

PROVINCE OF SASKATCHEWAN



11-12

ANNUAL REPORT

PHYSICIAN RECRUITMENT  
AGENCY OF SASKATCHEWAN

# Mission

Our mission is to promote and support an environment that attracts and retains the physicians Saskatchewan needs. We do this by:

- Coordinating and supporting organizations that recruit physicians;
- Serving as a point of contact for physicians seeking recruitment;
- Creating a more efficient recruitment environment that lessens competition among recruiting organizations;
- Collaborating with regional health authorities, communities, physicians and medical graduates to develop sustainable recruitment and retention in the province;
- Promoting and supporting effective policies; and,
- Helping Saskatchewan medical graduates pursue careers in the province.

Putting patients first means measuring our success by our impact on the health care of Saskatchewan people.

## Vision

We put patients first by making Saskatchewan a preferred choice for physicians.

This vision encompasses several ideals:

- An appropriate supply, mix and distribution of physicians to ensure a stable professional community;
- A sustainable recruitment and retention model that is effective, collaborative and easily accessed; and,
- Saskatchewan medical graduates pursuing their careers in the province.

## Values

Our primary values are collaboration, integrity and putting patients first.

Collaboration means engaging physicians, health regions, communities and medical graduates in an open and supportive environment.

Integrity means encouraging and practicing the highest standards of professional and ethical behaviour.

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This annual report is also available in electronic format from the Agency’s website at [www.saskdocs.ca](http://www.saskdocs.ca).



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## Letter of Transmittal - Minister



June 12, 2012

The Honourable Vaughn Solomon Schofield,  
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I respectfully submit the Annual Report of the Physician Recruitment Agency of Saskatchewan for the fiscal year ending March 31, 2012, including the financial statements duly certified by auditors for the Corporation in accordance with *The Crown Corporations Act, 1993*.

The Government of Saskatchewan is committed to delivering on the promises made to the people of Saskatchewan through our election platform; 2011 Speech from the Throne; Ministers' Mandate letters and the 2011-12 Budget. Ministries and agencies have aligned with this direction and have developed strategies and actions to help deliver on this Government's plan for Saskatchewan in the years to come. The Physician Recruitment Agency of Saskatchewan, during this fiscal year, achieved success in connecting with doctors and medical trainees both at home and abroad by enhancing provincial physician recruitment and retention efforts and promoting Saskatchewan as a great place to live, work and play.

The agency collaborated with key stakeholders such as the College of Medicine (CoM) at the University of Saskatchewan (U of S), Regional Health Authorities (RHA), the Student Medical Society of Saskatchewan (SMSS), Professional Association of Internes and Residents of Saskatchewan (PAIRS), College of Physicians and Surgeons of Saskatchewan (CPSS) and the Saskatchewan Medical Association (SMA) just to name a few. Together they have achieved success in making our own medical graduates more aware of the opportunities available to them and helped them experience medicine in rural and remote settings.

I am pleased to report to you many of the agency's activities over the past year. The 2011-12 Physician Recruitment Agency of Saskatchewan Annual Report details many of its accomplishments as of March 31, 2012.

Honourable Dustin Duncan

A handwritten signature in black ink, appearing to read "Dustin Duncan". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Minister of Health

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## Letter of Transmittal - Chair



June 12, 2012

The Honourable Dustin Duncan, Minister of Health

I have the honour of submitting the Annual Report for the Physician Recruitment Agency of Saskatchewan. This report covers the Agency's activities for the fiscal year ending March 31, 2012. The Physician Recruitment Agency of Saskatchewan is responsible for this report and provides assurance that the information contained within is reliable and accurate.

Respectfully submitted,

Max Hendricks

A handwritten signature in black ink that reads "Max Hendricks". The signature is written in a cursive, flowing style.

Associate Deputy Minister  
Board Chair

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## A Message from the CEO



June 12, 2012

The first full year of operation was a busy one for the Physician Recruitment Agency of Saskatchewan. With goals and objectives in place agency staff undertook numerous activities and strategies aimed at achieving them by 2013 and beyond.

The following pages contain information about how the agency advanced toward meeting our defined goals and objectives. In addition to reporting on our progress, you will also find other sources of information that highlight one very important common thread and that is collaboration. The agency worked closely with recruiters, government and university officials, health leaders, physicians, medical students and residents and community members to enhance recruitment efforts that are already underway. By working together we were able to begin the work of tackling the physician recruitment challenges faced by Saskatchewan communities.

The challenges of recruiting and retaining doctors to Saskatchewan are not new; they have been around for decades. Saskatchewan is not alone in this regard; physician shortages continue to challenge many jurisdictions, both nationally and around the world. What is new are the approaches Saskatchewan is taking toward physician recruitment and retention. It is not an issue that can be resolved by one organization or individual implementing an immediate “quick fix” solution. It is an issue that requires connecting, engaging and collaborating with stakeholders; and, it is one that requires the partnership and work of many different people, agencies and organizations.

A handwritten signature in black ink, appearing to read 'Ed Mantler', written in a cursive style.

Ed Mantler  
Chief Executive Officer

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# Introduction

## Agency Overview

In 2009, the Ministry of Health announced a physician recruitment strategy for the province of Saskatchewan. Part of that strategy was a recommendation to create a “one stop shop” for physicians wanting to work in Saskatchewan. The result was the establishment of the Physician Recruitment Agency of Saskatchewan in 2010. Since that time the agency has made progress in establishing itself in provincial, national and international circles. Its success at becoming a key player in the physician recruitment arena will help the agency and its partners achieve the goals and objectives laid out in its strategic plan, which include four broad strategic objectives:

- To create and deliver programs and services to enhance recruitment and retention of physicians throughout the Saskatchewan health care system;
- To engage organizations and communities in a collaborative network that optimizes the recruitment and retention of physicians;
- To develop, recommend and promote policies and practices that are conducive to the recruitment and retention of physicians; and,
- To communicate openly and effectively with the public.

A number of initiatives done by the agency or with its key partners, helped the province meet physician recruitment and retention demands. In order to measure the agency’s success its Board of Directors created and approved the following four goals for the agency to achieve by fiscal year end 2013<sup>1</sup>:

1. Reduce the annual turnover rate of physicians to under eight per cent (revised July 2011);
2. Increase the number of Canadian trained physicians by ten per cent from the 2007-08 baseline;
3. Increase the number of University of Saskatchewan medical graduates establishing practices in Saskatchewan by 10 per cent from the 2006-07 baseline;
4. Increase the number of University of Saskatchewan medical learners exposed to training opportunities within Saskatchewan, but outside of Saskatoon by 25 per cent from the 2006-07 baseline;
5. To increase the number of practicing physicians in Saskatchewan by four per cent.

Our strategies and actions that speak to each of these goals are outlined in detail on the following pages.

1. The fiscal year end for the agency conforms to provincial government fiscal year end, which will be March 31, 2013.

# Governance

The Physician Recruitment Agency of Saskatchewan is governed by a ten member Board of Directors with members representing a diverse group of stakeholders. The Board's membership in 2011-2012 includes:

Max Hendricks, Associate Deputy Minister (4)  
Representing: Ministry of Health.  
Position on Board: Chairperson

David Fan, CEO, Prairie North Regional Health Authority (3)  
Representing: Regional Health Authorities.  
Position on Board: Vice Chairperson

Rupen Pandya, Assistant Deputy Minister (2)  
Representing: Ministry of Advanced Education, Employment and Immigration.  
Position on Board: Director

Darryl Senecal, Director, Division 6 (4)  
Representing: Saskatchewan Association of Rural Municipalities (SARM).  
Position on Board: Director

Roland Zimmer, Mayor of Tisdale (4)  
Representing: Saskatchewan Urban Municipalities Association (SUMA).  
Position on Board: Director

Dr. Femi Olatunbosun, Associate Dean, Faculty Affairs (4)  
Representing: College of Medicine, University of Saskatchewan.  
Position on Board: Director

Dr. Sanchit Bhasin, (2)  
Representing: Professional Association of Internes and Residents of Saskatchewan.  
Position on Board: Director  
\*Appointed September 7, 2011.

Dr. Ayaz Ramji, (3).  
Representing: Saskatchewan Medical Association.  
Position on Board: Director \*Appointed May 4, 2011.

Jay Meyer, (4).  
Representing: Public.  
Position on Board: Director

Nikki Rewuski, (3).  
Representing: Student Medical Society of Saskatchewan.  
Position on Board: Director

\*The numbers in parentheses represent the number of board meetings each member attended in the 2011-12 fiscal year. A total of four board meetings were held in 2011-2012.



2011-2012 Board Members (l to r) Dr. Femi Olatunbosun, Jay Meyer, David Fan, Roland Zimmer, Nikki Rewuski, Ed Mantler (CEO), Rupen Pandya, Dr. Ayaz Ramji, Max Hendricks, Darryl Senecal, Dr. Sanchit Bhasin.

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# Alignment with the Government's Direction

The agency's activities in 2011-12 align with government's vision and three goals:

## **Our Government's Vision**

A secure and prosperous Saskatchewan, leading the country in economic and population growth, while providing a high quality of life for all.

## **Government's Goals**

- Sustain economic growth for the benefit of Saskatchewan people, ensuring the economy is ready for growth and positioning Saskatchewan to meet the challenges of economic and population growth and development;
- Secure Saskatchewan as a safe place to live and raise a family where people are confident in their future, ensuring the people of Saskatchewan benefit from the growing economy;
- Keep government's promises and fulfill the commitments of the election, operating with integrity and transparency, accountable to the people of Saskatchewan.

Together, all ministries and agencies support the achievement of government's three goals and work towards a secure and prosperous Saskatchewan. More specifically, the Physician Recruitment Agency of Saskatchewan supports the Ministry of Health's goal to develop a highly skilled, professional and diverse workforce for Saskatchewan's health care system, as defined in the Ministry of Health's Plan for 2011-12.

# Progress in 2011-12

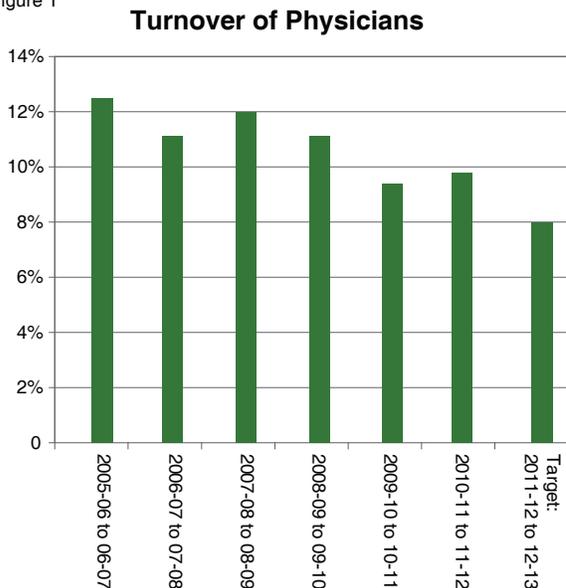
Progress is being made toward each of our five goals. The following pages list each of those goals and the progress we made on them up to March 31, 2012.

## Our Goals to 2013

### 1. To reduce annual physician turnover to less than 8 per cent. (revised in July 2011)

Demographic changes, a population migration from rural to urban centres and a number of other factors have made physician turnover a particularly challenging issue for many communities in the province. Our initial goal of reducing the annual physician turnover in Saskatchewan to less than 10 per cent by 2013, was revised in 2011 to 8 per cent. In 2009 the physician turnover rate was 9.4 per cent and in the 2011-2012 fiscal year it rose to 9.7 per cent. We will continue our efforts in this area in order to at least meet our goal of reducing turnover to 8 per cent by 2013.

Figure 1



Source: Saskatchewan Ministry of Health (2012). Medical Services Branch Annual Statistical Report. Table 18.

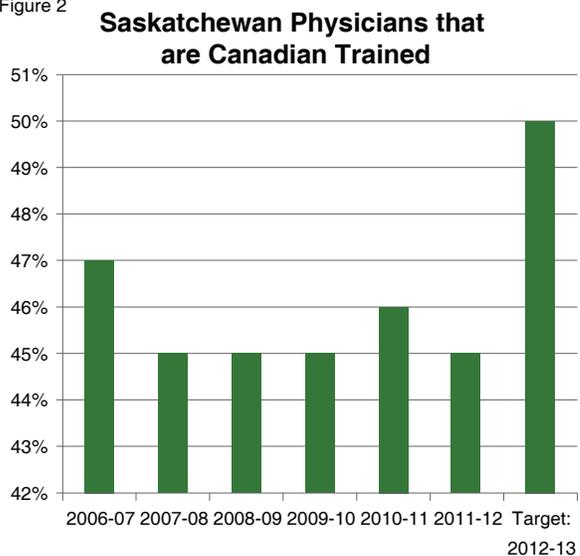
### 2. To increase the percentage of Canadian trained doctors in Saskatchewan by 10 per cent from the 2007-08 baseline.

A 2011 report published by the Canadian Institutes for Health information (CIHI) entitled *Supply, Distribution and Migration of Canadian Physicians, 2010* showed that in 2012 Saskatchewan had the lowest percentage of Canadian-trained physicians (53 per cent), 23 percentage points below the national average. Therefore, our goal to increase the percentage of Canadian trained doctors practicing in Saskatchewan by 10 per cent is a challenging one.

In 2010-11 the percentage of Canadian trained physicians in Saskatchewan was 46 per cent. In 2011-12 the percentage dropped by one point (45 per cent).

We will continue with many of our efforts in this area such as engaging and collaborating with local medical trainees, attending Canadian physician recruitment fairs to tell potential doctors about the many opportunities available to them in Saskatchewan and collaborating with regional and provincial physician recruiters to collectively bring more Canadian trained doctors to this province.

Figure 2



Source: Saskatchewan Ministry of Health (2012). Medical Services Branch Annual Statistical Report. Table 22.

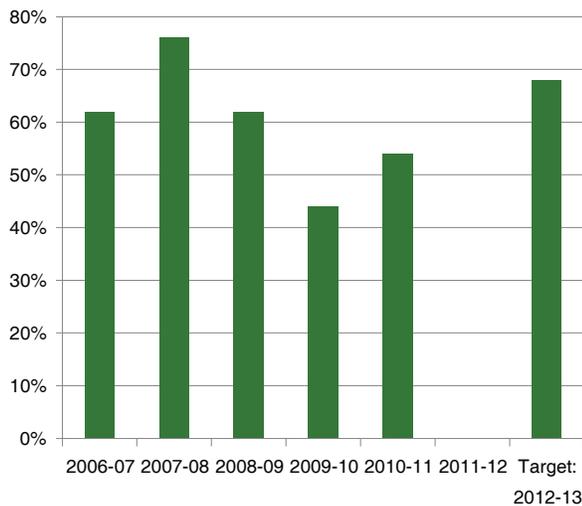
# Progress in 2011-12

## 3. To increase the number of University of Saskatchewan medical graduates establishing a practice in Saskatchewan by 10 per cent from the 2006-07 baseline.

One of our goals is to recruit and retain local graduates. While we made progress toward engaging medical learners and resident physicians at the U of S the past year, we are still progressing toward our target for 2013 and beyond. We will continue to engage, listen and work closely with our local medical learners in the years ahead to increase the retention rate even more.

In 2010-11 the retention rate was 54 per cent. Data for the 2011-12 rate will not be available until the following year.

Figure 3  
**U of S Medical Resident Retention Rate**



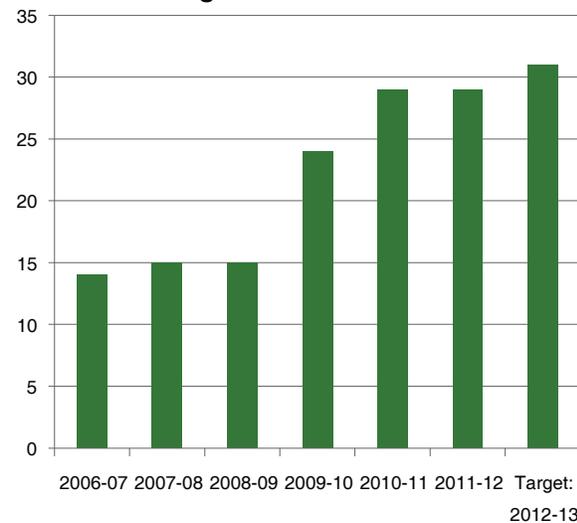
Source: Saskatchewan Ministry of Health (2012). Medical Services Branch Annual Statistical Report. Table 33.

## 4. To increase medical learners and resident exposure to opportunities outside of Saskatoon by 25 per cent.

It is continually a challenge to recruit and retain physicians to medical practices in rural and remote communities. It is widely known that exposing medical trainees to opportunities in communities outside of large, urban centres increases the likelihood of them establishing a practice there. Our goal is to increase medical learners exposure to opportunities and practices outside of Saskatoon by 25 per cent. The agency's goal of reaching this target has already been met, therefore, we are now focusing on the Ministry of Health's target of increasing the exposure of opportunities outside of Saskatoon by 31 per cent over the 2006-07 baseline.

Since meeting the initial target we have achieved a success rate of 29 per cent (unchanged from 2010-11).

Figure 4  
**Saskatchewan Medical Residents Training Outside of Saskatoon**



Source: Saskatchewan Ministry of Health (2012).

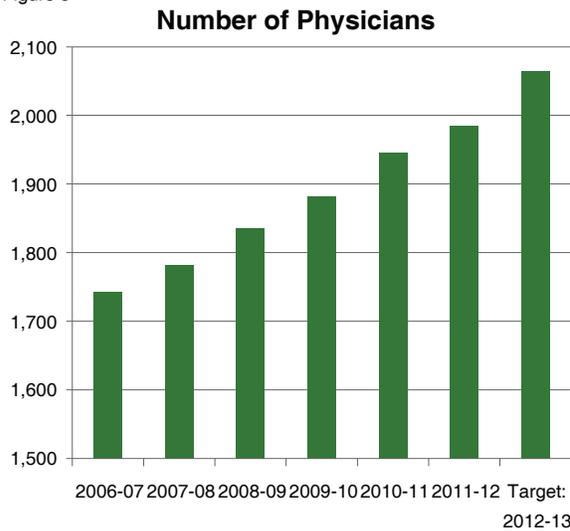
# Progress in 2011-12

## 5. To increase the number of practicing physicians in Saskatchewan by 4 per cent / year from 1,882 in 2010.

Our fifth goal was added in July 2011 in order to enhance overall recruitment efforts province-wide. The goal and its target align closely with the Ministry of Health's Health Human Resource Plan.

Progress has been made toward achieving this goal by increasing the number of practicing physicians from 1,882 in 2010, to 1,946 in 2011(64).

Figure 5



Source: Saskatchewan Ministry of Health (2012).

# Progress in 2011-12

## Our Strategies

In its first two years of operation the agency has focused on four core strategies:

**Strategy: Create and deliver programs and services to enhance recruitment and retention of physicians throughout the Saskatchewan health care system.**

### Progress:

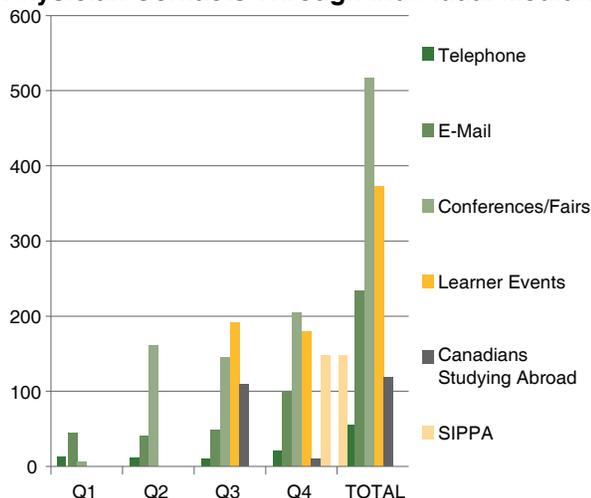
The agency continued to create and deliver programs and services to enhance physician recruitment and retention efforts throughout the 2011-2012 fiscal year.

Initiatives that helped us make progress toward each deliverable included: establishing hundreds of contacts through recruitment events and activities at home and abroad; connecting with Canadians Studying Abroad (CSAs); and, welcoming and working with International Medical Graduates (IMGs).

Overall, the agency connected with 1,569 physician contacts during the 2011- 2012 fiscal year.

Figure 6 illustrates, by fiscal quarter, how many physician contacts were made through each individual medium.

Figure 6  
**Physician Contacts Through Individual Medium**



## 1. Connecting With Local Medical Learners

The agency has dedicated recruitment staff and resources toward connecting with medical learners at the U of S throughout their education and training.

This recruiter listens, learns and collaborates with them to implement ideas and initiatives that will enhance their learning experience and let them know that they are wanted and needed in Saskatchewan.

During the 2011-2012 fiscal year the agency engaged learners through a number of face to face meetings and events that included Post Graduate Medical Education (PGME) academic half-days, Horizons 2011, PAIRS and SMSS board meetings and sponsoring collaborative events that connected learners with potential employers.

One collaborative event of note was the first annual Family Medicine Resident Recruitment Fair held in Saskatoon on January 13, 2012. The agency, health regions and the family medicine residents at the U of S worked in collaboration to make this event happen. The retreat connected family medicine residents with potential employers from across the province. A total of 31 residents attended the retreat to mix and mingle with more than 50 region, clinic and community representatives that were currently recruiting family physicians.

The agency collaborated with the SMA, health regions and U of S to support the rural externship program, commonly referred to as the PRAS Rural Externship Program (PREP), which provides second year medical learners at the U of S with an opportunity to experience a medical practice in a rural or remote community in the province. It also provides the community with an opportunity to engage the individual and showcase their community.

In 2011, 23 medical learners participated in the program and were placed in a number of rural and remote communities throughout the province.

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## Progress in 2011-12

### 2. Engaging CSAs

The Association of Faculties of Medicine of Canada (AFMC) estimates that only one out of every four qualified applicants from this country is accepted into a Canadian medical school. As a result, many highly qualified candidates choose to pursue their medical education in universities in countries such as Ireland, the Caribbean, Poland and Australia. Today approximately 80 schools in almost 30 countries have approximately 3,500 Canadian students enrolled in medicine.

It is also known that over 90% of CSAs want to return to Canada following graduation according to Canadian Resident Matching Service (CaRMS) statistics. However, those medical learners tell us that they find it challenging when they want to return home and complete their clinical rotations in Canada. Caribbean universities in particular reported the most difficulty in this matter. While Caribbean medical schools typically arrange for core clinical rotations to take place in the United States, they have not typically offered the same rotations here in Canada.

In response, the agency and officials from the CoM at the U of S and specific Caribbean medical universities jointly established a pilot project whereby a specific number of CSAs could return to Saskatchewan to complete their clinical rotations. Prior to establishment of the pilot project all stakeholders met with executives from the SMSS and the PAIRS to apprise them of the project details.

The pilot project is now operational and if deemed successful will continue in 2013.

### 3. Connecting With Physicians Abroad

Even if every medical graduate from the U of S established a medical practice in Saskatchewan, there would still be a need for national and international recruitment.

Agency staff attended recruitment events and networking opportunities connecting

with physicians and trainees at professional development events, seminars and career fairs in the United States, England and Ireland in an effort to recruit and retain physicians to Saskatchewan.

At these events, the agency connected with hundreds of students, residents and physicians interested in establishing a medical practice in this province. Every one of those individuals received information about the province, the health regions, communities and practices.

### 4. Saskatchewan International Physician Practice Assessment (SIPPA)

SIPPA ran as a pilot project in 2011 after replacing the previous assessment process where physicians participated in Clinical Assessment Practice Examination (CAPE) in Manitoba. SIPPA was implemented because communities and physicians became increasingly concerned that CAPE disrupted health care delivery in rural or remote communities.

The “Made in Saskatchewan” process is administered by the Continuing Professional Learning (CPL) Branch of the CoM at the U of S with the support of a diverse group of stakeholders. Agency staff worked closely with physician and partner organizations to welcome and settle SIPPA candidates in the 2011-2012 fiscal year with 25 candidates successfully completing the assessment.

During the pilot project there was interest from physicians abroad interested in living and practicing in Saskatchewan. Historically, the process allowed doctors from the United States, England, New Zealand, Australia, Ireland and South Africa to apply, but the program will have an even broader scope in the next fiscal year.

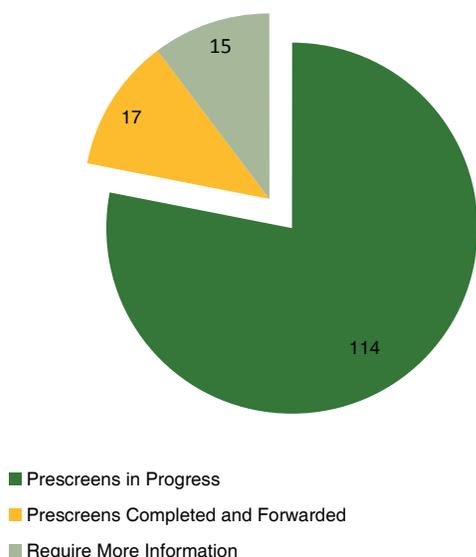
The agency has recently taken a leadership role in pre-screening all candidates for licensing. This important step streamlined the licensure process for both the physician,

## Progress in 2011-12

recruiting RHAs and the regulator. The agency also played a lead role in the arrival and settlement of SIPPA participants.

Figure 7 illustrates the agency's activity in this area during the 2011-2012 fiscal year.

Figure 7



### 5. Third Party Recruitment

Recognizing the immediate need to fill many physician vacancies across the province and the lengthy time frame it takes to recruit a physician, the agency issued a request-for-proposals (RFP) to procure a private physician recruitment firm to help meet its short-term recruitment needs for family physicians in highest priority communities in rural Saskatchewan.

The prioritization criteria was developed immediately after the agency was established to support the provision of services required for regional, district, community and northern hospitals with current or anticipated service disruptions.

Through a competitive RFP process, Global Medics/Calian was selected as the successful bidder. The consortium is a mix of both an international recruitment firm (GlobalMedics) and a Canadian physician recruitment firm (Calian).

The contract will lead to between 40 to 50 more family physicians practicing in the high priority communities throughout Saskatchewan over the duration of the contract.

Since February 2011 the contract has resulted in 24 family physicians signing a confirmation of employment, of which:

- five are practicing in Saskatchewan; and,
- 14 are anticipated to be working in the 2012 calendar year.

The remaining physicians are expected to practice in 2013.

Moving into its second full year of operations, the agency will be better positioned to do more direct recruiting as it is growing a database of potential candidates. The reliance on a private recruiter should decrease over time.

### Strategy: Engage organizations and communities in a collaborative network that optimizes the recruitment and retention of physicians.

#### Progress:

##### 1. Collaborating With Our Recruitment Partners

The agency's programs and initiatives are designed to enhance physician recruitment and retention efforts that are already underway throughout the province. In order to ensure our activities align with those efforts a provincial recruiter network was established with representatives from each of the province's health regions, Northern Medical Services (NMS), the Saskatchewan Cancer Agency (SCA) and the SMA. The network is intended to provide members with an opportunity to learn, share ideas and to develop and implement collaborative approaches to recruitment efforts.

The network meetings are held quarterly and are coordinated and facilitated by agency staff. In the 2011-2012 fiscal year a total of four meetings were held. Participants from

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## Progress in 2011-12

each meeting shared recruitment learnings, challenges and heard from regulators, government officials (federal and provincial) and physicians who spoke about the challenges and opportunities facing physicians and recruiters and how we can collectively improve our efforts.

In addition to sharing ideas, regional recruiters were invited to assist in planning and participating in local, national and international recruitment events. Some of the recruiters accompanied the agency to these events and future collaboration will continue should resources permit.

### 2. Engaging Communities

As in the year previous, agency staff once again engaged delegates of both the Saskatchewan Urban Municipalities Association (SUMA) and Saskatchewan Association of Rural Municipalities (SARM) annual conventions.

SUMA delegates met in late January, while SARM delegates met in March; both in Regina. The agency set up an information booth at both of the conventions' trade shows where staff members answered questions, provided information and talked with community representatives about physician recruitment challenges, success stories and efforts underway.

Staff also presented to SUMA delegates at one of the convention's breakout sessions. Community members heard firsthand about the agency's research into the use of incentives to recruit and retain physicians. This research was enhanced early in 2011 through a series of public consultations agency staff conducted throughout the province in several communities and health regions. Combined, the research and consultation initiative have led to a recruitment and retention framework complete with a series of recommendations

on how communities, health regions, and recruitment committees can determine whether or not incentives should be used to attract and retain physicians.

### 3. Leading Together

The agency works closely with health leaders from across the province. These leaders represent Saskatchewan's Ministry of Health, the RHAs, CPSS, SMA, and U of S. Collaborating with these key stakeholders is vital to the successful enhancement of physician recruitment and retention efforts.

The agency's involvement with these leaders resulted in the CEO meeting with other members of the province's health leadership community throughout the year on more than 14 occasions. The purpose of each meeting was to hear from the leaders about what challenges and difficulties they faced with physician recruitment and retention. These meetings also provided a venue for the agency to inform these leaders of its activities throughout 2011-2012.

**Strategy: Develop, recommend and promote policies and practices that are conducive to the recruitment and retention of physicians.**

#### Progress:

##### 1. Hearing From Physicians

In order to gain a better understanding of the issues and challenges medical trainees and doctors themselves face on a regular basis, the agency partnered with the SMA to conduct a series of physician surveys across the province.

The surveys, in general, were divided into

# Progress in 2011-12

three groups:

- i. Exit Surveys – A survey of Physicians Who Recently Left the Province
- ii. Settlement Surveys – A survey of physicians who recently started working in Saskatchewan
- iii. U of S Medical Trainees

The surveys were conducted during the 2011-2012 fiscal year and the results will be available in 2012-2013.

## 2. Engaging Local Leaders to Strengthen Our Collective Efforts

Early in the 2011-2012 fiscal year the agency engaged municipal leaders through a series of public meetings at various locations throughout the province. The purpose of which was to create a dialogue around the use and efficacy of incentives as physician recruitment and retention tools.

Agency staff organized the events in consultation with the RHAs, NMS, SCA, PAIRS, SMSS, Saskatchewan’s Ministry of Health, SUMA and SARM. Approximately 180 participants took part in the consultations at a number of meetings held in various communities throughout the province.

Findings from the consultations and subsequent research into the use of and effectiveness of incentives as a tool for physician recruitment and retention were then synthesized into a study – Recruitment Incentives - that has been broken down into three broad categories:

1. The Use of Establishment Supports
2. The Use of Incentives
3. Strategic Opportunities

In summary, the consultations and research found that while incentives play a role in creating an environment that will attract physicians, they do not address more long-term recruitment and retention issues.

Figure 8 summarizes the results of the project, however a detailed copy of the report can be found under the “About Us/Our Publications” section on the agency’s website ([www.saskdocs.ca](http://www.saskdocs.ca)).

Figure 8

Incentives Framework		
	Recruitment	Retention
Financial Incentives		
Practice Establishment/Relocation Assistance		
Student/Resident Bursaries		
Rural Experience		
Work-Life Balance		
Family Engagement		
Collegial Relationships		

## 3. Medical Practice in Saskatchewan – Then and Now

The agency and the CoM collaborated on a study called *Medical Practice in Rural Saskatchewan: Factors In Physician Recruitment and Retention*. In 1976 students and research leaders at the CoM combined their efforts to conduct a community research project, whereby medical students travelled to 100 communities throughout the province and talked to leaders, physicians, families and patients about the state of the health care industry in those respective communities.

Approximately 25 medical student researchers conducted interviews in 2011-2012 similar to those conducted in 1976 in many of the same communities. Final results of the comparison study are being evaluated; a complete report will be available in 2012-2013.

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# Progress in 2011-12

## **Strategy: Communicate openly and effectively with the public.**

### **Progress:**

#### **1. Implementation of Our Brand**

While the agency's brand concept was planned and approved in the previous fiscal year, the implementation of its brand occurred in the 2011 - 2012 fiscal year. The agency developed the "saskdocs" brand in partnership with board and staff, and representatives from the medical community, CoM, RHAs, Ministry of Health, physician community, medical student and resident communities.

Many promotional products and tools used in our recruitment activities throughout 2011-2012 were created once the brand and name was developed. All of these have been used and distributed extensively throughout Saskatchewan, Canada and the world.

#### **2. saskdocs In The News**

The brand "saskdocs" was mentioned or quoted repeatedly and regularly in local, national and international media outlets throughout the year. In addition to formal speaking engagements and career fairs where saskdocs presented its brand and physician opportunities, saskdocs also conducted approximately 12 more formal media interviews resulting in more than 30 stories in print, electronic and online media channels pertaining to physician recruitment and retention in Saskatchewan.

#### **3. Becoming Interactive**

A key element of the saskdocs brand is its interactive component. Pivotal to the success of this component was the creation and launch of a new website ([www.saskdocs.ca](http://www.saskdocs.ca)) in August 2011.

Attributes of the new website include uncluttered, clean and professional looking pages that are easy to navigate. The site also holds an events calendar that is updated on a monthly basis to show stakeholders when and where saskdocs will be throughout the year.

Another feature of the website is social media components embedded onto its main page. These channels, particularly Twitter and Facebook, are updated frequently and once again tell followers and readers where saskdocs will be and what staff have been doing.

#### **4. saskdocs Spreading the News**

In August 2011 the agency distributed its inaugural newsletter to individuals and organizations under the new brand. Since that time, the newsletter is electronically distributed on a quarterly basis to these contacts gathered and tracked by staff since the agency was created. The newsletter contains information about board and staff, physician recruitment and retention challenges, opportunities and success stories about medical trainees and physicians who call Saskatchewan home.

The newsletter's content and distribution list continued to grow throughout the fiscal year with the most recent newsletter (March 2012) being distributed to more than 2,000 individuals and organizations

#### **5. Sharing News With Our Partners**

The agency continued to collaborate with key stakeholders to support a number of additional communication initiatives. Articles were shared with SUMA, SARM, the CoM, SMA and other stakeholders so our efforts can be shared with as broad an audience as possible.

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# Management Report

## Management Report

The accompanying financial statements are the responsibility of management and have been approved in principle by the Physician Recruitment Agency of Saskatchewan's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgments. The financial information presented in the Financial Summary and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Agency's assets are safeguarded and that financial records are relevant and reliable.

The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor of Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor of Saskatchewan conducts an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow them to report on the fairness of the financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of management,



Edward Mantler  
Chief Executive Officer



Erin Brady  
Director, Corporate Operations

June 12, 2012



## INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of the Physician Recruitment Agency of Saskatchewan, which comprise the statement of financial position as at March 31, 2012, and the statements of operations and accumulated surplus, change in net financial assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

### *Opinion*

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Physician Recruitment Agency as at March 31, 2012, and the results of its operations, changes in its net assets, and its cash flows for the year then ended in accordance Canadian public sector accounting standards.

Regina, Saskatchewan  
June 27, 2012

Bonnie Lysyk, MBA, CA  
Provincial Auditor

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**Statement 1**

**Physician Recruitment Agency of Saskatchewan  
Statement of Financial Position  
As at March 31**

	<u>2012</u>	<u>2011</u>
<b>Financial Assets</b>		
Due from the General Revenue Fund (Note 3)	\$ 3,318,249	\$ 3,642,014
Accounts Receivable	12,811	9,947
	<u>3,331,060</u>	<u>3,651,961</u>
<b>Liabilities</b>		
Accounts Payable	126,652	100,302
Accrued Liabilities	26,708	15,923
	<u>153,360</u>	<u>116,225</u>
<b>Net Financial Assets</b>	<u>3,177,700</u>	<u>3,535,736</u>
<b>Non-Financial Assets</b>		
Tangible Capital Assets (Note 4)	99,298	2,229
Prepaid expenses (Note 5)	22,334	65,030
	<u>121,632</u>	<u>67,259</u>
<b>Accumulated Surplus (Statement 2)</b>	<u>\$ 3,299,332</u>	<u>\$ 3,602,995</u>

(See accompanying notes)

Statement 2

Physician Recruitment Agency of Saskatchewan  
Statement of Operations and Accumulated Surplus  
For the year ended March 31

	<u>2012</u> (Budget ) (Note 8)	<u>2012</u> (Actual)	<u>2011</u> (Actual)
<b>Revenue</b>			
Grant Revenue - General Revenue Fund	\$ 1,500,000	\$ 1,500,000	\$ 1,500,000
Interest Revenue	36,000	38,332	26,073
Miscellaneous Revenue	-	6,765	5,192
	<u>1,536,000</u>	<u>1,545,097</u>	<u>1,531,265</u>
<b>Expenses</b>			
Salary, Benefits and Education	914,321	837,079	442,277
Administration	242,020	194,134	94,613
Board Meetings	22,200	6,441	17,416
Program	544,750	327,124	215,278
Communications	324,100	156,959	79,860
Private Recruiting Agency	620,000	319,000	-
Amortization	410	8,023	410
	<u>2,667,801</u>	<u>1,848,760</u>	<u>849,854</u>
<b>Net (Deficit) Surplus</b>	<u>\$ (1,131,801)</u>	(303,663)	681,411
Accumulated Surplus, beginning of year		<u>3,602,995</u>	<u>2,921,584</u>
<b>Accumulated Surplus, end of year</b>		<u>\$ 3,299,332</u>	<u>\$ 3,602,995</u>

(See accompanying notes)

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**Statement 3**

**Physician Recruitment Agency of Saskatchewan  
Statement of Change in Net Financial Assets  
For the year ended March 31**

	<u>2012</u>	<u>2011</u>
<b>Net (Deficit) Surplus</b>	\$ (303,663)	\$ 681,411
Acquisition of Tangible Capital Assets	(105,093)	(2,639)
Amortization of Tangible Capital Assets	8,023	410
	<u>(97,070)</u>	<u>(2,229)</u>
Change in prepaid expenses	42,697	(65,030)
	<u>42,697</u>	<u>(65,030)</u>
<b>(Decrease) Increase in Net Financial Assets</b>	(358,036)	614,152
Net Financial Assets, beginning of year	<u>3,535,736</u>	<u>2,921,584</u>
<b>Net Financial Assets, end of year</b>	<u><u>\$ 3,177,700</u></u>	<u><u>\$ 3,535,736</u></u>

(See accompanying notes)

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**Statement 4**

**Physician Recruitment Agency of Saskatchewan  
Statement of Cash Flows  
For the year ended March 31**

	<u>2012</u>	<u>2011</u>
<b>Cash Flows from Operating Activities:</b>		
Net (Deficit) Surplus	\$ (303,663)	\$ 681,411
Add: Non-Cash Items		
Amortization	8,023	410
Increase in Accounts Receivable	(2,864)	(9,947)
Decrease (Increase) in Prepaids	42,697	(65,030)
Increase in Accounts Payable and Accrued Liabilities	37,135	114,830
Purchase of Capital Assets	<u>(105,093)</u>	<u>(2,639)</u>
Net cash (used) provided by operating activities	<u>(323,765)</u>	<u>719,035</u>
<b>Cash Flows from Investing Activities:</b>	<u>-</u>	<u>-</u>
<b>Cash Flows from Financing Activities:</b>	<u>-</u>	<u>-</u>
<b>(Decrease) Increase in Due from General Revenue Fund</b>	(323,765)	719,035
Due from the General Revenue Fund, beginning of year	<u>3,642,014</u>	<u>2,922,979</u>
<b>Due from the General Revenue Fund, end of year</b>	<u>\$ 3,318,249</u>	<u>\$ 3,642,014</u>

(See accompanying notes)

**Physician Recruitment Agency of Saskatchewan**  
**Notes to the Financial Statements**  
**For the year ended March 31, 2012**

**1. Description of Business**

The Physician Recruitment Agency of Saskatchewan (the Agency) was established as a Treasury Board Crown Corporation by Order in Council 84/2010 under the provisions of *the Crown Corporation Act, 1993 (Act)*.

**2. Significant Accounting Policies**

Pursuant to standards established by the Public Sector Accounting Board, the Agency is classified as an other government organization. The Agency uses Canadian generally accepted accounting principles applicable for governments. The following principles are considered to be significant:

a. The Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

b. Grant Revenue

Grant Revenue is recognized in the period in which the transactions or events occur that give rise to the revenue, the transfer is authorized and collection is reasonably assured.

c. Expenses

Expenses represent the cost of resources consumed during the year for operations. Expenses include provision for the amortization of tangible capital assets.

d. Tangible Capital Assets

Tangible Capital Assets are recorded at cost and are amortized over their useful life. Beginning in the year the asset is placed into service, amortization is recorded on a straight line basis using the rates set out below.

<u>Capital Asset Class and Category</u>	<u>Threshold</u>	<u>Estimated useful Life</u>
Leasehold and occupancy improvements	\$5,000	lesser of useful life or lease term/occupancy arrangement
System development (IT)	\$5,000	10%
Computer hardware	\$1,000	20%
Computer software	\$1,000	20%
Office furniture and equipment	\$1,000	10%

e. Non-financial Assets

Tangible capital and other non-financial assets are accounted for as assets if they can be used to provide services in future periods. These assets do not normally provide resources to discharge liabilities unless they are sold.

**Physician Recruitment Agency of Saskatchewan**  
**Notes to the Financial Statements**  
**For the year ended March 31, 2012**

f. Measurement Uncertainty

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of financial assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expense during the reporting period. These estimates are reviewed periodically, and, as adjustments become necessary, such adjustments are reported in earnings in the period in which they become known.

**3. Due from the General Revenue Fund**

The Agency's bank account is included in the Consolidated Offset Bank Concentration arrangement for the Government of Saskatchewan. Earned interest is calculated and paid by the General Revenue Fund on a quarterly basis into the Agency's bank account using the Government's thirty-day borrowing rate and the Agency's average daily account balance. In 2011-12 the average interest rate was 1.05%.

**4. Tangible Capital Assets**

	2012			2011
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Computer software	\$1,465	\$586	\$879	\$1,172
Office furniture and equipment	9,232	1,040	8,192	1,057
System development	68,072	6,807	61,264	-
System development – In progress	28,963	-	28,963	-
	<u>\$107,732</u>	<u>\$8,434</u>	<u>\$99,298</u>	<u>\$2,229</u>

**5. Prepaid Expenses**

Prepaid expenses are primarily related to office space lease and participation at conferences and career fairs in 2012-13.

**6. Related Parties**

These financial statements include routine transactions with related parties. The Agency is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. Related party transactions to March 31, 2012, include the following:

**Physician Recruitment Agency of Saskatchewan**  
**Notes to the Financial Statements**  
**For the year ended March 31, 2012**

	<u>2012</u>	<u>2011</u>
<b>Revenue</b>		
Ministry of Health – Grant and Interest	\$1,538,332	\$1,526,073
Other	2150	-
<b>Expenses</b>		
Ministry of Finance – Pension and Benefits	100,775	59,232
Information Technology Office	39,236	18,936
SaskTel	13,548	6,900
Ministry of Government Services	7,427	4,572
Innovation Place	-	6,852
University of Saskatchewan	2,291	500
Other	782	-

Routine operating transactions with related parties are recorded at the rates charged by those organizations and are settled on normal trade terms. In addition, the Agency pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases.

The Ministry of Health provides management and technical services to the Agency without charge.

**7. Financial Instruments**

The Agency's financial instruments include: due from the general revenue fund, accounts receivable, accounts payable, and accrued payroll liabilities. The following paragraphs disclose the significant aspects of these financial instruments.

a) Significant terms and conditions

There are no significant terms and conditions associated with the financial instruments that may affect the amount, timing, and certainty of future cash flows.

b) Interest rate risk

The Agency is exposed to interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates. The Agency does not have any long-term investments that may be affected by market pressures.

The Agency's receivables and payables are non-interest bearing.

c) Credit risk

The Agency is exposed to credit risk from potential non-payment of accounts receivable. The Agency's receivables are most often from the provincial government; therefore, the credit risk is minimal.

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**Physician Recruitment Agency of Saskatchewan**  
**Notes to the Financial Statements**  
**For the year ended March 31, 2012**

d) Fair Value

For the following financial instruments, the carrying amounts approximate fair values due to their immediate or short-term nature:

- Accounts receivable
- Accounts payable
- Accrued liabilities

**8. Budget Approval**

The Agency's budget was approved by its Board of Directors on July 26, 2011.

**9. Pension Plan**

The Agency's employees participate in the Public Employees Benefit Plan, a defined contribution pension plan. Members currently contribute 5% of salary and the employer contributes 7%. The Agency's contribution for this fiscal year was \$49,724. The Agency's obligation relative to the pension plan is limited to making the required contributions.

**10. Contractual Obligations**

The Agency has a lease agreement with CSIT Consulting for office space, utilities, office furniture and parking at a monthly rate of \$7,917 until October 31, 2012.

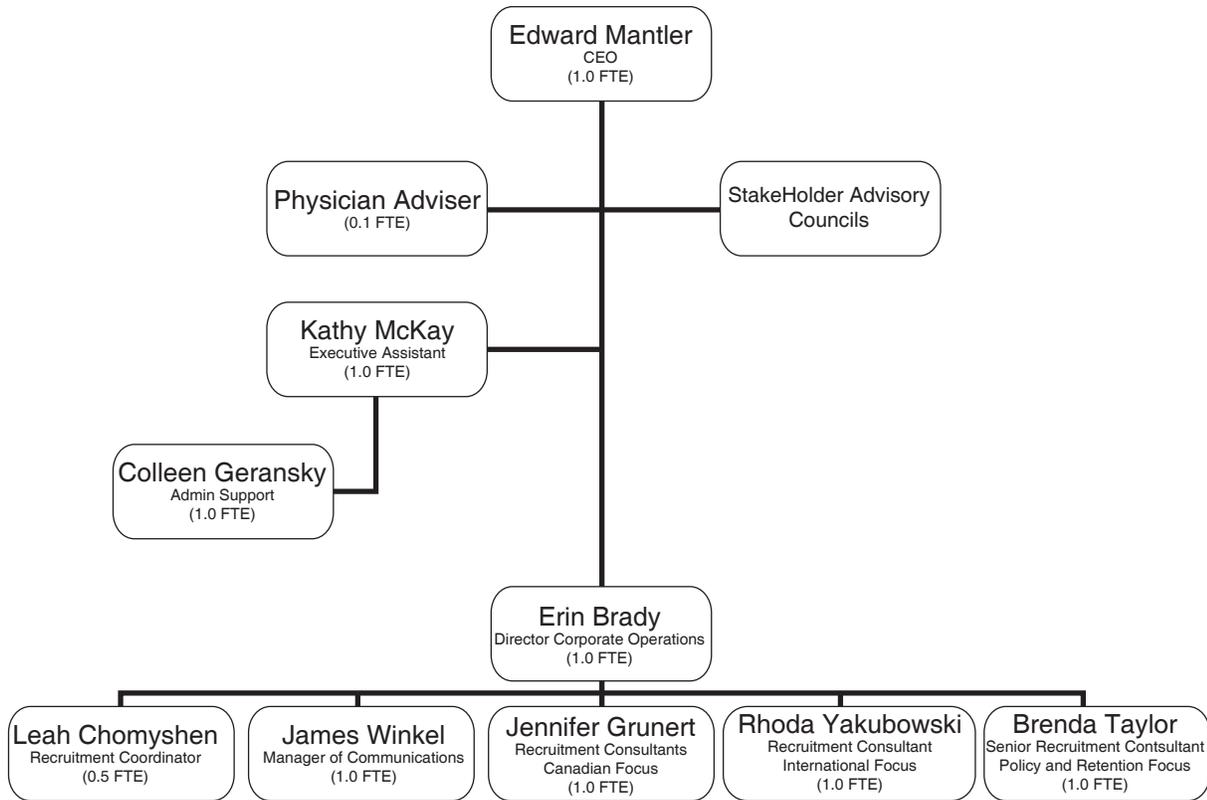
**11. Contingent Liability**

As at March 31, 2012 the Agency has a contingent liability regarding contractual obligations with a recruitment agency contracted to recruit international physicians. The amount is not readily determinable.

**12. Capital Disclosure**

The Agency's net assets are comprised mostly of cash and unrestricted net assets. The Agency is not subject to externally imposed requirements on capital.

# Appendix I: Physician Recruitment Agency of Saskatchewan Organizational Chart



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## **Appendix II: Physician Recruitment Agency of Saskatchewan Strategic and Operational Plan**

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## **Mission**

**Our mission is to promote and support an environment that attracts and retains the physicians Saskatchewan needs.**

We do this by:

- coordinating and supporting organizations that recruit physicians;
- serving as a point of contact for physicians seeking recruitment;
- creating a more efficient recruitment environment that lessens competition among recruiting organizations;
- collaborating with regional health authorities, communities, physicians and medical graduates to develop sustainable recruitment and retention in the province; and
- promoting and supporting effective policies; and helping Saskatchewan medical graduates pursue careers in the province.

## **Vision**

**We put patients first by making Saskatchewan a preferred choice for physicians.**

This vision encompasses several ideals:

- an appropriate supply, mix and distribution of physicians to ensure a stable professional community;
- a sustainable recruitment and retention model that is effective, collaborative and easily accessed; and
- Saskatchewan medical graduates pursuing their careers in the province.

## **Values**

**Our primary values are collaboration, integrity and putting patients first.**

- Collaboration means engaging physicians, health regions, communities and medical graduates in an open and supportive environment.
- Integrity means encouraging and practicing the highest standards of professional and ethical behavior.
- Putting patients first means measuring our success by our impact on the health care of Saskatchewan people.

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## **Strategies**

**In its first two years, the Physician Recruitment Agency of Saskatchewan will focus on four core strategies:**

**1. Create and deliver programs and services to enhance recruitment and retention of physicians throughout the Saskatchewan health care system.**

Strategic goals:

- Build an effective organization to accomplish the Agency's strategies.
- Review best practices and identify effective approaches for meeting physician recruitment and retention targets.
- Develop and implement a suite of programs and services to be delivered by the Agency.

Key activities for 2011-2012:

- Launch a summer externship program for second year medical students called PREP (PRAS Rural Externship Program).
- Work with a private recruitment agency to fill 25 to 35 high priority vacancies.
- Work with Regional Health Authorities to establish locum pools.
- Market Saskatchewan to physicians and medical trainees in Saskatchewan, in Canada and abroad.
  - This includes:
    - attendance of career fairs and conferences,
    - promotional materials; and
    - social media.
- Support International Medical Graduates (IMGs) participating in the Saskatchewan International Physician Practice Assessment (SIPPA).
- Explore opportunities for Canadians studying abroad to complete components of their training in Saskatchewan.
- Develop a Client Relationship Management tool to assist with vacancy and candidate tracking and matching.
- Quarterly meetings of the Board of Directors.
- Hold quarterly meetings for the Regional Health Authorities Recruiter Network.
- Participation at the 2011 Canadian Association of Staff Physician Recruiters (CASPR) conference.

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**2. Engage organizations and communities in a collaborative network that optimizes the recruitment and retention of physicians.**

Strategic goals:

- Ensure that partner organizations and communities are informed of best practices, and are supported and encouraged to base their actions on best practices.
- Create community understanding and support for sustainability in health services.
- Establish mechanisms for effective collaboration among organizations and communities.

Key activities for 2011-2012:

- Hold a career fair with medical students and medical residents to profile Saskatchewan's health regions, communities and private practices.
- Participate in key stakeholder events such as the SUMA and SARM conventions.
- Support tours of rural Saskatchewan for medical trainees.
- Collaborate with the Student Medical Society of Saskatchewan (SMSS), Professional Association of Internes and Residents of Saskatchewan (PARIS) and medical trainee interest groups.
- Build relationships with partner organizations and key stakeholders.

**3. Develop, recommend and promote policies and practices that are conducive to the recruitment and retention of physicians.**

Strategic goals:

- Develop a framework for province-wide physician recruitment and retention.
- Share and promote the framework with partners and government for feedback, input and endorsement.
- Achieve progress towards government targets for physician recruitment and retention.

Key activities for 2011-2012:

- Release a framework for physician recruitment and retention supports and incentives.
- Identify Saskatchewan highest priority vacancies to focus recruitment effort.
- Promote ethical recruitment of IMGs.

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#### **4. Communicate openly and effectively with the public.**

Strategic goals:

- Develop and maintain a suite of communication activities that inform the public and obtain feedback.
- Establish, implement and report on measurements that identify the level of confidence in the Agency.
- Develop and implement an effective process for proactively managing public issues in cooperation with partner organizations and communities.

Key activities for 2011-2012:

- Engage stakeholders including a consultation on recruitment and retention supports and incentives.
- Implement the PRAS brand.
- Launch the new PRAS website.
- Develop a policy for sponsoring events that target physicians and medical trainees.
- Hold an Annual General Meeting.

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**Outcome Measures**

<b>OUTCOME MEASURE</b>	<b>TARGET</b>
Annual % turnover of physicians in Saskatchewan.	By 2012, turnover rate under 8.5%. By 2013, turnover under 8%.
Per cent of Canadian-trained doctors working in Saskatchewan.	By 2013, a 10% increase in the per cent of Canadian trained physicians from the 2007-08 baseline.
Number of U of S medical graduates establishing practices in Saskatchewan.	By 2013, 10% increase in the per cent of U of S medical graduates establishing practices in Saskatchewan from the 2006-07 baseline.
Number of U of S medical trainees exposed to training opportunities within Saskatchewan but outside of Saskatoon.	By 2013, 25% increase in the number of U of S medical trainees exposed to training opportunities within Saskatchewan but outside of Saskatoon from a 2006-07 baseline.
Number of physicians practicing in Saskatchewan.	Increase the number of physicians practicing in Saskatchewan by 4.0% per year.

Note: 201X means March 31, 201X.

