment focus <ul style="list-style-type: none"> ▪ Primary care ▪ Speciality care (including hospitals, laboratory, and diagnostic services) • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> o Number of healthcare professionals recruited 	<ul style="list-style-type: none"> ▪ Retention <ul style="list-style-type: none"> - Adding 100 new full-time positions for rural and remote areas in professional areas including Registered Nurses, Continuing Care Assistants, Licensed Practical Nurses, Combined Lab and X-Ray Technicians, and others - Converting 150 part-time positions to full-time permanent positions for rural and remote areas in these professional classifications - \$3.5 million for physician recruitment and retention initiatives, particularly targeting family physicians working in rural areas of the province - Working with partners to develop a First Nations and Métis recruitment and retention strategy
Ontario	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> o Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> ▪ Political leaders or representatives ▪ Leaders of health systems or regions ▪ Leaders of healthcare organizations ▪ Healthcare professionals ▪ Leaders of community organizations ▪ Leaders with affiliated academic institutions • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> o Recruitment <ul style="list-style-type: none"> ▪ Existing networks o Recruitment process <ul style="list-style-type: none"> ▪ Onboarding and retention o Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> o Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Nurses - Allied health professional - Personal support workers o Level of recruitment focus <ul style="list-style-type: none"> ▪ International ▪ Province/state o Sector of recruitment focus <ul style="list-style-type: none"> ▪ Primary care 	<ul style="list-style-type: none"> • The Ontario government introduced the new “As of Right” rules that will allow healthcare 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 <ul style="list-style-type: none"> o Implementation of the inter-jurisdictional mobility rule is facilitated by the regulatory colleges • As part of the Ontario government’s Your Health plan to connect residents of long-term care to more direct hours of care, more than \$30 million will be invested over three years, starting in 2023, to help individuals launch their careers as personal support workers (PSWs): <ul style="list-style-type: none"> o This includes providing new incentives of up to \$25,400 to students and recent graduates of PSW programs

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> ▪ Long-term care • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> ○ Number of healthcare professionals recruited 	
Quebec	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> ○ Recruiters responsible for coordinating the process <ul style="list-style-type: none"> ▪ Government staff • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ Existing networks ○ Recruitment process <ul style="list-style-type: none"> ▪ Pre-screen based on criteria and licensing eligibility ○ Model/strategy implementation level <ul style="list-style-type: none"> ▪ Decentralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ Province/state ○ Sector of recruitment focus <ul style="list-style-type: none"> ▪ Primary care • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> ○ Number of healthcare professionals recruited 	<ul style="list-style-type: none"> • In Quebec, the term PREM (Plan Régional d'Effectifs Médicaux) refers to the Regional Physician Resource Plan, a system that regulates the distribution and practice of physicians across different regions of the province <ul style="list-style-type: none"> ○ This system is crucial for ensuring equitable access to healthcare services by addressing regional disparities in the availability of medical professionals ○ PREM is reviewed each year based on the gaps observed between the workforce in place and the needs to be filled in each region of Quebec ○ PREM takes into account the mobility of doctors already in practice and the expected number of new doctors ○ The management of PREM is governed by the Ministry of Health and Social Services and the Federation of General Practitioners of Quebec
New Brunswick	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> ○ Recruiters responsible for coordinating the process <ul style="list-style-type: none"> ▪ Government staff ▪ Third-party recruiters ○ Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> ▪ Political leaders or representatives ▪ Leaders of health systems or regions ▪ Leaders of healthcare organizations ▪ Healthcare professionals ▪ Leaders with affiliated academic institutions • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ Existing networks 	<ul style="list-style-type: none"> • Horizon New Brunswick has financially invested in recruiting physicians, registered nurses, and nurse practitioners through leveraging existing networks in the New Brunswick community by offering financial compensation <ul style="list-style-type: none"> ○ Individuals can receive compensation for successful referrals (e.g., \$2,000 for physicians, and \$1,000 for nurses and nurse practitioners) • Horizon New Brunswick has initiated a recruitment strategy, SNAP, which guarantees all nursing students employment to facilitate recruitment right after graduation • The New Brunswick call to action states that the provincial government is working with the federal government to facilitate the process of recognizing foreign qualifications for international providers • Between 2021 to 2023, New Brunswick's implementation strategy has successfully recruited over 2,000 professionals <ul style="list-style-type: none"> ○ A total of 494 registered nurses, 202 licensed practitioner nurses, 145 physicians, and 505 personal care attendants have been hired ○ International recruits composed of 103 nurses

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> ○ Recruitment process <ul style="list-style-type: none"> ▪ Site visits ○ Use of recruitment agents/coordinators and/or implementation advisors or committee ○ Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses - Allied health professional - Personal support workers ▪ Family members involved in relocation from recruitment ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ International ▪ National ▪ Province/state ▪ Region ▪ Local • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> ○ Healthcare professional experience ○ Number of healthcare professionals recruited 	<ul style="list-style-type: none"> • The current New Brunswick Horizon health performance indicator states that the province has exceeded their target for recruitment of registered nurses • The 2022 Physician recruitment and retention in Atlantic provinces recommends the implementation of recruitment strategies aimed to support family members of healthcare workers • New Brunswick's Regional Health Authorities and Department of Health merged their implementation recruitment strategies to provide one central source for prospective recruits and facilitate recruitment <ul style="list-style-type: none"> ○ The program leverages existing networks of residents and students to promote recruitment into official healthcare positions ○ The program invites physicians for site visits ○ Recruits may be allotted relocation costs of up to \$8,000 ○ The implementation of this strategy may be limited due to challenges with communication across both organizations • New Brunswick utilizes virtual recruitment boards, providing information on available positions and lifestyle benefits
Newfoundland and Labrador	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> ○ Recruiters responsible for coordinating the process ○ Government staff • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ Existing networks ○ Recruitment process <ul style="list-style-type: none"> ▪ Onboarding and retention • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses - Pharmacists 	<ul style="list-style-type: none"> • The Newfoundland and Labrador Health Services manages the implementation of the recruit process for healthcare professionals <ul style="list-style-type: none"> ○ The organization implements specific strategies for local candidates through their "Come Home" incentive for those born, trained, educated, and previously practiced in the province <ul style="list-style-type: none"> ▪ Physicians: \$100,000 for five years of service ▪ Radiation therapists: \$60,000 for three years of service ▪ Clinical psychologists' nurses, medical physicists, respiratory therapists, nuclear medicine technologists, electro neurophysiology technologists, clinical pharmacists, and cardiovascular perfusionists: \$50,000 for three years of service ▪ A range of \$40,000 to \$90,000 to medical residents depending on the community level ○ The organization offers \$8,000 nursing student tuition relief and \$7,500 for medical students to implement recruitment and the training level ○ The organization considers fostering existing relationships as a key component of their implementation plan, providing retention benefits including travel allowances and paid leaves, and equitable work cultures ○ Implementation strategies for international candidates are available

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> - Allied health professional o Level of recruitment focus <ul style="list-style-type: none"> ▪ International ▪ National ▪ Province/state ▪ Region ▪ Local o Sector of recruitment focus <ul style="list-style-type: none"> ▪ Home and community care ▪ Primary care ▪ Speciality care (including hospitals, laboratory, and diagnostic services) ▪ Rehabilitation care • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> o Number of healthcare professionals recruited 	<ul style="list-style-type: none"> ▪ The Ukraine Physician Licensure Support Program offers up to \$10,000 in funding for two years of service for physicians from the Ukraine ▪ Facilitated licensure pathways for internationally trained (United States, United Kingdom, Ireland, India, Philippines, Australia, New Zealand, Nigeria, and Hong Kong) physicians and nurses are underdevelopment, with existing pathways and specialized registration groups available on the website o This implementation plan has a specific focus on primary care, offering a \$150,000 start up grant for family practices and an income guarantee of a salaried physician for independent family physicians for the first two years of their business o A key component of Newfoundland's implementation recruitment plan is the description of the land and culture as a selling feature • Healthcare professional organizations have emphasized the need for the implementation of recruitment plans to be data driven by the needs of the healthcare system • The federal government and provincial government have developed a plan (not yet implemented) to leverage existing networks to recruit healthcare workers through existing healthcare workers and community members • Between 2022 to 2023, 200 international nurses were recruited • Newfoundland and Labrador utilizes virtual recruitment boards, providing information on available positions, learning opportunities, financial incentives, and lifestyle benefits
Nova Scotia	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> o Recruiters responsible for coordinating the process <ul style="list-style-type: none"> ▪ Government staff o Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> ▪ Political leaders or representatives ▪ Leaders of health systems or regions ▪ Leaders of healthcare organizations ▪ Healthcare professionals • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> o Recruitment <ul style="list-style-type: none"> ▪ Virtual recruitment ▪ In-person recruitment ▪ Existing networks o Recruitment process <ul style="list-style-type: none"> ▪ Pre-screen based on criteria and licensing eligibility ▪ Site visits ▪ Onboarding and retention • Key components of the recruitment strategy that may need to be considered as part of implementation 	<ul style="list-style-type: none"> • In 2021, the Office of Healthcare Professionals Recruitment was established to recruit physicians, nurses, and allied care workers <ul style="list-style-type: none"> o The organization runs community-led recruitments by working with healthcare leaders to understand barriers to recruitment • The 2020–2023 physician recruitment strategy highlights important considerations for the implementation of recruitment plans <ul style="list-style-type: none"> o The plan focuses on holistic approaches including affordable housing and spousal benefits o The physician recruitment team includes 12 physicians from diverse departments o The office recruits through social media, conferences, and existing local networks o After determining licensing eligibility, the recruitment process involves personalized site visits o Once recruited, onboarding and retention programs are implemented <ul style="list-style-type: none"> ▪ Examples include welcome events, community tool kits, mentoring opportunities, professional development opportunities, and community activities to help workers establish strong community roots o The implementation plan undergoes continuous evaluation • The implementation of this plan has increased the number of healthcare professionals recruited <ul style="list-style-type: none"> o From 2021 to 2022, a 28% increase was seen with 163 physicians being recruited (75 family, 88 speciality) o Outcomes of the implementation plan are still being collected • Specific implementation strategies are available for internationally trained nurses including personalized immigration settlement and employment support

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	<ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses - Pharmacists - Allied health professional ▪ Family members involved in relocation from recruitment ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ International ▪ National ▪ Province/state ▪ Region ▪ Local • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> ○ Number of healthcare professionals recruited 	<ul style="list-style-type: none"> ○ Nurses from Philippines, India, Nigeria, United States, United Kingdom, Australia, and New Zealand can access an expedited licensure process • Next steps for the implementation plan include \$2 million in funding for local recruitment, developing onboarding and retention processes, engaging healthcare workers in recruitment efforts, explore systematic barriers to recruitment (e.g., racism), and focusing on international recruitment
Prince Edward Island (P.E.I.)	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> ○ Recruiters responsible for coordinating the process <ul style="list-style-type: none"> ▪ Government staff ▪ Third-party recruiters ○ Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> ▪ Leaders of health systems or regions ▪ Leaders of healthcare organizations ▪ Healthcare professionals • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ Virtual recruitment ▪ Existing networks ○ Recruitment process <ul style="list-style-type: none"> ▪ Pre-screen based on criteria and licensing eligibility ○ Use of recruitment agents/coordinators and/or implementation advisors or committee ○ Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized ▪ Decentralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited 	<ul style="list-style-type: none"> • Prince Edward Island has implemented recruitment strategies leveraging existing networks of recent graduates and local nurses and midwives <ul style="list-style-type: none"> ○ Financial incentives are available <ul style="list-style-type: none"> ▪ Signing bonuses include \$5,000 for licenced practical nurses, \$8,000 for registered nurses, nurse practitioners, and midwives ▪ An additional \$5,000 is available for those who practice in rural areas ▪ Specialized student loans are available for nursing students ○ Expedited hiring processes are available for nursing and midwife students • The Medical Society of Prince Edward Island and Department of Health and Wellness has implemented a physician recruiting physician program <ul style="list-style-type: none"> ○ This offers a more personalized and tailored recruitment process ○ A chief physician recruitment officer will be appointment as an accountability measure in the implementation plan • The P.E.I. Office of Immigration has piloted a Healthcare Recruitment Program to help fill healthcare professional vacancies in long-term care using national and international candidates <ul style="list-style-type: none"> ○ Employers who demonstrate staffing needs can receive funds to facilitate their recruitment of international healthcare professionals ○ Employers must provide housing for workers and participate in equity, diversity, and inclusion training ○ Employers can use third-party recruiters with provincial permission and be reimbursed (\$2,000 for national candidates and \$5,000 for international candidates) ○ Costs that can be reimbursed include immigration application and work permits • PEI utilizes virtual recruitment boards, providing information on available positions, learning opportunities, financial incentives, and lifestyle benefits

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> - Nurses - Allied health professional o Level of recruitment focus <ul style="list-style-type: none"> ▪ International ▪ Province/state ▪ Region o Sector of recruitment focus <ul style="list-style-type: none"> ▪ Long-term care 	
Northwest Territories	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> o Recruiters responsible for coordinating the process <ul style="list-style-type: none"> ▪ Government staff o Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> ▪ Leaders of health systems or regions ▪ Leaders of healthcare organizations ▪ Healthcare professionals ▪ Leaders with affiliated academic institutions • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> o Recruitment <ul style="list-style-type: none"> ▪ Existing networks o Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> o Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses - Allied health professional o Level of recruitment focus <ul style="list-style-type: none"> ▪ Province/state o Sector of recruitment focus <ul style="list-style-type: none"> ▪ Primary care • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> o Number of healthcare professionals recruited 	<ul style="list-style-type: none"> • The Northwest Territories Health and Social Services System Human Resources Plan 2021–2024 outlines actions to increase the number of resident health-care professionals in the Northwest Territories that includes six strategic goals: <ul style="list-style-type: none"> o Informed decision-making related to workforce planning, recruitment, and retention <ul style="list-style-type: none"> ▪ Conducting quarterly vacancy reviews to identify vacancies and vacancy trends, and current and future recruitment needs ▪ Maintain and expand initiatives for position tracking and the screening criteria project to aid workforce planning; this includes recommending ways to simplify position requirements to ensure that qualifications and experience align appropriately with job demands, avoiding unnecessary overqualification o Developing and supporting Indigenous and northern populations in the pursuit of health and social services careers <ul style="list-style-type: none"> ▪ A regularly updated Health and Social Services Career Guidebook, highlighting careers, educational requirements, demand, and salaries for a variety of healthcare professions <ul style="list-style-type: none"> - Attendance at career and health fairs in Northwest Territories communities o Enhanced attraction and recruitment strategies and goals <ul style="list-style-type: none"> ▪ Expanding upon existing opportunities for practicum and student placements, including medical learners, to cultivate an interest in future career and life opportunities in the Northwest Territories o Increased employee engagement through organizational change and leadership development <ul style="list-style-type: none"> ▪ Supporting the engagement of employees through meaningful, strategic goal setting within the performance management process o Support quality training and targeted development <ul style="list-style-type: none"> ▪ Developing and delivering eLearning modules through the learning management system, with a focus on customized staff training o Enhanced health, safety, and wellness support systems <ul style="list-style-type: none"> ▪ Engaging executive leadership in the development and launch
Yukon	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> o Recruiters responsible for coordinating the process <ul style="list-style-type: none"> ▪ Government staff 	<ul style="list-style-type: none"> • The Government of Yukon and the Yukon Medical Association have reached a new three-year Health Human Resources Strategy with a goal of attracting more doctors to Whitehorse and other Yukon communities from 1 April 2022 to 31 March 2025

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> ○ Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> ▪ Leaders of health systems or regions ▪ Leaders of healthcare organizations ▪ Healthcare professionals ▪ Leaders with affiliated academic institutions • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ Existing networks ○ Use of recruitment agents/coordinators and/or implementation advisors or committee ○ Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses - Allied health professional ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ Province/state ○ Sector of recruitment focus <ul style="list-style-type: none"> ▪ Primary care • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> ○ Number of healthcare professionals recruited 	<ul style="list-style-type: none"> ○ This strategy aims to enhance equity and access to healthcare services, foster a culture of continuous improvement, and support the formation and growth of primary care teams ○ The Yukon government will be investing an initial \$3.3 million ○ The committee has established eight working groups representing areas of recruitment, engagement, housing, immigration and licensing, internationally educated health professional integration, data and planning, training, and emerging positions ○ On 1 December 2022, the Government of Yukon announced a \$6 million package of retention and signing bonuses for nurses employed by the Government of Yukon ○ The \$2 million to enhance recruitment and retention of new health professionals across the Yukon in fiscal 2023–2024 includes: <ul style="list-style-type: none"> ▪ \$500,000 to develop a cross-sectoral Yukon Health Human Resources Strategy ▪ \$464,000 for Community Nursing and Nurse Practitioner funding for additional nursing full-time employees ▪ \$649,000 for Nurse Retention and Recruitment Incentives ▪ \$387,000 for Human Resources ▪ The Government of Yukon has provided \$50,000 to the Yukon Medical Association to financially support a physician locum recruiter; this role is dedicated to helping recruit physicians to serve Yukoners in locums, which are typically two to six weeks in duration (short term) or two to six months (long term)
Nunavut	<ul style="list-style-type: none"> • Those involved in implementing the recruitment process <ul style="list-style-type: none"> ○ Recruiters responsible for coordinating the process <ul style="list-style-type: none"> ▪ Government staff ○ Local community representatives involved in the pitch and negotiation <ul style="list-style-type: none"> ▪ Leaders of health systems or regions ▪ Leaders of healthcare organizations ▪ Healthcare professionals ▪ Leaders with affiliated academic institutions • Components of recruitment implementation strategies or models that could be used <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ Virtual recruitment 	<ul style="list-style-type: none"> • The Government of Nunavut has released its five-year plan to recruit and retain more nurses that is based on five pillars: <ul style="list-style-type: none"> ○ Workforce planning and evaluation <ul style="list-style-type: none"> ▪ Design and implement a standardized tool, policy, and procedure to routinely assess nursing workforce requirements across communities, regions, and at the territorial level; this includes evaluating needs for permanent, relief, and agency staff ○ Recruitment <ul style="list-style-type: none"> ▪ Create and implement an annual multifaceted, multimedia, targeted approach to nurse recruitment, which includes social media, website advertising, in-person recruitment, and through academic institutions ○ Professional development

Jurisdiction	Dimension of the organizing framework that is the focus of the model or strategy	Key features of the model or strategy
	<ul style="list-style-type: none"> ▪ In-person recruitment ▪ Existing networks ○ Use of recruitment agents/coordinators and/or implementation advisors or committee ○ Model/strategy implementation level <ul style="list-style-type: none"> ▪ Centralized • Key components of the recruitment strategy that may need to be considered as part of implementation <ul style="list-style-type: none"> ○ Individuals for whom the recruitment process is targeted <ul style="list-style-type: none"> ▪ Type of professional(s) being recruited <ul style="list-style-type: none"> - Physicians - Nurses - Allied health professional ○ Level of recruitment focus <ul style="list-style-type: none"> ▪ Province/state ○ Sector of recruitment focus <ul style="list-style-type: none"> ▪ Primary care • Outcomes of recruitment implementation strategies or models <ul style="list-style-type: none"> ○ Number of healthcare professionals recruited 	<ul style="list-style-type: none"> ▪ Provide a mix of in-person, virtual, simulation, and online professional development/education through professional nursing associations, training organizations, academic institutions, etc. ○ Professional practice environment <ul style="list-style-type: none"> ▪ Create flexible part time fly in/out job share positions in select communities, with the timeframe for each rotation to vary from four weeks to three months based on criteria ○ Leadership <ul style="list-style-type: none"> ▪ Analyze current compensation packages for nurses working in supervisory, managerial or director roles and explore appropriate packages that support effective succession planning

Appendix 7: Documents excluded at the final stage of reviewing

Document type	Hyperlinked title
Full systematic review	Strategies employed by developed countries to facilitate the transition of internationally qualified nurses specialty skills into clinical practice: An integrative review
Scoping review	Strategies to facilitate improved recruitment, development, and retention of the rural and remote medical workforce: A scoping review
Protocol	Effectiveness of institutional strategies to recruit and retain minority nurses: A systematic review protocol

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