



# GREY BRUCE/OWEN SOUND REGIONAL PHYSICIAN RECRUITMENT & RETENTION REPORT


Going forward ... Border-free recruitment.

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## Abstract

The Grey Bruce/Owen Sound Physician Recruitment and Retention Taskforce arose from the urgent need to provide care for the 30,000+ people in our communities who do not have a family doctor. The report speaks about the need to develop a regional recruitment strategy that complements and augments recruitment work that is already underway and identifies what can be done collectively to scale up efforts.

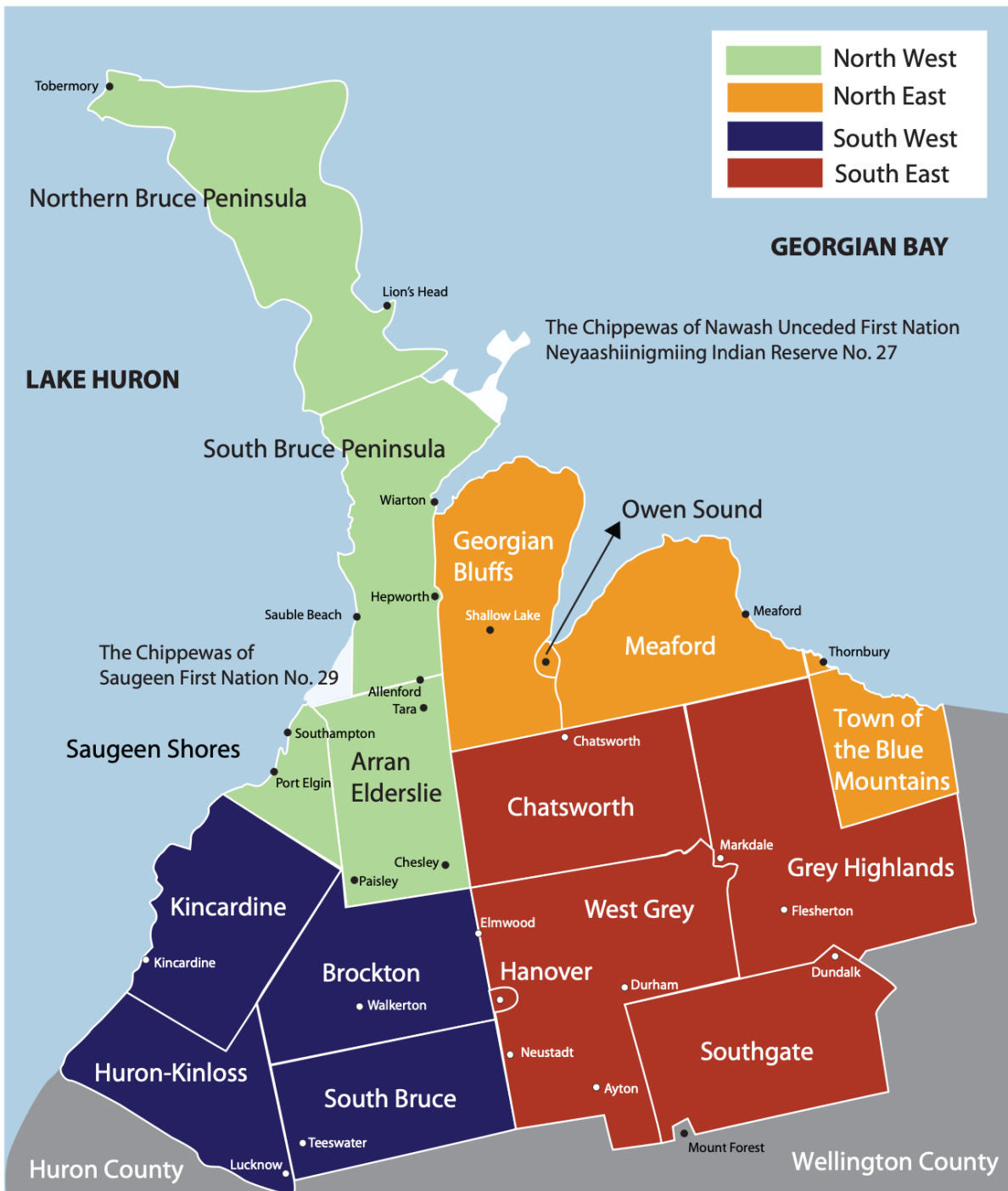
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Grey/Bruce/  
Owen Sound  
Primary Care  
Physician  
Recruitment  
& Retention  
Taskforce  
Membership

- Jan Chamberlain – Council on Ageing; Rebound Owen Sound; Glassworks
- Phil Eagleson – Fire Chief, City of Owen Sound
- Pat Kelly – Manager, Research Capacity-Building, PHA Canada
- Michele Mannerow – Manulife Financial Planning
- Wendy Pratt – Director, Human Resources, McLean Engineering
- Elyse Savaria – Primary Care Physician - Owen Sound Family Health Team (retired)
- Gurdeep Singh – Primary Care Physician – Owen Sound Family Health Team
- Lizette Van Zyl – Primary Care Physician - Owen Sound Family Health Team
- Mark Womack -Kincardine and Community Health Care Foundation

## Why the Grey Bruce/Owen Sound Area?



**1. Natural Beauty and Outdoor Recreation:** The Grey Bruce/Owen Sound area is known for its breathtaking natural beauty. Surrounded by Lake Huron on the west and Georgian Bay on the east, traversed by the Bruce Trail and surrounded by rolling hills and lush forests, the area offers abundant opportunities for outdoor recreation. From hiking, skiing and biking trails to

boating, fishing, and swimming in pristine lakes and rivers, residents can immerse themselves in nature and enjoy a wide range of easy to access, uncrowded locations throughout the year.

**2. Vibrant Arts and Culture Scene:** The Grey Bruce/Owen Sound area boasts a historically thriving arts and culture scene, home to numerous art galleries, theaters, and music venues, offering residents rich and diverse cultural experiences. From live performances and art exhibitions to festivals and community events, there is always something happening to engage and inspire creativity in the Grey Bruce/Owen Sound area.

**3. Strong Sense of Community:** The entire population of Grey Bruce/Owen Sound resides either in rural areas or small population centres, with a strong sense of belonging to community. The area is rich in history and heritage; before European contact, the area now known as the Bruce Peninsula was inhabited by the Saugeen Ojibway Nations including the present-day Chippewas of Nawash, and the Saugeen First Nation. There are plenty of community organizations, clubs, and volunteer opportunities for individuals to get involved and make meaningful connections. From farmers' markets to local businesses, there is a strong emphasis on supporting and promoting local initiatives, fostering a sense of pride and community spirit.

Overall, the Grey Bruce/Owen Sound area offers residents a **high quality of life** with its natural beauty, cultural offerings, and strong community connections. Whether you enjoy outdoor adventures, artistic pursuits, or a close-knit community atmosphere, Grey Bruce/Owen Sound has something to offer for everyone.

### **Summary**

The Southwest LHIN developed a recruitment study in 2019 that highlighted the need for changes and challenges that the region is facing. The major themes were a lack of consolidated efforts, a lack of focus on learners and understanding the role of a rural generalist. The major parties involved in that study were HealthForce Ontario (now Ontario Health), Western, ROMP and the local representatives. This report and stakeholder consultation process has identified that the majority of the challenges continue to exist, and a regional strategy will help lead the region through addressing these issues.

A successful physician recruitment and retention strategy must incorporate many roles: administration and management, sourcing, marketing, client management, documentation, and retention, event management and promotion as well as specific recruiting activities. Given the challenges recruiting physicians in Ontario and the competition it is strongly recommended that the Grey Bruce/Owen Sound Regional Physician Recruitment and Retention Taskforce develop a regional recruiting strategy to effectively attract and retain top talent. A regional recruiting strategy refers to an approach that focuses on targeting and engaging candidates within family medicine that meet the profile of Grey Bruce/Owen Sound. This strategy offers several benefits, including providing greater career options for candidates and increasing awareness of job opportunities.

One of the key advantages of a regional recruiting strategy is the ability to provide candidates with a broader range of career options within the Grey Bruce/Owen Sound area. This localized approach allows the healthcare team to offer job opportunities that align with candidates' preferences and aspirations, ultimately increasing the likelihood of attracting highly qualified individuals.

Moreover, a regional recruiting strategy helps create awareness about job opportunities across Grey Bruce counties among potential candidates. By focusing recruitment efforts on specific regions, organizations can develop strong relationships with local universities, professional networks, and industry associations. Given that of the last 19 rural family medicine residents in Owen Sound 17 stayed and are practicing across the region, this is obviously a strong approach. This proactive engagement enables Grey Bruce to promote a regional brand and showcase the unique career prospects available within the region. Increased awareness not only attracts potential candidates who may not have considered the area otherwise but also fosters a positive Grey Bruce brand perception among the local talent pool.

Additionally, a regional recruiting strategy allows Grey Bruce to leverage regional market knowledge and insights. These individuals bring valuable insights and connections, helping navigate regional challenges, adapt their strategies, and seize market opportunities effectively. The regional approach also promotes diversity and inclusion, as it allows the Grey Bruce Taskforce to tap into the unique perspectives and experiences of candidates from different backgrounds and regions.

Furthermore, a regional recruiting strategy can enhance efficiency within Grey Bruce and reduce recruitment costs. Fewer people posting the same roles will save money and look more organized and professional to the physicians. By concentrating efforts on specific regions, Grey Bruce can streamline the recruitment processes and allocate resources more effectively. This focused approach enables recruiters to build strong networks, establish relationships with key stakeholders, and optimize their selection processes. As a result, Grey Bruce can achieve a higher quality of candidates, reduce time-to-hire, and minimize recruitment expenses.

In conclusion, the need to create a regional recruiting strategy has become paramount in today's competitive physician recruitment landscape. This approach offers the Grey Bruce/Owen Sound Taskforce the opportunity to provide candidates with greater career options tailored to their preferences while simultaneously increasing awareness of job opportunities and mobilizing vast community support and recognition for primary care. By targeting specific regions, you can tap into local talent pools, foster stronger relationships, leverage regional market knowledge and community leadership, and enhance efficiency. Ultimately, a regional recruiting strategy enables Grey Bruce/Owen Sound to attract and retain top talent, giving you a unique competitive advantage in the marketplace.

## Regional Recruitment Model

**Note – the diagram below, illustrates the location of the 11 hospitals in Grey and Bruce counties. Grey Bruce Health Services is now known as Brightshores Health System.**



### Grey-Bruce Hospitals

There are 11 hospitals in Grey and Bruce counties to serve local residents and visitors. Visit their websites to learn more about hours of operation and available services.

#### Grey Bruce Health Services

1. Lion's Head 22 Moore Street | [519-793-3424](tel:519-793-3424)
2. Markdale 55 Isla Street | [519-986-3040](tel:519-986-3040)
3. Meaford 229 Nelson Street | [519-538-1311](tel:519-538-1311)
4. Owen Sound 1800 8th St East | [519-376-2121](tel:519-376-2121)
5. Southampton 340 High Street | [519-797-3230](tel:519-797-3230)
6. Wiarton 369 Mary Street | [519-534-1260](tel:519-534-1260)

[www.gbhs.on.ca](http://www.gbhs.on.ca)

#### Hanover & District Hospital

7. Hanover 90 7th Avenue | [519-364-2340](tel:519-364-2340)

[hdhospital.ca](http://hdhospital.ca)

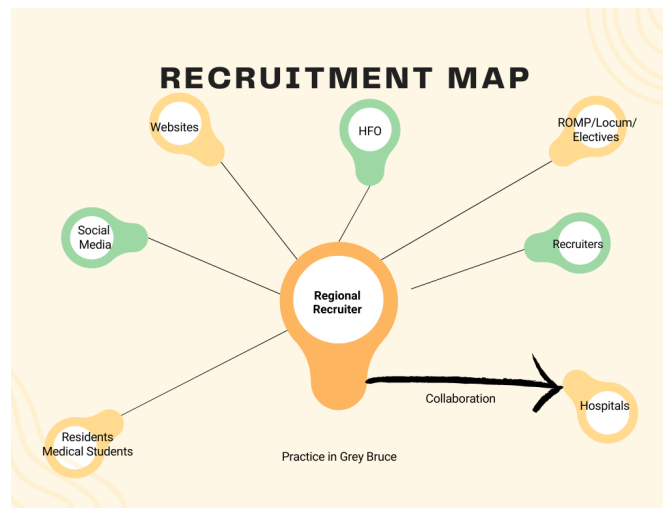
#### South Bruce Grey Health Centre

8. Chesley 390 2nd St SE | [519-363-2340](tel:519-363-2340)
9. Durham 320 College Street | [519-369-2340](tel:519-369-2340)
10. Kincardine 1199 Queen Street | [519-396-3331](tel:519-396-3331)
11. Walkerton 21 McGivern Street | [519-881-1220](tel:519-881-1220)

[www.sbgchc.on.ca](http://www.sbgchc.on.ca)



## Hub & Spoke Model



One example of a recruitment model that incorporates a centralized recruiting and marketing function, which feeds candidates to local representatives, is the Hub and Spoke model. In this model, a central entity representing the region oversees the recruitment and marketing efforts on behalf of its region and the individual community recruiters.

The central entity or Hub takes on the responsibility of developing and implementing recruitment strategies to attract a large pool of potential candidates. This may involve advertising job openings, conducting online and offline marketing campaigns, maintaining a database of contacts (including undergraduate medical students and Canadians training overseas) utilizing social media platforms, and maintaining a strong online presence. The central recruiting function can leverage its resources, expertise, and economies of scale to reach a wider audience and attract a diverse pool of candidates.

Once candidates show interest and submit their applications, the central recruiting function screens and evaluates them based on predetermined criteria. This may involve conducting initial interviews, assessing qualifications, and conducting background checks. By centralizing this process, the committee can ensure consistent and standardized evaluation procedures, promoting fairness and efficiency in candidate selection.

After the initial screening, the central recruiting function matches qualified candidates with specific community locations based on various factors such as geographical proximity, skill set requirements, and cultural fit. The selected candidates are then referred to the respective local representatives for further evaluation and consideration.

Local county and community representatives, who typically operate their own recruiting efforts, take over the hiring process from this point. They conduct in-person interviews, assess candidate fit within the local market and organizational culture, and make final hiring decisions. The local representatives have a deep understanding of the local business landscape, customer preferences, and operational requirements, allowing them to evaluate candidates in a manner that aligns with their specific needs.

This regional Hub model benefits all communities. The centralized Hub recruiting and marketing function enables the communities to maintain consistent brand messaging, uphold quality standards, and attract a large pool of candidates. By leveraging their collective resources, the Hub can also negotiate better deals with recruitment agencies, job boards, and other marketing channels.

For local communities, the Hub model provides several advantages. They benefit from having access to a larger pool of pre-screened and qualified candidates referred by the central recruiting function, saving them time and effort in sourcing, and evaluating candidates. The centralized Hub marketing efforts also contribute to building brand recognition and attracting many more potential candidates to the regional locations.

### **Medical Student/Resident Recruiting**

Recruiting medical students, residents, and locums through medical training within the Grey Bruce region involves a targeted approach to identifying and attracting individuals who are pursuing or have completed medical education. This strategy aims to leverage the Grey Bruce Hub's training programs and opportunities to recruit and retain talented medical professionals. Here's an overview of the process:

1. **Identifying Medical Training Opportunities with ROMP and the educational institutions directly:** The Grey Bruce Hub should offer various medical training programs, such as internships, residency programs, fellowships, or continuing medical education (CME) courses. These opportunities provide hands-on experience, skill development, and career advancement for medical students, residents, and practicing physicians.
2. **Promoting the Training Programs:** The Grey Bruce Hub needs to effectively market and promote its medical training programs to target audiences. This involves creating comprehensive promotional materials, including brochures, websites, and social media campaigns, to highlight the benefits and unique aspects of the training programs. Additionally, finding the resources to support and engage preceptors locally and housing for participants.
3. **Establishing Partnerships with Medical Schools and Residency Programs:** Building strong relationships with medical schools and residency programs is crucial for recruiting medical students and residents. Collaborating with academic institutions allows the Grey Bruce Hub to engage with students early on, provide educational resources, and offer clinical training opportunities.
4. **Recruiting Medical Students:** The Grey Bruce Hub can attract medical students by participating in career fairs, hosting information sessions at medical schools, and offering internship or research opportunities. By showcasing the Grey Bruce Hub's commitment to sustainable education, mentorship, and career growth, it becomes an attractive choice for medical students seeking valuable experiences.
5. **Attracting Residents:** To recruit residents, the Grey Bruce Hub can participate in the National Resident Matching Program (NRMP) and other residency match programs. Highlighting the organization's supportive learning environment, exceptional faculty, research opportunities, and diverse patient populations can help attract top talent during the residency application and interview process.
6. **Engaging with Locums:** For locum tenens or temporary medical staffing needs, the Grey Bruce Hub can establish relationships with locum agencies or directly reach out to physicians seeking short-term assignments. By offering competitive compensation, a positive work environment, and a strong reputation for quality patient care, the organization can attract and retain locums for various medical specialties.
7. **Providing Ongoing Training and Professional Development:** Once medical students, residents, or locums are recruited, the Grey Bruce Hub should continue investing in their professional



development. This can include offering CME courses, specialty-specific training, conferences, and mentorship programs. Ongoing training opportunities demonstrate the organization's commitment to the growth and advancement of its medical professionals.

By actively recruiting medical students, residents, and locums through medical training programs within the Grey Bruce Hub, healthcare institutions can foster a pipeline of skilled professionals who are aligned with the region's values, goals, and culture. This approach not only helps meet staffing needs but also supports talent development, enhances patient care, and contributes to the overall success of the Grey Bruce Hub.

## **Social Media**

Recruiting physicians through social media has become increasingly popular and effective in today's digital age. Leveraging social media platforms allows organizations to reach a broad audience of healthcare professionals, engage with potential candidates, and showcase their unique opportunities and culture. Here are some steps to effectively use social media for physician recruitment: (There is a component of this described in the communication section later in the document).

1. **Identify Relevant Social Media Platforms:** Determine which social media platforms are most used by physicians and healthcare professionals. Platforms such as LinkedIn, Twitter, Instagram and even Facebook can be valuable for connecting with physicians and sharing job opportunities.
2. **Develop a Strong Brand:** Build and communicate a compelling Grey Bruce Hub brand that highlights the organization's values, mission, and culture. This can be achieved through engaging content, testimonials from current physicians, behind-the-scenes glimpses, and success stories of the organization's impact on patient care.
3. **Create Engaging and Targeted Content:** Develop content that appeals to physicians and provides valuable insights into the Grey Bruce Hub and its opportunities. This can include job postings, informational videos, blog posts, infographics, and case studies that highlight the Grey Bruce Hub's unique selling points, such as advanced technology, research opportunities, work-life balance, and professional development programs.
4. **Utilize Paid Advertising:** Consider investing in paid advertising on social media platforms to target specific demographics, locations, and professional interests. This allows the Grey Bruce Hub to reach a wider audience of physicians who may not be actively job-seeking but could be open to new opportunities.
5. **Engage and Network:** Actively engage with physicians and relevant healthcare communities on social media. Join physician groups, participate in healthcare-related discussions, and respond to comments or inquiries promptly. This interaction demonstrates the Grey Bruce Hub's commitment to collaboration and fosters relationships with potential candidates.

6. Encourage Employee Advocacy: Encourage current physicians and staff to share job openings and positive experiences working with the Grey Bruce Hub on their personal social media accounts. Employee advocacy can significantly increase the reach and credibility of recruitment efforts.

7. Monitor and Analyze Results: Continuously track and analyze the effectiveness of social media recruitment efforts. Use social media analytics tools to measure engagement, reach, and conversions. Adjust strategies and content based on the data to optimize results.

8. Leverage Influencers and Thought Leaders: Collaborate with influential physicians and thought leaders in the Grey Bruce area to promote the Grey Bruce Hub's opportunities and culture. This can involve guest blogging, hosting webinars or Twitter chats, or featuring these influencers in content related to the Grey Bruce Hub initiatives.

9. Maintain Compliance and Privacy: Ensure compliance with healthcare regulations, patient privacy laws (such as HIPAA), and professional standards when using social media for physician recruitment. Protect sensitive information and maintain professionalism and confidentiality in all interactions.

By effectively utilizing social media for physician recruitment, the Grey Bruce Hub can expand its reach, build a strong brand, engage with potential candidates, and ultimately attract and retain top talent. The key is to develop compelling and targeted content, actively engage with the physician community, and monitor the results to refine recruitment strategies over time.

## Operational Considerations

- Regional Recruiter (Hospitals/Communities)
- Regional Website
- Education and preceptor coordinator, relationship with ROMP
- Regional and Local social media
- US and UK recruitment plans with immigration consultant support
- Applicant Tracking System/Database
- Identify practice opportunities through collaborative efforts with municipalities and physician leads.
- Act as recruitment liaison with medical schools.
- Coordinate clinic and community tours; manage recognition events and volunteers.
- Help transition new recruits and families into communities.
- Represent Grey Bruce/Owen Sound at medical schools and careers fairs in Ontario and Canada

A Regional Recruiter at the Grey Bruce Hub can focus on candidate leads and work with the local recruiters to arrange for the best and most relevant site visits as well as a continual ongoing marketing effort that isn't distracted by other duties.

Focusing efforts on developing a regional Grey Bruce Hub website allows a single source to highlight diverse options for physician candidates and a higher level view of opportunities in the region. This will also lead to an increase in social media that focuses on both regional messages as well as local messages.

Given that the time to recruit a physician is long there is a definite need to track candidates and manage communication. This can be best done by implementing an applicant tracking system that stores all candidate information for the short term and long term. You don't want to lose track of residents and medical students that have not yet graduated.

Maximizing the relationship with training programs and ROMP will be a strong source of recruits as it has in the past. Ensuring a healthy flow of Medical Students, Residents and Locums will increase your potential to recruit permanently. Having a resource that can focus on supporting preceptors to allow them to participate is mandatory.

Regional and local events are a great way to build retention in the community as well as showcase the talented physicians already in the community. The focus should be on regional and local events to ensure that all areas are celebrated.

Finally building the expertise to market the community to the United States and United Kingdom is a source of potential physicians. In order to do this, there needs to be a strong resource around licensing and immigration.

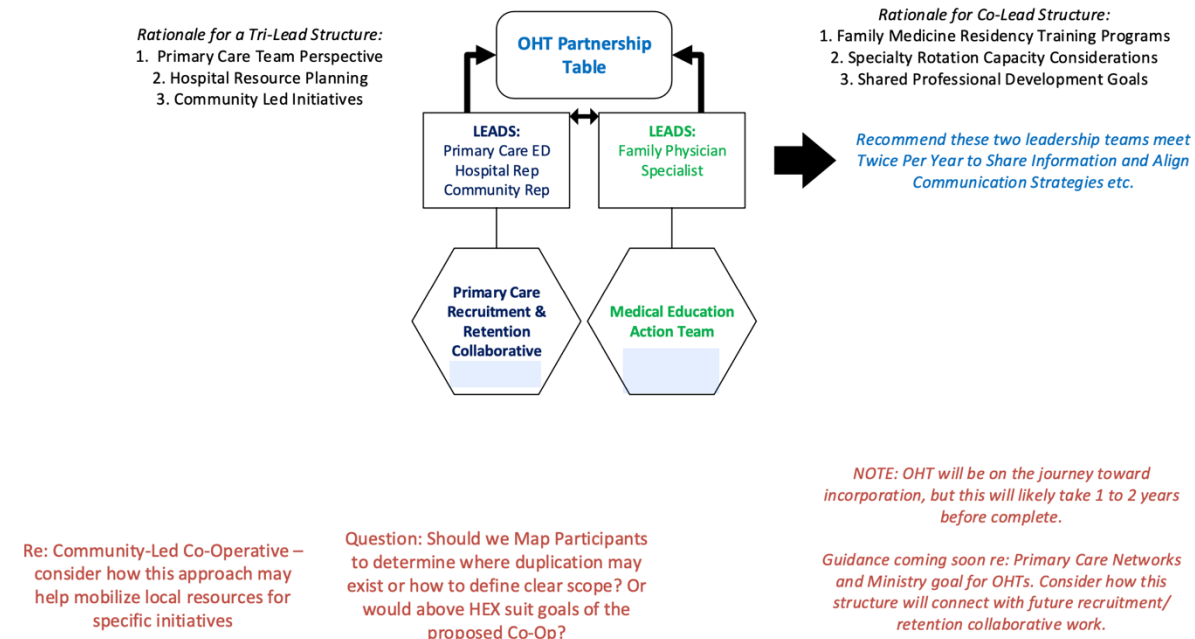
## Governance and Reporting

On Wed. May 1<sup>st</sup>, 2024, the Grey Bruce/Owen Sound Physician Recruitment and Retention Taskforce is hosting a meeting, facilitated by Georgian College, Community Impact Lab Network, Research, Innovation and Entrepreneurship for potential supporters. The purpose of the meeting is to explore developing a sustainable, stand-alone not for profit entity that supports physician recruiting in the region and can solicit community investment.

Any Grey Bruce/Owen Sound Regional Physician Recruitment and Retention governance model will need to focus on promoting family practice opportunities and attracting and retaining physicians in the Grey Bruce/Owen Sound region. The program will need to work in collaboration with the Grey Bruce/Ontario Health Team, clinics and all municipalities.

The Grey Bruce/OHT has worked with the Taskforce to develop a draft structure for consideration:

### **Primary Care Recruitment, Retention and Practice Transitions Framework (DRAFT)**



**Supporting Partners**  
Counties, Municipalities, Foundations, Private Industry



A regional approach will come with several challenges around managing stakeholders and partners. To manage and embrace this a governance model should provide monthly updates to a committee that consists of the county leadership, community leadership and medical community partners. This group will be tasked with creating a structure that allows the regional recruiter to be successful.

The governance should allow for set processes to manage situations where there may be conflict between communities and puts the focus on the physician. As well there needs to be financial accountability for expenses related to marketing, site visits and relocation.

The regional committee leadership should focus on creating relationships within the region that promotes and encourages physicians to come to the region and that the community is aware of the progress and efforts that are being made.

Grey Bruce/Owen Sound  
Primary Care Recruitment Taskforce

Communications Strategy

Prepared by [Jim Diorio](#)

**August 27, 2023**

# GREY BRUCE/OWEN SOUND REGIONAL PHYSICIAN RECRUITMENT & RETENTION REPORT

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# GREY BRUCE/OWEN SOUND REGIONAL PHYSICIAN RECRUITMENT & RETENTION REPORT

## Objective

Marketing campaigns are built on three pillars:

- What we're saying, our main message — the Strategy
- How we're saying it — the Campaign.
- Who we're saying it to — the Target.

This is the Strategy pillar. The objective of this pillar, or phase, is to determine the most relevant and effective message — a position in the marketplace that is unique and compelling, an idea or proposition that will resonate with our Target Audience — who are:

- Primarily: residents, medical students and locums thinking about where to practice
- Secondly: established doctors looking for a new opportunity

Strategy is the foundational idea that a marketing campaign is built on. This strategy was informed by many things — primary and secondary research on the area, the issue and similar efforts; stakeholder interviews; meetings like our large task force meeting and consultations with our task force, and more.

Out of all these inputs, common themes about our offer, our area, our target audience and more emerge. Many ideas rise to the top, but we are looking for the big fish: the kind of ideas that can not only speak to the kind of person we are after but can also “position” our offer — our uniqueness, our essence, our “brand” — in the mind of our target as something distinctive and intriguing. I like to think of it this way: peoples' minds are like filing cabinets, filled with different brands or choices. Where do people “put us” in their cabinet as a brand or an idea, compared to others?

So in this document, you will see a number of different positions, or strategic areas, that each propose a distinctive idea about us and our offer that is meant to be distinctive, intriguing, and appealing to our target. The ideas are also not entirely unrelated, since they are all built from the same stimuli and observations. And it is important to note that any campaign we ultimately create can include aspects of the other, “non-chosen” strategic areas if it makes sense. We are talking about the same region and offer to the same people, just positioning it in different ways.

The goal, then, is to land on the area that.

— gets us the most excited



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- will get the majority of the target, the “bullseye” the most excited
- is “truest” and authentic, yet still aspirational
- is relatively unique in the marketplace and to the target
- captures the essence and uniqueness of both our offer and region, which are all reflected in the

### **Major Themes**

The strategies are each delivered in one-page descriptions that try to capture their essence and show why each is all those things and more.

### **Process and Stimuli**

As mentioned above, this strategy was influenced by many factors and stimuli:

- Individual meetings on several occasions with Pat Kelly and Kevin Kirkpatrick about objectives, recruitment strategy, marketing tactics, the issues, the area and more
- Task force meetings, including the all-day community session
- Secondary research: blogs, news, research articles, examples of similar campaigns in Canada and elsewhere
- One-on-one long interviews (45 min to 1hr plus) with twelve OS/GB-based Recruiters, Doctors, Residents, Politicians and non-profit leaders, via Zoom

### **Interviews: Subject Matter**

- The interviewees were all asked similar questions, with variances depending on who they were.
- Major areas probed were who would be an ideal candidate from a professional and personal/personality/lifestyle point-of-view, what they need and want to know, how they are pitched, who is best to pitch/message them and what they want to see, what kind of person is attracted to the area and position here, the realities of working in healthcare in the region.
- Recruiters were asked about their approaches, marketing tools, messaging. Everyone was asked about what distinguishes the GB/OS region, what kind of physicians would be interested.
- Physicians and residents were asked about their experiences in the region, how to best be approached.
- As major themes and possible strategic areas emerged, interviewees were questioned about them and their viability as areas to pursue messaging-wise and strategically.

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## Interviews: Major Themes

This section makes up the majority of this document. In my research, and largely in the interviews, a number of common themes, ideas, observations, suggestions and best practices emerged and were reinforced multiple times.

I am calling these Major Themes, and they are like the raw ingredients that go into the strategic direction. Add my own observations, ideas and interpretation of these verbatims, and my other observations and ideas, and it ultimately leads to the strategic areas. In other words, the ingredients alone aren't the cake: the ideas for the cake and what it could be to best serve the diners — the strategic areas — is the cake.

And because my interpretation of “what all this could mean” is the strategic areas, I have chosen to not deeply “interpret” each of the Major Themes from the interviews, but rather share them with you in a way that I think is most helpful to this specific project: as verbatims. I believe sharing the actual words brings the themes to life more authentically than relying on my interpretations of what was said. My choosing of the themes is already an interpretation that they are each important and compelling inputs, and of course they are a big part of what influenced the strategic options. (Of course, you are welcome to review the full transcripts and recordings.)

However, having just said that I am avoiding interpretation... I'm about to go against that and present some Consistent Observations gleaned from the interviews. These are thoughts and ideas that were reinforced consistently. They are at the least good things to keep in mind when creating messages and strategies, and at the most can help us get to powerful campaigns and communications.

**One more funny but maybe important thing:** As I was editing this, I saw a lot of the term “up here” in what I had written, and it felt like my using the term was perpetuating an idea that we are “up in the boonies.” But I then realized that a lot of people called it “up here” in the interviews, 18 times. So, it's real and worth using, if we want.

### **Consistent and Powerful Observations**

First exposure to regions can be the make-or-break time, more than any other time.

Incentives don't make someone stay.

Spousal support is crucial, around jobs, childcare, housing and more.

As a doc you're never alone. Support is always there.

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If you want to stay anonymous, or don't like bugs, or the dark, don't come here.

Docs don't want tourism ads, or clunky, big brochures, or long videos. They want practical help and information.

Show me the money. Be clear and transparent about earning, opportunities, numbers of jobs etc.

Communication to residents is essential.

Celebrating success is vital.

Content needs to be current.

Doctors want to hear from other doctors.

You can shape your career and be more than a one-trick pony here.

The doctors here get along and are a strong, effective team.

It's a little easier, slower, less hectic life here.

Being a doc here, like living here, is not for everyone.

If you want a lot of responsibility on your shoulders, if you want to be in the center of the action, not another observer, a decision-maker, it's here.

"Outdoorsy" people do better here.

Your voice matters.

Turnkey is possible, or at least reducing the burden of administration.

We don't just want a warm body. We want the right person.

The quality and scale of medicine, resources, support and more is surprising.

Connecting prospective/new doctors, especially like-minded ones, is something a lot of recruiters think about often.

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Questions from doctors are very direct and practical: What's daycare like? What are the school systems? Do you have a French school?

In the initial stages of recruitment (and maybe throughout), it's all about the medicine.

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### Major Themes

#### Theme: Who are we after?

*This topic is first for a reason, because who the audience is may be the most important part of what your message is. Because I insisted on it, as well as because it was a topic of big interest to all interviewees, a lot of time was spent on talking about who's the bullseye of our target. And while we don't want to exclude a potential great hire, a definite picture emerged. The answer seems to be a mix between a team player, yet a strong person who's not afraid of and even likes making big decisions. And of course, likes the unique aspects of rural medicine, as well as the many opportunities to diversify their skills. The power of the "first exposure" to the area was also reiterated.*

We do want to be choosy. We use the term "you just don't want a warm body."

We need individuals who can envision themselves living in this community.

Three categories of physicians/potential physicians are successful here: Someone with ties to the area... someone 'mid-career' who may have worked in situations where either the pace is more than they want, or maybe not as collaborative as they would like.... and a medical student or resident, typically from an urban school who's never been out on a gravel road, who comes up and enjoys our outside living and adventure and the things that they can do here when they're not working. They get their first exposure as medical student or resident, they finish, and then they consider coming.

People who take a vacation from their part time job in the city, so that they can come and work here for a week... because they think it's good for their soul.

People who are more outdoorsy... we do have a lot of beautiful landscapes to see.

While you have a lot of support here, you also have to be able to manage on your own, in fact, you may thrive on this kind of thing.

A resident came in to emerge, and all of his experience before had been urban. They had a trauma with a child, and he just couldn't get over the fact that he was the one and only person managing the situation. In the city you'd call in peds, the respiratory team to help with the airway, you would call in the lab to draw the blood... while in a rural hospital, there's one doctor and there's nurses, you don't have specialists, you're making calls to critical... you're managing the case, you're stabilizing it, and you're sending them where they need to go. And he basically walked out the door and was like, I'm never coming to a rural ER again.

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This kind of person: Someone who MAKES themselves fit in.

Someone who gets this: It gets to years three and four of medical school and you're doing these rotations in rural communities, getting hands-on experience, and it just builds more and more as a resident. It's very intimidating like everything is on you.

For someone who wants something turnkey, as a young doctor, trying to manage running your small business or your practice is very difficult.

Rural is like nothing else.

We're small enough that we can call direct and say we need you to see this person.

You don't only have one person (patient) — you end up having the whole family.

Generations of families in my practice, which was awesome.

And you start making connections, especially with all the genetics involved sometimes. "Well, you're an anxious person, like your grandmother." You can address a lot more things, you understand where the patient is coming from, because you know, the whole family — if, say, they've been going through the difficulties as well as the happy times. In the big places, you don't know your patients, their families.

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### **Theme: Money: incentives, recruiting, salaries**

*Money came up a lot less than expected. Meaning, although the healthcare system is strapped financially, paying for doctors is less of a concern than finding them. Mostly it was about how there's not enough to do recruiting effectively.*

One of the things we're struggling with right now (for recruiting) is resources: money and people. Everything is fundraised.

There is some frustration around: why are we paying physicians to come here? I have a couple counsellors right now who are not comfortable, because we have a community that's very diverse in terms of income levels.

I wish that we can almost do like a media piece on what physician salaries are, because I feel like there's this belief that they make so much money.

I wish the government would step in and outlaw incentives, that would be the biggest gift they could give.

Residents should be paid to be on call. But the system is not like that, the ministry doesn't seem to get that. They don't want to be in charge of a patient in a nursing home, where they're not going to be paid or paid poorly.

(From Residents): It's important to be transparent: Having literal financial breakdowns of this is what you make when you come to the region, if you have this many patients, if you do surgical, if you do palliative care. So, if you're a family physician, working with the family health team, and you did some surgical assess, this is what you could do (make) — just show some scenarios.

No one here has offered me an incentive. There's nothing really here. (OS)

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### **Theme: Being a doctor is different here**

*Many people commented on what makes life and, more so, medicine “different” here, and there were consistent opinions. There’s kind of a pride in being able to “make it” here and develop into a real pro, through hard work and self-reliance. But it’s not a trial by fire and you’re never alone, those ideas also emerged here and elsewhere very strongly.*

We have a resident here right now who's never seen an earwig. There was a bug or a spider on the exterior door of her apartment... and she would call the clinic and we'd have to send somebody over.

We've had a few moves here with romantic ideas about what it would be like to live on water and didn't stay for very long.

(Repeated) The type of medicine is very different:

A resident came in to emerge, and all of his experience before had been urban. There was a trauma with a child, and he just couldn't get over the fact that he was the only person managing the situation. In the city you'd call in peds, respiratory to help with the airway, the lab to draw the blood... while in a rural hospital, there's one doctor and there's nurses, you don't have specialists, you're making calls to critical... you're managing, stabilizing, and you're sending them where they need to go. And he basically walked out the door and was like, I'm never coming to a rural ER again.

But... you get more exposure here.

When it gets to year three and four of medical school and you're doing these rotations in rural communities, you're getting hands-on experience, and it just builds more and more. As a resident, you become more confident. In urban settings, where something comes in, you call five people and use a team solve the problem together, it's way different than you by yourself, doing everything by yourself. It's very intimidating. Everything is on you.

### **Theme: Great support / you're never alone**



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*This theme was emphasized a lot, especially by the established doctors and some recruiters. People in the system are collegial and collaborative (this opinion was not shared by one individual however who does not work in the system.) Support is always available and immediate.*

(Resident) I think there's a lot of opportunity in places to create strong connections, it's like big enough to have opportunity and small enough to really integrate.

I think most physicians, unless they're really confident, will tell you their first five years in medicine, they don't want to take on more than they can handle, they need to get their feet under them, they need to build up their confidence. Having something that's turnkey, is really important: As a young doctor, trying to manage running your small business or your practice, you feel like the demands are always on you.

When you're looking at locums and students, knowing that a huge chunk of things are totally off their plate — they really just need to come in and be the doctor — It's a huge selling point. Our locals that return time after time to do a week here like it because they show up, everything's laid out for them, and they just go to work.

We have good safety nets in place for a physician. We have the support of the hospital that's close by, and we have a support system in place, groups of physicians willing to help each other.

(Resident) I have created my own relationships with them, where I feel like I can reach out or approach them for like a learning opportunity even as a resident. Having that rapport and relationship is really beneficial in the small community: I have the opportunity to talk to surgeons, specialists, people that I normally wouldn't see in the family health team.

We have some doctors have been here for 15- 20 years, some very wonderful physicians who've been in the business for 30-40 years. So there's some wonderful opportunity for mentorship.

### **Theme: More control**

*The idea that you can make things happen more efficiently, faster, more by yourself was a consistent theme. Some doctors and others felt that this was very empowering for young physicians. It was also said that it was a huge benefit for patients.*

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When you're in small communities, you know your system — how to reach out to like a specialist: You need something fast, you need the imaging done today or tomorrow, you're gonna get that because you know the system, the people by their first name. That is awesome.

And the residents, that's one of the reasons they come train here. After two years, they realize it makes their life so much easier when you can access services for yourself and for your patients. It's not just about your patient: it makes your life easier, your work easier.

Say I find out a patient has cancer or something like that, and I want something to be dealt with quickly. If refer the patient to London, it'll take about two and a half months to see them... where I could get a patient in to see a specialist here in about two weeks.

There's also the different support systems that that person needs, like mental health and addiction support: you might be tapped into that better than in some other places.

Something is very, very urgent, we call them up and tell them that this patient is in real need, please try to fit him in somewhere.

Another way we help make things easier, one that becomes clear to residents after a couple of years or more, is that when you know and are tapped right into the system here — the people, the specialists, the shorthands, the contacts — it becomes easier and faster to get things done. You're on a first-name basis, often with someone you might have gone kayaking with the weekend before. It makes a big difference in how you feel and work.

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### **Theme: Flexibility, opportunity to do what you want, shape your role/career**

*It was expressed by many established doctors and confirmed by residents that the opportunity to try out many aspects of medicine is available and encouraged. One resident however felt that the limits on the medical practices in Owen Sound made it hard for someone who wants to work independently.*

You have the chance to build more than you. You can build the system. Shape the region.

You can make your life more like you want it. You don't have to fit into a mold.

You can build your career how you want here. There is a way pick and choose and design something that fits in your interests.

We're all primary care physicians, but they each have their own little nugget that they've carved out, that allows them to do something that is 100% driven by that. This is always encouraged here in Owen Sound.

Resident: If I wanted to do a little bit of addiction, palliative care, sports medicine, I think there definitely is opportunity.

The younger generation has been very good to shape it, if they have an interest in dermatology, women care, they can shape it that way. That's a great word. Shape.

You're going to be this all-round physician: When young people come here, they come out with high energy levels, and they want to do all the aspects of medicine. I usually tell them yes, the opportunity is there to do your family practice, your emerge rotations, hospital work, assist in the theatre, do long term care... all those aspects that we dream of when we come out of medical school.

As you mature — say you want to start a family — you can downscale and become a little bit more exclusive in what you do. You progress through your career, and as your situation or your needs change this, it can be accommodated.

We can't control everything — but we have the ability to change things, the way we as a group of physicians feel it works best, because the communication between physicians are good that way.

### **Theme: Open to how young physicians want to work**

*There appeared to be wide understanding and agreement that young physicians have definite and different ideas from the past on how they want to work, balance their lives, etc. and there seems to be an acceptance that working with this versus being "rigid" (an actual word used) is the best way to*

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*approach this. People seem aware that things have to change. There's also a feeling that young docs aren't as accepting of some things, like no pay for being on call, that older health care practitioners just accepted.*

We try to take things totally off their plate: they really just need to come in and be the doctor. It's a huge selling point.

They don't want to be bothered with the hassle of managing an office. Med school does not teach the family physicians how to be business managers.

All of the newer doctors seem to want to do a little bit of everything: that sort of rural generalist is kind of dying off, where they work 70 hours a week and did long term care and inpatient work and all that.

The younger physicians or the newer physicians here, they have different ways and thoughts on on billing — they're more apt to use their phone and do some billing.... they search things out on social media.... they probably have everyone in their residency program on their phone, and they can chat with them: Hey, remember that case?

They bring new tools and improved processes with them, which sort of brings the whole clinic forward at times. They're like, how come you're not using this?

It's a culture change.

They don't want to do fee for service, and don't want to work in a solo practice, be by themselves. They want a team and access to services for their patients, because that will also help them in their day-to-day work.

A problem: the young physicians don't want like 1800 patients, they don't want to do hospital work, they don't want to do this and that. It really limits the workforce.

They want work-life balance. They don't want to have to work like hours and hours, they don't want to be on call and not paid to be on call. A lot of them don't want to do hospital work anymore. Some will do it, but I think it's a minority. Because hospital work, like in-patient care, you have to be on call 24 hours a day, 365 days a year. And they should be paid to be on call. But the system is not like that, the ministry doesn't seem to get that.

They don't want to be in charge of a patient in a nursing home, where they're not going to be paid or paid poorly.

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### **Theme: Misperceptions**

*A consistent theme throughout many topics is that life in this area and especially in more rural places is different in many ways, less sophisticated for example, and this leads to misperceptions that the level of medicine, resources, specialists, etc. is not very sophisticated — which interviewees said is not the case. They are honest that there are limits, but they feel that things here are excellent and this may surprise people.*

There's a perception that everything is small little cottage hospitals... so assuming quite small and not well resourced. So, what we are trying to promote is, you're not alone when you're here, you have great access to good diagnostics, you know, and supports are here. And then that starts to break down those perceptions.

That's why, when I'm usually doing an initial phone call with them, I will literally go over, like our corporation and the different specialties and what not that we have here. So that they know, and then they go, like, I didn't realize that I would have access to that.

We'll get third year or fourth year medical students, they'll be doing a clerkship which is three weeks into time that's a mandatory part of their training. And they'll come up and say, wow, I didn't realize the hospital here was so so large,

You may not realize the variety of specialties that are here. So that's an important part of the conversation.

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### **Theme: Authentic outdoors, authentic people**

*Everyone is proud and aware of the natural beauty and options for enjoying it, but many of the observations went further to try to express how that can affect someone.*

You can breathe, you're not boxed in.

It's a different life, but if you like that, it's very intriguing and appealing.

The territory is beautiful, has so much to offer in terms of community and lifestyle, especially for a high-earning professional like a physician.

Probably the same reason why I enjoy living back here is my eight-minute commute.

it's very, very pretty. It's situated right on Lake Huron. The beaches look like an ocean. And then we've got lots of trails, and quaint downtowns.

We have a lot of success with individuals who are more outdoorsy.

There's certainly ease of life here. You can do errands, no traffic jams. You have to be able to suit up and get out and enjoy winter. I feel like I have more time here than I did when I lived in the city, more sovereignty over my time and peace of mind.

Authenticity: it's a real place, there's real people here, families that have been here for 150 years. Authentic also, it's not all boutiques, like some of the other centers along southern Georgia Bay. There's a lot of off-grid wildness.

There's a kind of "the edge of things kind of feeling... it's all on the edge."

### **Theme: What to say to the target and how to say it**

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*A main objective of this Strategy and the interviews was to probe how the target has been approached, spoken to and marketed, what works for them and doesn't, what kinds of messages, tools and information is most or least helpful. Residents were very specific and direct about wanting more factual, "transparent" information versus fluff. There was a strong feeling from others that "showcasing a day in the life" could be effective. Someone brought up the lack of a simple map breaking down the region. Specificity about what roles are needed and available, what compensation, etc. seemed very important, especially to residents.*

### **What to say**

I've condensed all my info into a postcard-size, little snippet of our community. Some people even will just take a picture of it. They don't even want to take the handout, they don't want to waste paper.

We stress the number of specialists that we have: we have these little infographics that we use over the years that kind of help when they're interested to see the variety of specialists.

It would be fun to do a day in the life of our physicians: show what their clinical day looks like, but then they're also out on their kayak by six o'clock, or right there at the kids' soccer game.

### *What's missing?*

There's not a great map, one that shows the whole region in a nice way.

I can envision a regional profile that helps people get a little bit of insight into each community, because everywhere is fairly unique.

I think it's hard to present the larger picture: there's 185, 200 physicians in the region, and a deep sense of collaboration. You can call any of them. You're not alone.

### **How to say/deliver it**

It has to remain current.

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They don't want to hear from an old physician. If we were to profile, in some videos, a young doctor or a few young doctors, I think that would be a good thing. Here's a day in the life, a week kind of thing — versus blah, blah, blah. That makes sense to me.

Our doctors' experience here is one of our best recruitment tools.

It's important to remember to see everything through the doctors' eyes.

Doctor-to-doctor makes a big difference. If you go to a recruitment fair with a doctor versus just your recruitment team, it makes a huge difference on who comes to you and actually stays and talks. They want to hear from your doctor. A lot of doctors would go to recruitment fairs, but they just can't.

It's all about the medicine. A doctor I just spoke to wants to know who do I call if I need this? What's the emergency? Specific questions of the work. Do you have this, that?

And sometimes there are efforts that don't cost money, it's like, how do you encourage physicians to be more welcoming to people who come, include them in their projects or anything like that? Those things don't cost money, but it takes a little bit of reminding to groups who are working, because people are stressed and all of that.

It's important to be transparent: Having literal financial breakdowns of: this is what you make when you come to the region if you have this many patients, if you do surgical, if you do palliative. If you're a family physician, working with the family health team, and you did some surgical assess, this is what you could do — just show some scenarios.

It would also be really good to know the opportunity: Owen Sound needs how many family physicians, there's two full time spots. A clear breakdown of what actually we offer in terms of opportunity positions. We don't really have that anywhere. Like, I see we need a family doctor, I want to be one of them. I gotta hop on this. Or there's two full time Emerg opps open now. This is what you make, this is the credentials you need.

It's better if you're talking to people who like actually have a say if you get the job or not, ... you want to be like shooting your shot with the right person?

**Theme: Getting the community to “get it”**

*This theme is somewhat of an outlier, and these thoughts were from only one person, but I thought it was important to share because it reflects thoughts that (while not brought up by others) might be considered when trying to build consensus or support for a campaign or make the public more aware of the need to act, to take the situation more seriously.*



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Health care and access to it is actually part of infrastructure. But people don't think about it until they need it.

Political pressure is important. 77% of people surveyed in the Blue Mountains said physician recruitment is an issue. But no one has done a deputation to counsel.

If I'm an employer, and my people can't get doctors, they're not coming to work. If I'm a teacher and I can't get a doctor, I'm not teaching. It's just everything.

The future of healthcare is in the community, is in primary care, because that's where you want them to stay, and you have to focus on how you keep them there. The last place you should go is to acute care.

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## Strategic Areas

What follows are five strategic areas — themes, ideas, positions — that will act as the foundation for our pitch to prospective doctors.

They will inspire what we say, how we say it, and how we show it. They will probably result in a main “tagline” that will anchor our creative campaign and all of our outreach, as well as other creative tools, including the creative “angle” or campaign that we can create. They are the essence of our message.

Some of the language and ideas — even the name of the area — may find their way into a campaign and materials, if we like it and feel it resonates. For example, if we feel that “Matter More” says it all, there’s no reason why we can’t say it.

The goal, again, is to land on the area that.

- gets us the most excited
- will get the majority of the target the most excited
- is “truest” and authentic, yet still aspirational
- is relatively unique in the marketplace and to the target
- captures the essence and uniqueness of both our offer and region, which are all reflected in the Major Themes

And again, while they, and some of the things said in each area are meant to be distinctive to that area, ideas and notions that we like from one can potentially find themselves in others. In other words, if we decide that one area is the strongest, we can still incorporate some aspects of another one in it.

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## STRATEGIC AREA 1

### **Matter More.**

We're doing this whole project because nothing matters more than your health. And we need more of the people who take care of that health.

Obviously, doctors matter everywhere. But here they matter more.

There's a lot less of them, and they do more kinds of things, for more people.

They have more on their shoulders. They need to make more decisions, sometimes with less options.

They matter to more entire families, over more years.

They matter more to the community because sometimes, they're it. Three fire trucks, two grocery stores, one doctor.

They matter to the community: *"Their opinion is sought out for larger things. And they feel plugged in."*

Mattering more brings a lot more responsibility and pressure, yes. *"You're kind of like a superstar here... and some people don't like that feeling."*

But if you want to matter more, you need to be in a place where you're heard and respected. Not one of many. We're that place.

If they want to change something, they have more sway to do it.

So if you want to matter more, and not just to patients, but to the community... and you want your ideas and plans and even dreams to really matter and be heard... then this is the place for you.

Because when you want to matter more, you probably care more, fight more, work more, listen more. And we need more of you here.

## STRATEGIC AREA 2

### **Northern Exposure.**

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We'll come right out and say it. Something that you can only know by experiencing it, something that only brave and confident marketers will say, because they know exactly who they're talking to and what they want to hear.

When it comes to practicing medicine, we're not for everyone.

You heard our story about the resident who was overwhelmed by his experience as the doctor in emerg. He made the calls, he managed and stabilized and referred. Everything was on him. And he walked out vowing he'd never work in a rural ER again.

However, bottling up that story and presenting it to the right person might be the most effective message you could ever send.

We expect a lot from you here — so you have to be someone who expects a lot from themselves.

So, if you want to be exposed to medicine in full, to all it means, welcome.

If you want more hands-on, confidence-building experience, starting from residency, and so different from bigger centres with more students...

If you want to test yourself... If you want to become an all-round physician, a Renaissance doctor... If you want to grow your skills, confidence, leadership...

Then we have tons of beautiful lakes that we can throw you into to learn how to swim. But never alone. The buddy system is very much in use.

You're exposed to a lot here. Real wilderness and raw beauty. Authentic people. Time and space to think about things that matter. And everything that medicine can mean.

You can expose yourself to it all here. It's intimidating, it's a challenge, but there's nothing else like it. Dive in.

### **STRATEGIC AREA 3**

**Shape your Career — and Our World.**

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*“We can't control everything — but we have the ability to change things, the way we as a group of physicians feel it works best.”*

That quote was made about the power of the medical community in Owen Sound. But it also speaks to the power of a doctor to change things — “shape” things, the best word we’ve heard for it — for themselves.

*“You can make your life more like you want it”* is another related quote — and it wasn’t from someone in the medical world, which shows how wide this feeling is shared.

In a place with literally countless trails, the possibilities here for a curious, eager young physician who doesn’t want to limit themselves to one path are unlimited.

*(There may be a great creative idea here about natural discovery and self-discovery, because we offer plenty of both.)*

And to a young physician, chomping at the bit to try so many things, how refreshing and exciting it is to be able to say, GO FOR IT. As one put it herself, *“If I wanted to do a little bit of addiction, palliative care, sports medicine, there definitely is opportunity.”*

And that’s reiterated by someone at the end of her career here: *“The opportunity is there to do your family practice, your emerge rotations, hospital work, assist in the theater, do long term care... all those aspects that we dream of when we come out of medical school.”*

Imagine those dreams being ignited instead of squashed.

We also respect your choices, many young doctors don’t want fee for service, or solo practice, or hospital work where they’re on call. Work-life balance isn’t jargon to them, it’s a deal-breaker. They want a team and access to services. We get it and we act on it.

Up here, you can design and choose how you wish and in sync with life’s ebbs and flows. And because you’re more than a face in the crowd here, you have the chance to build more than you. You can build and shape how things are done here, because you’re part of the small, important teams doing them. We’re open.

What would your ideal package look like? What would it take? We ask those kinds of questions here. It may be a rare thing.

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We invite you to be ALL you want to be, not just some of it. Even if that all is just one thing. The freedom and choice and opportunity are here. We're open to you — all of you.

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### STRATEGIC AREA 4

#### **We're Here for You.**

*"I think most physicians will tell you their first five years in medicine, they don't want to take on more than they can handle, they need to get their feet under them. Having something that's turnkey is really important. When locums and students know that a huge chunk of things are totally off their plate — they really just need to come in and be the doctor — It's a huge selling point."*

I chose the above quote because it is representational of a major, consistent theme — but what's missing in those words are why that freedom to focus is possible here.

**We try to make it easier.** Things can be very turnkey here. We get the importance of administration support for all doctors, especially new ones. It's not just that they don't know how to manage an office: they largely don't want to. Other things are just more important. So, the supports are here for that and the many other things that could be barriers. Housing, spousal employment, daycare, even socializing we are entrepreneurial, creative and thoughtful in how we handle these potential barriers.

Another way we help make things easier, one that becomes clear to residents after a couple of years or more, is this: when you are tapped right into the system here — the people, the specialists, the shorthand's, the contacts — **it becomes easier and faster to get things done.** You've got more control. And you're on a first-name basis with many people, often with someone you might have gone kayaking with the weekend before. It makes a big difference in how you feel and work.

**You're on your own but never alone.** We know how to strike that crucial balance between respecting your ideas and independence and being there for you as a team. With the diagnostics, specialists and supports you need to do things right, and even more efficiently than in other places.

**We're open to your style, your ideas.** New tools, new processes, greater flexibility, all the things you want to bring to medicine here: we see it as you are moving us all forward. Because you're the future and we get it. Working in a region that wants all of you, not just your medical skills, makes life so much easier. When we say we try to remove barriers, we can't be one.

So, when we say we're here for you, it's not just words, it's actions. Actions that move things out of the way of being the doctor you came here to be. Actions that make things easier — because medicine up here is hard enough. Actions that speed things up, ultimately benefitting the people we're all here to help.

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It's easy to feel alone here, in the great, big outdoors. And many people come here for that. But it's nice to know that when it comes to support, you're never alone.



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### STRATEGIC AREA 5

#### **Surprise Yourself.**

Bring up the words “small town” or “rural region” and most people will fill in the rest. Some of it’s true: things are usually a little slower and friendlier, a lot prettier. The word “quaint” gets a real workout. But some of it, ideas like “unsophisticated,” or “behind the times,” or even “small”, especially when they come to practicing medicine, may not be.

The opportunity to change perceptions is a very powerful tool in persuasion.

Even young people can hold those misperceptions. That the resources, supports, specialties, and “scale and scope” are lacking here. But when they get here and start to work in the system, it starts to work on them.

They learn not only that most of not all the tools they need are here — but also that they can access them easier.

They discover, to their surprise, that (some!) of the little hospitals aren’t so little.

They are shocked that so many specialties are being practiced and may even marvel at the multiple skills and portfolios of their colleagues, who inspire and influence them.

But the most important discovery — the one that makes the biggest difference in changing a person and motivating a decision — is what they discover about themselves. New or greater confidence, independence. Maybe even a lightness of spirit. Feeling true community, maybe for the first time. Or maybe discovering that deep inside, they’re an outdoor person or a smaller-area person, but they didn’t know it.

Of course, the nature and way of life here are a big part of all this as well.

And while it could be argued that this kind of personal change could probably happen anywhere, it’s amplified when it comes in a new and unique environment and is accompanied by a series of discoveries — of challenges to your perceptions — that make you rethink things.

*“I had no idea...”* gets people thinking. So, if you’re someone open to being surprised, we have a lot of them. From the scale of medicine to the warmth of the people, to the beauty and options of the outdoors, to the skills, options, freedom and choice available to you, to how much you matter....

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At the end of it all, the one thing that you won't be surprised about is the retention rate of some of our regions, which can be as high as 94%. That's amazing and maybe even unique, but when you learn what it's really like here, it's not surprising at all.

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## **Strategic Areas: Brief Summaries**

### **Area 1: Matter More**

Doctors matter everywhere. But here, they matter more. They have more on their shoulders. More decisions, more responsibility, and more power to change things. But if you want to matter more, you need to be in a place where you'll be heard and respected more. That's here. And if you want to matter more, you probably care more, fight more, work more, listen more.... .... and we need more of you here.

### **Area 2: Northern Exposure**

When it comes to practicing medicine, we're not for everyone. But if you want to expose yourself to all that medicine can be... or want more hands-on, confidence-building experience... or want to become an all-round physician, and grow your confidence and leadership... then dive in. (But never alone.) It's a challenge, but there's nothing like it.

### **Area 3: Shape Your Career — And Our World**

In a place with literally countless trails, the possibilities here for a curious, eager young physician who doesn't want to limit themselves to one path are unlimited. You have the support and encouragement to follow your interests and shape not just your career, but how we do things. We invite you to be ALL you want to be, not just some of it.

### **Area 4: We're Here for You**

Doctors — especially those just starting their careers — really notice and appreciate the support, teamwork and genuine help they get here, and how much easier we try to make things for them. You're here to learn and heal, and we do all we can to keep that your focus. We're open to your ideas and wishes. And you're never alone.

### **Area 5: Surprise Yourself**

You may have an impression of what medicine, and life, are like here. But we believe that you may be surprised by the scope and scale of our health care, expertise, specialities and resources, the power and support you have to make things happen, and the many discoveries you'll make. Especially the ones about yourself.