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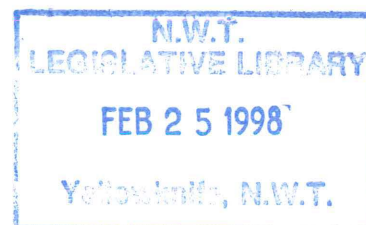


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# Recruitment and Retention of Health and Social Service Professionals

## A Plan to Address Critical Needs

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# Recruitment and Retention of Health and Social Service Professionals

## A Plan to Address Critical Needs

### Introduction

The basic health and social service needs of Northwest Territories (NWT) residents are best served by a stable population of health and social service providers who are appropriately trained, locally based, and who can provide regular, continuous, and comprehensive service. Work is underway on a broad range of human resource planning activities to address this need.

The recruitment and retention of health and social service professionals has become a critical issue for NWT Health and Social Service Boards. It is critical for two key reasons. First, the health and well-being of NWT residents could be affected if current rates of turnover and vacancies continue. Second, the health and social service system is in the midst of significant change and a full range of community staff are needed to support the changes.

This plan outlines actions which can address the recruitment and retention issues. Some of the actions are needed immediately to address the urgent need in some communities. Other short term actions will start to build a strong base of health and social service professionals. Finally, there are long term solutions which will address some of the systemic issues affecting recruitment and retention.

The plan focuses on physicians, nurses and community social service workers because these are the areas of most immediate need. This includes nurses and community social service workers who are managers or midwives. However, there is a recognition that this proposal should only be a first step in an overall human resource plan for the range of health and social service providers. As the broader NWT Health and Social Service Human Resource Plan takes shape, the elements of this recruitment and retention plan will be considered in relation to the demands and needs of other health and social service staff.

The recruitment and retention of health and social service professionals is of concern to many stakeholders in the NWT system. This plan was developed jointly by the Department of Health and Social Services, the Boards, the NWT Health Care Association (NWTCA), the NWT Medical Association (NWTMA) and the NWT Registered Nurses Association (NWTMA).

## Addressing a Critical Need

Many Health and Social Service Boards across the NWT are facing shortages and high turnover rates among doctors, nurses and community social workers. This places the current health and social services system under significant stress. While there are some staff with extensive background in their current positions, many other staff are new to the job or the community and are making the necessary adjustments. The turnover has placed additional pressure on the remaining professionals. They are carrying a high client load and their opportunities for time away from work is greatly reduced. This problem is more acute in the smaller communities where there are fewer positions resulting in less flexibility to deal with vacancies.

Recruitment is one part of the problem. Currently each board is independently trying to identify and entice health care professionals to fill a number of vacancies. Boards are often in direct competition with each other for the same individuals. Most Boards can eventually get staff although there are some locations which have greater difficulty in hiring. However, positions can remain vacant for long periods of time. As well, some of the hiring is only term which means sooner that later the Board is recruiting again.

A more serious problem is retention. In some parts of the NWT, the average stay for nursing staff is less than six months. When Boards can find staff, they can't keep them.

There are a variety of factors which seem to contribute to the high turnover rates. Some of the factors such as market demand are external to the NWT and beyond our control. Others, while external to the north, are being addressed through national working groups and other forum at that level. The internal factors seem to be primarily in two areas of concern: working conditions and pay and benefits. There is also an apparent lack of support for health and social service providers at the community, board and territorial levels.

In past years, the NWT benefited from the situation in southern Canada. When provinces were trying to reduce their deficits, there were some major changes to the delivery systems for health and social services. Health and social service professionals affected by job cuts or dramatic changes to service delivery models in the provinces were more interested in coming north. This trend was slowed when the NWT also took steps to address its deficit. The changes to vacation travel assistance, removal out and the reduction to salaries caused some professionals to reconsider working in the north. The changes in staff housing also had an impact, particularly for nurses who are often "living in their offices" when their apartments are part of the health centre but pay rent equivalent to any other apartment. Accommodation is clearly an issue that affects recruitment and retention.

As the health and social services systems in the provinces have settled in the past few years, there has been some renewed social spending. As well, some provinces have moved to a Primary Health Care Delivery model where nurses with advanced skills can practice (an attractive lure for northern nurses). Professionals are now beginning to return or stay in southern Canada.

## Sharing National Concerns

Recruitment and retention among health care professionals is a problem for most Canadian jurisdictions. A recent study "A Statistical Picture of the Past, Present and Future of Registered Nursing in Canada" has given clear evidence that without some intervention, there could be a serious shortage of nurses within the next decade. There is a similar prediction of an undersupply of Canadian trained physicians by the year 2010 as a result of changes to medical school enrollment policies. There is also concern that more physicians are staying in larger centres or pursuing specialties rather than moving to rural practices. These trends have serious implications for the NWT system, particularly when the system is already experiencing shortages.

A Federal/Provincial/Territorial working group on physician services is looking at national options for dealing with the physician issues. The work of this group will be tabled with the Deputy Ministers of Health and should provide support for an enhancement of rural and northern practice.

There is also a national working group on nurse resources. In follow-up to the National Nursing Forum hosted by the Canadian Nurses Association on November 6, 1997, a national nursing human resources strategy is to be developed. A number of different stakeholders representing practice, administration, colleges and universities, and regulating authorities will be involved.

## Planning Principles

There are many possible components to a recruitment and retention plan. In determining which elements should be included in this plan, the working group considered the following principles.

The recruitment and retention plan should:

1. Be comprehensive and include all Boards.
2. Be on-going with both a short term component to address the immediate human resource shortage, and a long term component to ensure stability in resources.

3. Be non-prejudicial to health and social service professionals already practising in the north.
4. Ensure recruitment/retention activities do not encourage competition between Boards for the same employees.
5. Provide a supportive environment for caregivers.
6. Recognize and accommodate the creation of two new territories on April 1, 1999.

## Funding

Currently, most Health and Social Service Boards are spending significant dollars on recruitment due to high turnover. In addition to the cost of running each competition, there are costs associated with moving expenses. Some Boards are only able to fill positions on a term basis. In these cases, there are removal out costs as well as removal in. The effort Boards are putting into extensive recruitment means financial and human resources are being diverted from other programs to ensure there are nurses, social workers and physicians available to provide service to residents.

## Priority Areas

The recruitment and retention plan is intended to address an immediate need. The elements in the plan apply to physicians, nurses and community social service workers in indeterminate positions with Boards. For elements such as the community site visits, Boards will be able to provide support, not only to Board staff, but also to private clinics who supply professionals to support the needs of the Boards.

The plan has three key components.

### 1. Creating a Stable Workforce

There is a need to create stability in the pool of health and social service providers. Continuity of care can only be achieved when nurses, social workers and physicians are familiar with the communities they serve and the system they are working in. A strong emphasis is needed on recruitment and promotion of the NWT as a good place to work. A stable workforce is also critical to greater emphasis on promotion and prevention services and to developing a northern workforce. The current employees must be the mentors and trainers for new people entering the system.

2. Increasing the Competencies in the Workforce

The isolated working conditions for many health and social service providers means there is a greater demand for a broad range of skills. The Department and the Boards would like to place strong emphasis on improving the competencies of the service providers. This would be done through a range of professional development opportunities, some of which will be enhanced as the Digital Communication Network gets up and running. Improving competency in service providers is closely linked to developing a northern workforce. Ensuring that service providers can access professional development and interaction is also key to providing stability and staff that stay and grow professionally.

3. Developing a Northern Workforce

It is critical that efforts are made to increase the number of northerners qualified to fill many of the health and social services providers. Work must be done to encourage students and other northerners to pursue post-secondary education in relevant programs. There is also a need to support additional training and upgrading for people already working in the NWT health and social service system. The success of this component is closely tied to success in creating stability in the pool of service providers. These service providers are often the trainers and mentors for northern graduates.

While the recruitment and retention plan specifically addresses the current difficulties with nurses, social workers and physicians, a number of the elements will have a broader impact on all health and social service providers.

## Creating a Stable Workforce

### 1. Establish a Health and Social Service Professions Recruitment Officer

#### Overview

In order to address the current shortages of physicians, nurses and community social service workers, there is a need for a coordinated approach between Boards. There is little sense in each board dedicating resources to tap the same sources of potential employees. The coordination and organization of this professional recruitment will involve a tremendous amount of time, particularly in the next six months to a year. Someone with appropriate expertise will be required to carry out the initiatives contained in the recruitment and retention strategy. This expertise would preferably include practical northern experience as well as a strong understanding of the various health and social service professions.

This position would be located within the NWT Health Care Association (NWT HCA). However, selection of the individual would involve input from the various stakeholders (Boards, Department, NWT Medical Association, NWT Registered Nurses Association, NWT Social Workers Association). Health and Social Service Boards would notify the recruitment officer of the current and expected staffing needs. The position would act as the central location for acquiring and storing necessary recruitment information. The Recruitment Officer would take a very proactive approach to identifying and encouraging potential employees.

Once initial contact is made, interested individuals would be referred to the appropriate Board. The actual staffing process would be carried out by each Board.

The position would also provide a central location for health and social service professionals interested in working in the NWT. Following up on inquiries from interested individuals is one of the more important keys in recruitment initiatives. All general advertising would list the recruitment office location as the contact point. Information packages would be sent out from this office and follow-up would be coordinated by the Officer and the Board or Clinic with staffing needs.

#### Considerations

One of the challenges will be to ensure that all Boards have equal access to and support from the Recruitment Officer. Having the position within one Board yet servicing all would have created potential problems. Locating the position with the NWT HCA ensure all Boards' would have access to the Officer on a fair and equitable basis.



## Health and Social Service Recruitment and Retention Plan

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### Duration

The Health and Social Service Professions Recruitment position would be staffed to April 1, 2000 although there will be earlier discussions about what method would be appropriate to provide this service to the two new territories. At that time, the position would be reviewed to determine the effectiveness of the coordinated approach. If the position is effective, efforts would be made to continue this approach.

## 2. Community Site Visits

### Overview

Before final hiring decisions are made, a site visit to the community would be arranged. Site visits serve two purposes.

1. Allows the potential employee and his/her partner to see the lifestyle.

Lifestyle choices for the potential health care provider, their partner and/or children are significant factors in the length of stay in a community. These factors include recreational and leisure options, schools, accommodation, employment opportunities for the partner and other points of individual interest.

2. Allows the employer to assess the personality, qualifications and, possibly, practice patterns where appropriate certification has taken place.

The work situation in northern communities can be significantly different than work sites in southern Canada. The employer need the opportunity to assess the potential employee's ability to adapt to the practices and philosophy of the regional health and social services board.

The site visit would be long enough to allow both employee and employer to determine whether this promises to be a good job fit. Fly in/fly out trips are of limited value. To have maximum value, site visits would need to be well planned and coordinated.

Site visits would not be mandatory but would be offered to potential employees from other parts of the north as well as from southern Canada.

### Considerations

There may be questions about the need for site visits for nurses, physicians and community social workers as compared to other government staff. These frontline workers in health and social services are often placed in a difficult position. They must deal with personal issues affecting the health and well-being of community residents. Due to the stressful nature of their work and the often irregular hours, they may find it more difficult to quickly become part of the community. As well, the small size of H&SS operations in most communities means they do not always have an initial peer group that a new teacher might have.

Duration

Site visits should be offered for all new hires to April 1, 1999. At that time, the effectiveness and on-going need for site visits will be revisited by the H&SS Human Resource Working Group.

### 3. Internet Site

#### Overview

The Internet is fast becoming the most common way of communicating among physicians and other professionals. Most students in post-secondary institutions use the Internet as part of their studies. The Nwthca would develop an Internet Home Page to advertise vacancies in the health and social service professions. This Internet site would also be linked to sites for the department, each board, community and professional association (NWTMA, NWTRNA, NWT Social Workers Association).

Developing a Web Page and getting access to the major Internet search engines requires technical expertise. The Department of Health and Social Services has committed to providing the expertise needed for the initial start-up of the site.

Coordination with the Recruitment Information Package Initiative will ensure that the information provided is consistent. The Web Page would need to be updated on a regular basis as new physician, community nursing or community social service worker opportunities arise. Once the Web Page is operational, it would be maintained by the Nwthca Recruitment Officer, with technical advice from the Department as necessary.

#### Considerations

Once the site is operational, some initial promotion to groups most likely to use it (university students, professional associations in southern Canada, etc.) would increase its profile.

#### Duration

Once established, the Web Page should be a long term tool for on-going recruitment.

#### 4. Recruitment Information Packages

##### Overview

A standard recruitment package is required for each Board to promote the advantages of living and working in different parts of the NWT. There is also a need for a general package for those who may not be focusing yet on a specific part of the north.

While each Board would have different information to provide, the NWT HCA Recruitment Officer would develop a standard package of information which can be customized for each Board. This package would cover the basic information prospective employees will need. Changes can be made based on the responses and reactions from those who receive the packages.

##### Considerations

When material is provided to prospective employees, it is critical that the information be accurate. Therefore, consideration would be given to recruitment packages which are professional in appearance but which can be easily revised and updated.

In addition to the Board logos, all recruitment material would have a common visual identify allowing potential employees to make an instant connection with Nunavut and the western territory and the Health and Social Service Boards.

There was some discussion of the use of videos. While videos can provide a visual expression of the region or community, they are quickly dated. Boards who want to use videos as part of an information package would be encourage to use existing general videos about their community or region or, if they wish to prepare a video, to make every effort to make it "timeless".

##### Duration

Information packages should be a constant feature of recruitment, with regularly updated material.

## 5. Zero Tolerance Policy

### Overview

One factor which has been identified as a concern for nurses and community social service workers is the issue of personal safety. If health and social service professionals are going to be encouraged to remain in a community, they must feel safe and must be free from the threat of physical and/or verbal abuse. While the attitudes and behaviour of individuals cannot be changed overnight, it is important that the Boards and the Department send a clear message to all communities that physical and verbal abuse of staff is not acceptable.

A Zero Tolerance policy would require some public awareness to ensure communities and individuals understand the limits of acceptable behaviour and the possible consequences if these professionals cannot feel safe in the community. It would be preferable that the community leadership worked as a full partner with the Board in making the community as safe as possible for the care providers. Each community has a responsibility to support care providers which includes:

- recognizing their human limitations;
- providing for their needs as individuals or families; and
- making them feel welcome and part of the community.

A limited number of Boards and communities already have a Zero Tolerance policy. This would provide a basis for the development of a Territorial policy prototype. Boards would work with their communities to endorse a community or Board policy.

In the longer term, mechanisms could be developed to increase the interest of and involvement by communities in supporting frontline staff.

### Considerations

While a Zero Tolerance policy sends a strong signal to community members, enforcement would be necessary if the policy is going to be effective. Boards must be prepared to act when the policy is violated. The political leaders in each community could be asked to give their support to the policy and to the repercussions of potentially losing workers if abuse occurs or is threatened.

### Duration

The policy would be reviewed in two or three years to ensure it continues to capture the philosophy of zero tolerance.

## 6. Promotional Visits

### Overview

One way of promoting and identifying opportunities in the NWT is by visiting universities and taking part on job fairs. These trips needs to be well planned and promoted. University visits should be geared to when students are looking for funding or future jobs. Several resources have identified that, for example, medical students usually commit to a position during their second or third year of studies.

One possible way of visiting universities is to take advantage of other work-related trips south by Board staff or NWT physicians, nurses and community social service workers. The Recruitment Officer would help make appropriate arrangements for staff to contact or talk with students. The professional associations would also assist with this.

Job fairs would require a more concentrated effort. When a job fair is identified as having strong potential to yield positive results, an appropriate representative would be selected and provided with the material necessary to promote working in the NWT health and social service system.

The Recruitment Officer would coordinate any follow-up resulting from a job fair or university visit.

### Considerations

These types of visits are valuable as promotional tools, raising awareness of the NWT as a good place to work. They are less valuable for actual recruitment. Each opportunity would be carefully considered in terms of the cost and value for the time and effort involved.

### Duration

The NWT HCA, with the professional associations, would evaluate the use of promotional visits on an annual basis.

## 7. Creation of Locum/Relief Pool

(also part of Increasing the Competencies in the Workforce)

### Overview

One of the biggest drawbacks in recruiting and retaining health and social service professionals in most communities is the isolation from colleagues and the on-call expectations. Some means of providing locum relief is necessary. A formal method to access locums is required along with a steady and reliable pool of professionals to carry out locum/relief work.

The Alberta Medical Association and the Alberta Department of Health have formed a partnership to develop a pool of physicians to provide locums for rural Alberta. In northern Quebec, there is a locum pool for health care professionals. Many jurisdictions have relief pools or rely heavily on relief agencies for temporary nursing staff.

When physicians or nurses will be absent and there is some notice, attempts are made to find temporary replacements. This is very difficult since the locum/relief agencies used are also supplying staff to the other provinces.

Community social service workers are often not replaced when they are away from the job. This creates difficulties in continuity of service to the community. Given the important role community social service workers play in addressing critical issues such as abuse, suicide, and healing, consideration should be given to temporary relief.

A locum/relief pool would be established through the NWT HCA for physicians, nurses and community social service workers. This pool would include individuals from southern Canada as well as northern professionals who would be interested in temporary work in another setting or who are not working full time but would be willing to do locum/relief work.

While some locum/relief needs are emergencies, the vast majority would be planned well in advance. Boards would be able to identify their locum needs and give the NWT HCA time to match needs with locum/relief resources. Locum/relief support would be limited to cover absences of four months or less with exceptions made as necessary to support ANSIP placements.

Particularly with northern nurses and social workers, there is the opportunity to keep their skills and training up-to-date without the obligations of a full-time job. Careful consideration would need to be given to the benefits and wages offered to locum/relief staff. Wages and benefits would need to be:

- competitive with other jurisdictions



- sufficient to compensate for the service provided
- reasonable so there is an incentive to be indeterminate.

While the locum/relief service would start within the NWT HCA, there is an opportunity for the development of private northern placement agencies.

### Considerations

To be effective, Boards would have to make an effort to maximize the planning time for locums/relief. As well, Boards would have to ensure they were not taking advantage of the locum/relief pool by using it rather than making genuine attempts to recruit permanent staff.

In Quebec, the locum relief system could only be used to replace existing "active" positions. This creates an incentive not to use the system in lieu of staffing with indeterminate positions.

### Duration

The effectiveness of the locum/relief pool would be evaluated annually by a joint working group including Board and professional association representatives.

### 3. Workload Analysis

#### Overview

There is significant anecdotal information of the workloads experienced by community health and social service staff. However, there has been no formal assessment since 1990 when there was an extensive study done of nursing workloads.

Two elements of workload analysis would be useful in moving to the long term human resource planning efforts. First, the previous workload analysis should be reviewed to determine whether the information gathered is still relevant and what action could address outstanding issues. A recent Federal workload study may also have relevant information. Second, a general workload analysis of select communities would give an overall picture of the workload issues facing a community's health and social service staff as a whole. Selection should ensure a good cross-section of different staffing models and ratios of staff to population.

Completion of a workload study would allow each Board to assess the adequacy of its resources. Where there are serious workload issues, further discussion would be necessary to identify options for addressing the problem. This could include hiring additional staff. However, it is more likely that other options would be considered such as:

- reviewing the assignment of tasks within the existing staff;
- reviewing procedures to eliminate unnecessary bureaucracy while ensure adequate guidelines; and/or
- reviewing the work being done and determining priorities for that community or Board.

This study would tie in closely with the long term planning to examine changing roles of health and social service professionals in response to emerging northern models of service provision. Technological advancements in communications and information sharing would also need to be considered.

#### Considerations

If the workload study is to have credibility, those most affected would need to have some say in selecting the appropriate measurement tools. The methodology selected would have to recognize the unique circumstances that exist in the north and the variations from community to community. Supervision, support practices and isolation would also need consideration.

#### Duration

A review of the need for an update on the workload study should be done three years after the

first study. This should include an analysis of the impact of the recruitment and retention plan and other human resource planning efforts on workload.

## 9. Employee Support

### Overview

The work of physicians, nurses and community social service workers is often difficult and stressful. They frequently work in relative isolation and have little opportunity for case conferencing with their peers or for critical debriefing services.

It is important that these frontline staff receive strong and frequent support from their managers, including regular on-site visits. There must be a connection through management to the goals and objectives of the organization. There is also a need for support for nurses and social workers who have managerial responsibilities.

Each Board would need to review its organizational structure and reporting relationships to ensure that there are adequate management support for frontline workers. There would also need to be a review to ensure the contributions and ideas of frontline staff are respected and recognized.

One forum for discussion of employee concerns is an Occupational Health and Safety Committee. Consideration should be given to ensuring an active Occupational Health and Safety Committee is in place in each Board.

Each Board would also need to develop an orientation program for new staff. The orientation would introduce the employee to the organization and the community and could involve support from the local community government.

If frontline workers are going to give care to community residents, they must be healthy themselves. Care for the caregiver would be a critical part of each Board's staff support.

### Considerations

Employee support is often less formal than other components of a recruitment and retention plan. However, it can be one of the key elements which determines whether an employee feels valued and wants to remain in the organization. Boards would have to make a conscious effort to develop and monitor structured employee support.

### Duration

Reviewing practices to ensure on-going management support for front-line staff should be part of the regular self-evaluation carried out by the management team of each Board.



## 10. Standard Physician Contracts

### Overview

One of the objectives of the recruitment and retention plan is to avoid competition between Boards for the same staff. A standard contract would eliminate some of the areas of competition. While there would be flexibility in terms of monetary items, a standard contract would provide a common basis of non-monetary items.

A standard contract would be flexible enough to address new or expanded roles for physicians including an advisory role in a team setting. A standard contract would be developed jointly by the Health and Social Service Boards, the Department and the NWT Medical Association.

### Considerations

Given the variability in size and mandate of health facilities across the NWT, it may not be possible to standardize all non-monetary items in a physician contract.

### Duration

A standard contract would need to be reviewed annually or bi-annually to ensure it still addresses the necessary elements and is consistent with current practice.

## 11. Hiring Incentives

### Overview

In the future, there will be a larger number of NWT residents who are qualified as physicians, nurses and social workers. At the moment, there is still a need to heavily rely on southern recruitment to fill vacancies. One of the elements which attract individuals is the salary and benefit package. This is addressed in the long term H&SS Human Resource Plan.

For time to time, the employment market is forced to offer additional incentives to attract qualified professionals. At the moment, several southern jurisdictions are offering bonuses to physicians willing to practice in rural locations. These bonuses are often associated with the start-up costs of a new practice or with the high level of student loans physicians can accumulate during their training.

A review has shown that the need for additional hiring incentives varies depending on the community or region with some Boards not needing any incentive to hire staff. To provide the flexibility necessary, a hiring incentives fund would be established. The fund, managed by the Department of Health and Social Services, would be accessible by any Board.

### Consideration

Any hiring incentives would have to be consistent with market conditions and should not be prejudicial to existing staff. It is possible the new job evaluation system and associated pay structure, if accepted, may address most hiring incentive concerns.

### Duration

The need for hiring incentives would be continually reviewed, with consideration for market conditions across Canada.

## **Increasing the Competencies in the Workforce**

### **1. Professional Development and Interaction**

#### Overview

Health and social service professionals in the NWT are often working in relative isolation. Unlike their counterparts in other parts of the country, opportunities for professional development are few and far between. It is not just a matter of crossing town or driving a couple of hours to the nearest city.

At the same time, these northern professionals are required to cope with a broad range of issues on a daily basis. They need a wide variety of skills. This creates a corresponding greater need for professional development for northern professionals.

The issues faced by northern health and social service professionals are unique. There is a need for these professionals to have regular interaction with each other to discuss areas of success and challenge and to draw on each other's experiences. In addition to opportunities for professional development in southern locations, Boards or the appropriate professional association would coordinate regular gatherings for their membership to share information and expertise while benefiting from some group professional development opportunity.

The physicians have access to regular professional development both within the NWT and through southern centres as a result of a Continuing Medical Education fund. While additional resources are not immediately required, this fund would be reviewed during negotiations between the Department of Health and Social Services and the NWTMA.

A professional development fund for nurses and community social services workers (III - V), similar to that available to physicians, would be established to ensure they have on-going access to appropriate professional development and interaction. The fund would be administered by the Boards.

There is also a need for multi-disciplinary professional development. This would be coordinated by the Boards and would include the various members of a health and social service team in a community or region.

Access to professional development would be linked to length of service.



Considerations

Professional development and training has many direct and indirect benefits, including:

- increasing skills in a particular area
- creating opportunities for interaction with peers
- creating opportunities to refresh a professional dealing with daily stress
- highlighting the importance of self-development and self-motivation
- acquiring new skills.

Duration

Access to professional development would be reviewed annually at the Board level to ensure the needs of staff are being met. The professional associations may also address this issue from time to time.

## Developing Northern Resources

### Overview

The long term solution to the chronic shortage of health and social service professionals is to encourage more northerners to pursue these professionals and to then return to practice in the north. There are a number of activities which would promote this goal. These activities support high school graduates as well as those already in the workforce who wish to upgrade their education. It is critical to identify individuals interested in health and social service careers and then to support those individuals as they work through their educational programs.

The development of northern resources would build on partnerships with the Department of Education, Culture and Employment, learning institutions and interested northern groups.

#### A. Undergraduate Sponsorships

There is an opportunity to sponsor one or two northern students in a Medical Residency Program. Links with the medical programs at the University of Alberta and one of the universities in eastern Canada would be developed. Northern students with an interest in medicine and the necessary academic requirements would be eligible to apply for the positions. Each year of sponsorship would require the student to work one year in the NWT.

#### B. Scholarship opportunities for nursing and social work

Scholarships are a more effective way to encourage northern students in nursing and social work or related programs. There are existing scholarship opportunities for students pursuing programs in nursing and social work. These opportunities would be reviewed and potentially revised to match the student's objectives with the goal of having more graduates return to the NWT and to support individuals who further their post-secondary education.

#### C. Summer employment/internship opportunities

Summer employment or internships often allow an employer and a student to develop an on-going professional relationship. It gives the employer a chance to assess the potential of the student while the student is able to evaluate their career choice and the match of that employer to their personal style and interests.

A proactive effort to identify students in health and social service programs and to provide appropriate summer placement or internships would confirm the NWT interest in the student and their potential return after graduation. At the same time, it would allow students to gain valuable experience in their chosen field of study.

D. Continuation of nursing graduate mentor program and development of Social Worker mentor program

The nursing graduate mentor program was designed to match recent northern resident graduates with experienced nurses. This allowed the graduates to draw on and learn from the expertise of those already working in the system. It gives the new nurses much needed experience in a safe and supportive environment. There is a need to expand and lengthen the mentor period to maximize its effectiveness in preparing graduates for NWT jobs.

The program is a necessary extension of the Nursing program at Aurora College and the proposed Arctic College nursing program.

A similar program would be developed to support new graduates in Social Work.

E. Active Recruitment of Northern Graduates

There are many northern students currently studying in health and social service programs. Statistics from the Department of Education, Culture and Employment indicate that 187 students are enrolled in these types of programs. Forty-nine students are in social work while eighty-eight are in nursing.

The high vacancy rate does provide openings for northern graduates. Encouraging even a small portion of these students to return would begin to address the recruitment/retention problem. One of the barriers is the need for experience for many health and social service professionals. This experience is critical given the broad range of skills required by professionals working in isolated settings. Work would be necessary on activities to allow northern students to gain the experience they need in northern settings. The nursing graduate mentorship program is an excellent example of what is needed. A pairing arrangement with professionals from the locum/relief pool might be another.

F. ANSIP (also a component of Increasing the Competencies in the Workforce)

ANSIP provides nurses with the additional competencies necessary to provide a high level of service in the more isolated communities. There are always program adjustments to improve the training available and a need to regularly evaluate the success of the program but ANSIP is a critical component in northern nursing education.

G. High School Programs

In order to pursue health and social service options at the post-secondary level, students must

take the appropriate courses in high school. A variety of programs would be developed to encourage high school students to pursue careers in health and social services. These programs would include scholarships, summer orientation programs and on-going promotional activities. Close links with the Department of Education, Culture and Employment and the Education Boards would be necessary.

#### H. Elective Placements

In many health and social service post-secondary programs, students are required to participate in work placements. These placements are generally two to eight weeks in length. Successful working relationships developed during elective placements can significantly influence where a student gets permanent employment. An active program to assist northern students in finding northern elective placements could influence their decisions about where they eventually work.

#### I. Coordination

Each of the elements in encouraging a northern workforce requires time and attention. A program such as the mentorship is more successful if there is an individual assigned to support, administer and monitor the efforts across the Territories. A coordinator to develop and implement the northern workforce initiatives would increase the probability of success. This coordinator would work in the Department of Health and Social Services.

#### Considerations

For most of these strategies to be effective, students in grades 7 to 12 need to be encouraged to consider careers in the key areas of need. This includes raising the awareness of the academic standing required to pursue university or college education. Work would be done with the Department of Education, Culture and Employment to spread this message.

#### Duration

The various activities should be reviewed every two years to assess effectiveness in encouraging northerners to pursue careers in health and social service professions.