

# Physician Recruitment Agency of Saskatchewan



## Annual Report for 2017-18

## **Mandate**

The Mandate of the Physician Recruitment Agency of Saskatchewan is to work with system partners to optimize the health workforce in Saskatchewan.

## **Mission**

Our mission is to promote and support a collaborative environment that attracts and retains the healthcare workforce in Saskatchewan. We do this by:

- Promoting Saskatchewan as a province where you can live, work and play;
- Working with system partners to recruit a strong and balanced healthcare workforce that supports cohesive care teams;
- Serving as a point of contact for employers and recruits;
- Recruiting, screening, advising, assisting and matching potential candidates;
- Creating a more efficient recruitment environment that lessens competition among recruiting organizations;
- Collaborating with the Saskatchewan Health Authority (SHA), communities, physicians, health professionals, professional associations and Saskatchewan trained graduates to develop sustainable recruitment and retention in the province;
- Promoting and supporting effective policies; and,
- Helping Saskatchewan graduates pursue careers in the province.

## **Vision Statement**

We put patients first by making Saskatchewan a preferred choice for a dynamic healthcare workforce. This vision encompasses several ideals that include:

- An appropriate supply, mix and distribution of the health workforce to ensure stable, professional communities;
- Sustainable recruitment and retention models that are effective, collaborative and easily accessed; and,
- Saskatchewan graduates pursue careers in the province.

## **Values**

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

- Collaboration means engaging physicians, healthcare workers, health regions, communities and many system partners in an open and supportive environment. Collaboration also means building and maintaining relationships and partnerships with key stakeholders provincially, nationally and internationally;
- Integrity means encouraging and practicing the highest standards of professional and ethical behavior, and operating in a manner that promotes quality and safety;
- Putting patients first means measuring success by our impact on the health of Saskatchewan people.

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Electronic copies of this annual report are available at:

[www.saskdocs.ca/current/reports/](http://www.saskdocs.ca/current/reports/)

**Letters of Transmittal**



The Honourable Thomas Malloy,  
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, 2018.

A handwritten signature in blue ink, appearing to read "Jim Reiter".

Honourable Jim Reiter  
Minister of Health



The Honourable Jim Reiter  
Minister of Health

I have the honour of submitting the Annual Report of the Physician Recruitment Agency of Saskatchewan for the fiscal year ending March 31, 2018.

A handwritten signature in blue ink, appearing to read "Karen Lautsch".

Karen Lautsch  
Assistant Deputy Minister of Health and Board Chair

## A Message from the CEO



year of transformational change for the health system.

Some of the successes of the Agency this past year included an above target retention rate for University of Saskatchewan (U of S) trained Family Physicians; our first interdisciplinary Rural Skills Tour for students studying health disciplines enabling them to experience rural healthcare; and, more qualified candidates successfully completing the Saskatchewan International Physician Practice Assessment (SIPPA) and commencing practise in our province. We continued to enhance our engagement with individuals training at Saskatchewan intuitions in medical and health disciplines and be a conduit with training institutions, licensing bodies and employers in support of continuous improvement. These accomplishments, along with many others, occurred within the context of transformational change in Saskatchewan.

The Agency's mandate includes efforts that: support a collaborative environment that attracts and retains a provincial health workforce that helps build cohesive care teams; serve as a point of contact for employers and candidates; recruit, screen, advise, assist and match potential candidates; create a more efficient recruitment environment; and, help Saskatchewan graduates pursue careers in the province.

The Agency is committed to working with system partners in aligning human and financial resources in a way that maximizes the benefit to employers and employees to build a dynamic health care system. The accomplishments of the Agency in collaboration with system partners are a remarkable achievement and I look forward to the contributions we will continue to make in transforming the provincial health system as a part of the Saskatchewan Health Authority.

A handwritten signature in blue ink that reads "Heather Friday". The signature is written in a cursive, flowing style.

Heather Friday  
A/Chief Executive Officer

## Introduction & Governance

The Physician Recruitment Agency of Saskatchewan (PRAS) is a Treasury Board Crown corporation created in 2010 to help alleviate the physician staffing pressures faced by communities and regions of the province. In 2014, the Agency assumed operations of Health Careers in Saskatchewan (HCIS), which was previously managed by the Ministry of Health since 2006. For the purposes of this report both PRAS and HCIS will be referred to as “the Agency.”

The Agency is governed by a 10 member Board of Directors appointed by the Government of Saskatchewan. In 2017-18 the Agency’s board members were:

- 1) Chair, Karen Lautsch, Assistant Deputy Minister  
Representing: Ministry of Health
- 2) Vice-Chair, David Fan, CEO, Prairie North Regional Health Authority (former)  
Representing: former Regional Health Authorities
- 3) Randy Donauer, Councillor, City of Saskatoon  
Representing: Saskatchewan Urban Municipalities Association (SUMA)
- 4) Alastair MacFadden, Deputy Minister  
Representing: Ministry of Immigration and Career Planning
- 5) Judy Harwood, Reeve, Rural Municipality of Corman Park  
Representing: Saskatchewan Association of Rural Municipalities (SARM)
- 6) Jay Meyer  
Representing: Public
- 7) Dr. Kent Stobart  
Vice Dean, Education, College of Medicine, University of Saskatchewan  
Representing: College of Medicine
- 8) Dr. Raza Naqvi, Radiology Resident  
Representing: Resident Doctors of Saskatchewan (RDoCS)
- 9) Taylor Davis, U of S Medical Student  
Representing: Student Medical Society of Saskatchewan (SMSS)

- 10) Dr. Larry Sandomirsky, Rural Family Physician  
Representing: Saskatchewan Medical Association (SMA)

This annual report outlines the work and accomplishments of the Agency over the course of the 2017-18 fiscal year. The annual report demonstrates a commitment to effective public performance reporting, transparency and accountability to the public.

Recruitment efforts aligned with one of the Government of Saskatchewan’s goals to secure a better quality of life for all Saskatchewan people.<sup>1</sup> Our efforts in this area focus on developing new policies and programs to help the Agency achieve its objectives, which are: recruiting physicians and professionals in specific professions that make up dynamic health care teams; and, retaining the physicians and professionals we have in this province.

In order to achieve these goals and objectives we work with many system partners, practicing physicians and clinicians in various professions, other provinces and other recruitment organizations across the country.

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<sup>1</sup> Government of Saskatchewan, Ministry of Health Plan for 2017-18.

## Year in Review

The progress and activities outlined in this report align with the Agency's strategic plan prepared jointly by its Board and staff. The plan contained three broad strategic areas with actions and objectives to recruit and retain physicians and health care professionals.

The three strategic areas the Agency focused on in 2017-18 included efforts to:

1. **Develop** initiatives to encourage and support health clinicians and medical learners to pursue careers in rural Saskatchewan after graduation;
2. **Recruit** health clinicians and physicians in professions identified as a priority by marketing opportunities and communities throughout Saskatchewan; and,
3. **Retain** health clinicians and physicians through collaborative solutions to stabilize the provincial health care workforce, minimize disruptions, reduce turnover and improve retention.

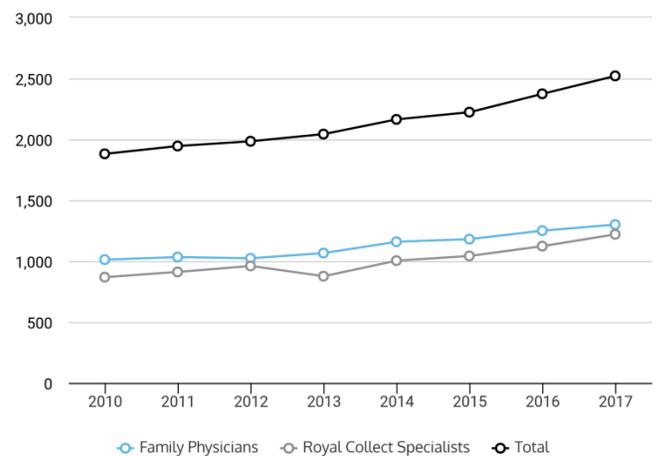
Our collaborative efforts allow us to engage directly with people at professional development events, career fairs and informal events with smaller groups of professionals with an interest in moving to Saskatchewan.

Some of the more significant highlights from the past year include the recruitment of doctors, especially to rural communities; building new programs to gain further exposure to practise outside of the province's two major cities; and, marketing specific people and professions in rural locations.

The Agency helped recruit 41 international medical graduates (IMGs) through the SIPPA program. The SIPPA pass rate over the past fiscal year was the highest ever recorded since the program began (91 per cent). The retention of U of S family medicine graduates also remains on target, which also helped the overall supply of family physicians in rural areas.

Overall, our combined efforts have led to more

Figure 1: Physicians Licensed in Saskatchewan



Source: Ministry of Health, MSB 2016-17 Annual Report

physicians practicing in the province than ever before. (Figure 1)

On the non-physician side the Agency worked with system partners to focus on recruiting priority professions including registered nurses and medical laboratory technologists. A new approach this year was to profile people working in those professions in locations outside of Regina and Saskatoon. These profiles were used on both the saskdocs and Health Careers in Saskatchewan social media channels. The profiles are also sent out in a quarterly electronic publication called Saskatchewan Career Spotlight. These specific marketing tools will continue to be used in the year ahead in an effort to bolster rural recruitment.

In addition to the above, the Agency collaborated with many partners to let physicians and clinicians know about the opportunities available to them here in Saskatchewan. Some of these efforts included:

- Ensuring health career opportunities across the province are posted on the saskdocs.ca and healthcareersinsask.ca websites;
- Identifying and maintaining operational efficiencies for partners (e.g. applicant system integration process);

- Serving as a central point of contact for individuals looking for work in Saskatchewan;
- Marketing priority professions to specific candidates and audiences through advertising and social media;
- Coordinating recruiter network meetings to share recruitment and retention best practises;
- Administering the Physician Recruitment Agency of Saskatchewan’s Rural Externship Program (more commonly referred to as PREP) in collaboration with our partners;
- Co-hosting the U of S Family Medicine Resident career fair for the province;
- Coordinating an interdisciplinary Rural Skills Tour to expose students to rural health care and lifestyles; and,
- Coordinating Nurse Practitioner (NP) luncheons to connect trainees with hiring managers to talk about potential opportunities after graduation.

All of the work over the past year would not be possible without the assistance of our partners. Some organizations we work closely with include the SHA, Saskatchewan Polytechnic, the U of S, U of R, SMSS, RDoCS, SMA, Ministry of Health and Ministry of Advanced Education.

The past year the Agency witnessed significant change in the system as the province moved from 12 Regional Health Authorities to one - the Saskatchewan Health Authority. The Agency will continue to work closely with SHA leaders, staff, physicians and communities to ensure recruitment needs and challenges continue to be met.

## DEVELOP

The Agency continued its work in 2017-18 on developing programs and policies that will help recruit and retain physicians and clinicians that make up dynamic health care teams, particularly in rural Saskatchewan. Much of the work in the early part of the year focused on what opportunities currently exist for learners to experience rural practise; researching national and international best practises that

expose learners to rural practise; and, determining the priority professions we should focus on.

Through consultations with the SHA and system partners the priority professions that were identified include Family Medicine, Psychiatry, General Internal Medicine, Registered Nurses (RN) and Medical Laboratory Technologists (MLT).

An environmental scan of best practises, some of which are listed below, backs up our premise that exposure to a rural health setting improves recruitment rates to those same regions.

*“Rural physicians are two to three times more likely to have been exposed to rural training in their undergraduate medical curriculum, post graduate training, or both.”<sup>2</sup>*

*“A wide scope of practise and rural training exposure were important factors in encouraging physicians to practise in rural/remote areas.”<sup>3</sup>*

A 2016 Australian commissioned report titled *“Understanding the decision to relocate rural amongst urban nursing and allied health students and recent graduates”* cited;

*“For urban trained allied health and nursing students and graduates connectedness to people, place and community, seeing a career pathway and having an opportunity to*

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<sup>2</sup> Kapadia, R. and McGrath, B. (2011) Medical school strategies to increase recruitment of rural-orientated physicians: the Canadian experience. Canadian Journal of Rural Medicine 16(1).

<sup>3</sup> Asghari, et al. (2017). Factors influencing choice to practise in rural and remote communities throughout a physician’s career cycle. Canadian Journal of Rural Medicine 22(3)

## Saskatchewan Career Spotlight



Alison Duncan - RN in Oxbow

### Registered Nurse is Proud That Nametags Don't Matter in Oxbow

(Originally Published in October 2017)

Alison Duncan – a nursing supervisor at the Galloway Health Centre in Oxbow – was drawn to Saskatchewan thanks to family connections. A relative of hers who has lived in the Oxbow area for 40 years contacted Alison in her home province of New Brunswick to “gently hint” that Oxbow needed registered nurses.

Nine years later, Alison is still pleased with her decision to settle in Oxbow. “Here you really get to know your patients, see them through their care, explore their medical history and get to know them not just as patients, but as people,” says Alison.

The Galloway Health Centre is an integrated health care facility that includes 12 long-term care beds, 10 assessment and observation beds, and

24-hour emergency services.

“The Health Centre is a busy place mostly because it’s a long way from a larger hospital or city so it offers a lot of services. Professionally, I think this is one of the strongest attractions to the job here: knowing how to use and assess a lot of stuff allows me to keep on top of many skills. This is different from a larger tertiary centre where nurses often specialize in the same type of care day after day,” says Alison.

Alison is especially proud of her status as a health care professional in Oxbow. “The community really takes you under its wing and it just astounds me that nametags don’t matter! It’s huge for the patients when they know your first name, when I establish that trust and the confidence they place in me as a care provider.”

Outside of work, Alison sees plenty of advantages to her lifestyle in Oxbow: “My husband really loves the outdoors, and he finds that southeast Saskatchewan has some of the best fishing and hunting spots in the country so he really enjoys the region as well. We both love to camp so we have a

*experience living and working in a rural or remote area are central to their practise location decision making. However, all participant groups commented on how the generally negative portrayal of rural and remote practise mitigates against relocating to non-metropolitan areas.*

*Having a clear understanding of what rural and remote practise can offer in terms of career progressions, as well as developing clear pathways is critical to attract recent graduates to non-metropolitan settings.*

*...it is clear that large gains can be quickly achieved in attracting nurses and allied health professionals by increasing awareness of non-urban practise.”<sup>4</sup>*

<sup>4</sup> Sutton, K., Waller, S., Fisher, K., Farthing, A., McAnnally, K., Russell, D., Smith, T., Maybery, D., McGrail, M., Brown, L. & Carey, T. (2016). Understanding the Decision to Relocate Rural Amongst Urban Nursing and Allied Health Students and Recent Graduates. Newborough: Monash University Department of Rural Health.

Based on the research of best practises in the area of recruitment and retention to rural areas we identified and implemented the following initiatives:

- Rural Skills Tour – Building on the success of the SMA’s Rural Roadmap Tour (for medical students) we held our first interdisciplinary tour March 17, 2018 in The Battlefords. More than 30 students studying nursing, medicine and medical laboratory technology travelled to that community to hear from practising health professionals and physicians about what it is like to practise various disciplines in health and medicine in a smaller Saskatchewan centre. Survey results following the tour showed a 26 per cent increase in the number of participants interested in working and living in a rural community upon completing their studies and 95 per cent of the students who participated in the tour were satisfied with the day. Future tours are planned.
- Rural and Regional Electives Support Program – In the Fall of 2017 the Board approved a pilot program designed to offset travel and accommodation expenses for U of S medical residents pursuing electives in rural or regional communities. The program is a partnership between the Agency and the SMA. Due to the timing of the program’s launch (December 2017) the program has been extended into 2019.
- Launching *Pathway to Practice – A Step by Step Guide From Residency to Practice*, which is a career guide containing tips for medical residents to assist them with career planning. Although it’s not an exhaustive list, the guide is a tool to help medical residents prepare for full practise.
- *Residency and Physician Workforce Trends Report* – we distributed this tool, which contains data on various medical specialties available to medical students.
- Enhanced engagement with U of S, U of R and Saskatchewan Polytechnic nursing students promoting opportunities to work as a Continuing Care Assistant (CCA) for the

summer in communities they may not otherwise have exposure to.

## **RECRUIT**

The Agency used a number of initiatives and programs to broaden its search for candidates to fill previously identified priority professions. Some of these initiatives included creating more descriptive career postings to determine if it would lead to an increased number of applications; identifying hiring process improvements to existing programs that could possibly help internationally trained physicians; and, marketing opportunities in rural or remote communities to see if the number of applications to such postings would increase.

For physicians, the Agency concentrated its marketing and advertising resources into journals and websites that are specific to the specialists in each of the priority areas. This included the Canadian Journal of Emergency Medicine, Canadian Family Physician, Canadian Journal of General Internal Medicine and the Canadian Medical Association Journal. Internationally, we worked with system partners to place similar advertisements in the British Medical Journal and British Medical Journal of Neurology, Neuroscience and Psychiatry. Combined, these journals placed the priority positions and Agency logo directly in front of physician audiences in Canada and overseas.

In January 2018, Agency staff held a webinar specifically targeted to psychiatrists currently training or practicing in the United Kingdom (U.K.). Presenting on the webinar were officials from the College of Physicians and Surgeons of Saskatchewan (CPSS), Agency staff, two physicians that relocated to Saskatchewan from the U.K. and one home grown psychiatrist. The physicians spoke to the lifestyle, work and advantages of living in Saskatchewan. A total of 15 physicians registered and six attended. All registrants were sent a recording of the webinar. Staff will keep in contact with the webinar attendees to ensure they know about future opportunities and help them through the

licensure process if they have made the decision to move to Saskatchewan.

We also worked closely with the U of S College of Medicine to participate in a tour of the new (soon to be opened) Saskatchewan Hospital, which gave Psychiatry residents an opportunity to learn about the facilities and services offered in the Battlefords. The tour also gave us a chance to encourage these specialists to consider professional opportunities in that setting after completing their training.

This year we refreshed our quarterly e-newsletter – Saskatchewan Career Spotlight - by focusing heavily on videos of people in the health profession by talking about why they choose to live and work in rural or remote communities. The Agency produced three Saskatchewan Career Spotlight issues in 2017-18 reaching more than 20,000 people. The videos profiled health professionals and physicians in North Battleford, Oxbow, Redvers and Melfort. The average open rate for each spotlight was 38 per cent while the click through rate (CTR) on the content averaged 12 per cent.

The Agency followed a similar advertising and marketing approach for priority professions. Advertisements were placed in print and online journals specific to Medical Laboratory Technologists (MLTs) and nurses such as Canadian Nursing Student's Association publications, Saskatchewan Polytechnic student guides, Canadian Society for Medical Laboratory Science, College of Medical Laboratory Technologists of Alberta and social media.

Our collective efforts in event attendance, advertising and marketing professions (non-physician), with a focus on rural and remote communities, are showing positive results. Over the past few years the ratio of job applications on rural posting has increased from 1:2 in 2015 to 1:4.9 in 2017 (calendar years) as illustrated in Figure 2.

**Figure 2**



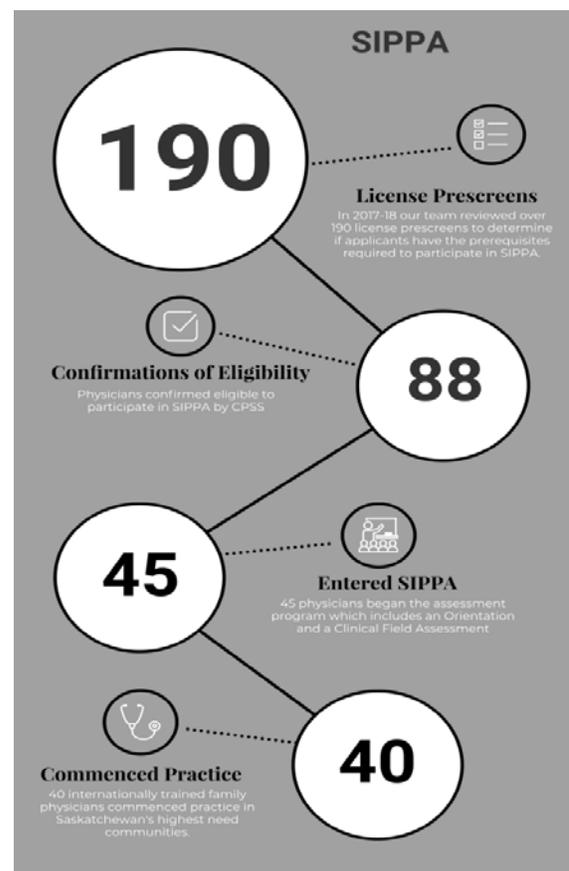
We know there are residents of Saskatchewan studying health disciplines outside this province. In order to maintain connections with them this year, we held interdisciplinary events in Edmonton and Calgary. A total of 29 students attended these events. We'll keep in touch with these students in an effort to recruit them back to Saskatchewan after graduation.

This year we took steps to identify ways we can assist recruiters and hiring managers in the early stages of candidate selection. One tool we found effective for this is to use one-way interview software. This software allows candidates to complete a brief interview from anywhere at any time. The recruiter can then view the candidate's answers at any time to determine if the selection process should move to the next step. This pre-interview step has now been implemented as part of the SIPPA selection process.

Small changes to SIPPA this past year improved success rates. Over the last number of years, the partners involved in helping deliver the SIPPA program have worked together to

identify ways to improve the selection of candidates and their success rates. This improvement included changes to pre-screen and exam requirements for program eligibility. As a result of these changes 91 per cent of physicians who entered SIPPA in 2017-18 successfully completed the assessment and entered practise.

Since the SIPPA program began in 2011 it has assessed 414 internationally trained physicians, 304 of whom (73 per cent) successfully passed the assessment.



Staff attended the Saskatchewan Urban Municipalities Association (SUMA) and Saskatchewan Association of Rural Municipalities (SARM) conventions in 2018. The conventions give staff a chance to speak with elected officials from across the province about physician retention and offer support to delegates if they require more best practice information.

In March 2013 the Government of Saskatchewan released details of a new program designed to entice new physicians to practise medicine in smaller communities around the province. Since that time, the Rural Physician Incentive Program (RPIP) paid out more than \$2.1 million to 57 family physicians who began practising or provided locum services in rural Saskatchewan. Of those, 41 are U of S medical graduates and 16 were out of province graduates. These physicians established practices and provided locum service in communities like Assiniboia, Cudworth, Deschambault Lake, Esterhazy, Fort Qu'Appelle, Hafford, Humboldt, Ile-a-la-Crosse, La Loche, La Ronge, Maidstone, Meadow Lake, Melfort, Moosomin, Nipawin, Redvers, Sandy Bay, Shaunavon, Shellbrook, Turtleford, Wakaw, Watrous and Wolsely.

The RPIP initiative will continue to be promoted and administered by the Agency in the year ahead in order to not only attract, but help retain family physicians to rural areas.

### RETAIN

The Agency's third strategic priority was to support the retention of the current health workforce. Our team worked to increase the awareness of the factors that impact retention of the workforce and promoted local and national best practises in retention.

In partnership with Advanced Education, work was done this year in determining the retention rate of students who are studying out of province in interprovincial agreement training seats. These are provincially purchased seats in programs that are not offered in Saskatchewan. These include programs such as Diagnostic Medical Sonography, Occupational Therapy and Nuclear Medicine. Of those who completed any of these programs in 2015-16, more than 75 per cent returned to Saskatchewan to begin their career.

Mentorship is important to new health professionals. In response we promoted

existing provincial mentorship opportunities at engagement events and worked with system partners to further develop some of these, such as Docs4Docs.

**Tips to support communities in retention**

**Welcome...**  
the student as early as you can to the community.  
*"Someone to take you under their wing and show you around to make it a fantastic rural experience!"* PREP student

**Share...**  
your stories. Let them know why you love living and working in your community.  
*"Preceptor invited me for supper with his family at their home and local restaurants. We learned about how they like to spend their time outside of medicine"* PREP student

**Connect...**  
before, during and after their time in the community. Continue to keep in contact to maintain their interest in rural medicine!  
*"PREP consolidated my interest in rural medicine."* PREP student

**Appreciate...**  
and acknowledge the supervising physician and the health care team for participating in the learning experience.  
*"My goal was for this to be a fun time, to see what rural practice is like and provide an enriching learning experience."* PREP preceptor

**Engage...**  
a team in your community. Identify people who can support the learner.  
*"Help by coordinating the opportunity for community members to greet/meet the students. We love the program and will continue to support it."* PREP, community member

Contact us: [info@saskdocs.ca](mailto:info@saskdocs.ca) or 306.933.5000 [saskdocs.ca](http://saskdocs.ca)

We've learned by working directly with communities that each one is different and not a case of one size fits all in terms of retention. However, there are common best practises that most communities use in Saskatchewan to improve retention rates. Some of these best practises include:

**Help Find Balance** – a community can introduce physicians, health professionals and family members to a community to give a tour, show them the clinic, hospital or health centre; introduce them to other members of the community; or, assist them with transitioning to a new place. Any help the community provides early on will help the new professional find more balance in his/her life after the move.

**Meet early** – community visits are always a good practise as part of the recruitment process. This way both

parties know whether or not this will be the right fit.

**Spousal needs** – the physician may have a career in the community, but what about the partner or spouse? In some cases, physicians in rural communities leave a practise because their spouse cannot find a matching career.

**Housing needs** – help the new arrivals understand the housing situation in the community. They may be looking to rent or own, but would appreciate local advice on what options are available to them.

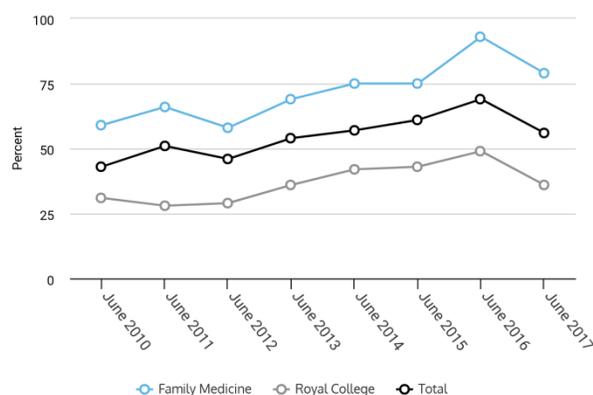
Many of the best practises we shared with community volunteers and leaders over the past year were shared at SUMA and SARM conventions and community meetings. A local best practise video was also produced with a community leader in Arcola who is an active participant on their community retention committee.

Our retention work has made a difference, especially in the retention of U of S family medicine graduates (Figure 3). Although the rate is not as high as previous years it has gradually improved. The slight improvement is encouraging as our efforts surrounding the retention of locally trained physicians in high demand will continue in the future.

One of the programs to help communities attract future physicians is the Physician Recruitment Agency of Saskatchewan’s Rural Externship Program – more commonly referred to as PREP. PREP is a collaborative initiative between the Agency, the SMA, physicians, the U of S College of Medicine and rural communities or regions. It is designed to expose U of S medical students between their second and third years of study to clinics and hospitals outside of Saskatoon, Regina and Prince Albert. Participating students shadow practicing physicians in those clinics, hospitals and communities learning basic, but fundamentally important techniques and practises that rural physicians need to know. The hands on experience allows the students to gain exposure to a rural or remote community while he/she develops clinical skills and applies classroom knowledge. Agency staff reached out to individual mayors in communities this past year who were receiving either a PREP student for the summer or a new physician about to start practise in that community. The letters contained tips and best practises that elected officials could share with council members and community volunteers on how to welcome these individuals to the community or region. The Agency plans to continue sending these letters and best practise tips in the new fiscal year.

Figure 3: Retention Rate

Retention Rate of U of S Family Medicine Residents



Source: Ministry of Health, Medical Services Branch

Since the PREP program began in 2011, 242 medical students have been placed in numerous rural or remote communities across the province. Some of those students have gone on to practise medicine in the same communities where they completed PREP.

## 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. Her examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow her to report on the fairness of the financial statements. The Auditor's Report outlines the scope of her audit and opinion.

On behalf of management,



Heather Friday  
A/Chief Executive Officer

**PHYSICIAN RECRUITMENT AGENCY OF SASKATCHEWAN  
FINANCIAL STATEMENTS  
For the year ended March 31, 2018**



## 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, 2018, and the statement of operations and accumulated surplus, changes 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 of Saskatchewan as at March 31, 2018, and the results of its operations, changes in net financial assets and cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Regina, Saskatchewan  
July 5, 2018

Judy Ferguson, FCPA, FCA  
Provincial Auditor

Statement 1

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

	<u>2018</u>	<u>2017</u>
<b>Financial Assets</b>		
Due from the General Revenue Fund (Note 3)	\$ 1,436,779	\$ 1,551,433
Accounts Receivable	170,166	87,672
	<u>1,606,945</u>	<u>1,639,105</u>
<b>Liabilities</b>		
Accounts Payable	186,620	190,789
Accrued Liabilities	24,098	33,160
	<u>210,718</u>	<u>223,949</u>
<b>Net Financial Assets</b> (Statement 3)	<u>1,396,227</u>	<u>1,415,156</u>
<b>Non-Financial Assets</b>		
Tangible Capital Assets (Note 4)	142,374	153,774
Prepaid Expenses (Note 5)	21,599	30,805
	<u>163,973</u>	<u>184,579</u>
<b>Accumulated Surplus</b> (Statement 2)	<u>\$ 1,560,200</u>	<u>\$ 1,599,735</u>
Contracted Obligations (Note 11)		
<b>(See accompanying notes)</b>		

## Statement 2

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

	<u>2018</u> <b>Budget</b> <b>(Note 9)</b>	<u>2018</u>	<u>2017</u>
<b>Revenue</b>			
Ministry of Health - General Revenue Fund			
Operating Grant	\$ 1,852,000	\$ 1,852,000	\$ 1,770,000
Program Grant (Note 7)	560,000	721,734	1,128,765
Interest Revenue	2,500	13,690	7,429
Miscellaneous Revenue	-	4,933	12,463
	<u>2,414,500</u>	<u>2,592,357</u>	<u>2,918,657</u>
<b>Expenses</b>			
Corporate Services			
Salaries and Benefits	1,401,684	1,136,504	1,295,129
Accommodations	170,700	157,424	151,971
Office Equipment and Supplies	136,200	99,444	106,736
Other	71,550	30,547	100,137
Board	13,000	7,193	11,779
Program	330,250	192,897	178,514
Communications	340,000	231,670	168,416
Grant Programs	600,000	736,479	1,244,987
Amortization	40,000	39,734	34,067
Loss on Disposal of Capital Assets	-	-	-
	<u>3,103,384</u>	<u>2,631,892</u>	<u>3,291,736</u>
<b>Net Deficit</b> (Statement 3 and 4)	<u>\$ (688,884)</u>	(39,535)	(373,079)
Accumulated Surplus, beginning of year		<u>1,599,735</u>	<u>1,972,814</u>
<b>Accumulated Surplus, end of year</b> (Statement 1)		<u>\$ 1,560,200</u>	<u>\$ 1,599,735</u>

(See accompanying notes)

Statement 3

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

	<u>2018</u>	<u>2017</u>
<b>Net Deficit</b> (Statement 2)	\$ (39,535)	\$ (373,079)
Acquisition of Tangible Capital Assets	(28,334)	(12,079)
Amortization of Tangible Capital Assets	39,734	34,067
Loss on Disposal of Tangible Capital Assets	-	-
Change in prepaid expenses	<u>9,206</u>	<u>(2,463)</u>
<b>Decrease in Net Financial Assets</b>	(18,929)	(353,554)
Net Financial Assets, beginning of year	<u>1,415,156</u>	<u>1,768,710</u>
<b>Net Financial Assets, end of year</b> (Statement 1)	<u><u>\$ 1,396,227</u></u>	<u><u>\$ 1,415,156</u></u>

(See accompanying notes)

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

	<u>2018</u>	<u>2017</u>
<b>Cash Flows from Operating Activities:</b>		
Net Deficit (Statement 2)	\$ (39,535)	\$ (373,079)
Add: Non-Cash Items		
Amortization	39,734	34,067
Loss on Disposal of Tangible Capital Assets	-	-
(Increase)/Decrease in Accounts Receivable	(82,494)	(81,437)
Decrease/(Increase) in Prepaids	9,206	(2,463)
Increase/(Decrease) in Accounts Payable and Accrued Liabilities	<u>(13,231)</u>	<u>(47,421)</u>
Net cash (used)/provided by operating activities	<u>(86,320)</u>	<u>(470,333)</u>
<b>Cash Flows from Capital Activities:</b>		
Purchase of Capital Assets	<u>(28,334)</u>	<u>(12,079)</u>
<b>Increase/(Decrease) in Due from General Revenue Fund</b>	(114,654)	(482,412)
Due from the General Revenue Fund, beginning of year	<u>1,551,433</u>	<u>2,033,845</u>
<b>Due from the General Revenue Fund, end of year</b>	<u><u>\$ 1,436,779</u></u>	<u><u>\$ 1,551,433</u></u>

(See accompanying notes)

**Physician Recruitment Agency of Saskatchewan**  
**Notes to the Financial Statements**  
**For the year ended March 31, 2018**

**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 Canadian Public Sector Accounting Board, the Agency is classified as an other government organization. The Agency uses Canadian Public Sector Accounting Standards published by the Chartered Professional Accountants of Canada. These statements do not include a statement of remeasurement gains and losses as there are no relevant transactions to report. The following principles are considered to be significant:

a. Basis of Accounting

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

b. Grant Revenue

Grant Revenues recognized in the financial statements in the period in which the grants are authorized, eligibility criteria are met, and reasonable estimates of the amount can be made.

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>
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, 2018**

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 the Statement of Operations in the period in which they become known.

g. New accounting standard not yet in effect

A new Canadian public sector accounting standard is not yet in effect for governments and has not been applied in preparing these financial statements. The Agency plans to adopt this new standard on the effective date and is currently analyzing the impact this will have on these financial statements.

The following standard will become effective as follows:

- PS 3430 Restructuring Transactions (effective April 1, 2018), a new standard defining a restructuring transaction and establishing guidance on recognition and measurement of assets and liabilities transferred in a restructuring transaction.

h. Adoption of Public Sector Accounting Standards

On April 1, 2017, the Agency adopted Public Sector Accounting standards PS 2200 Related Party Disclosures, PS 3210 Assets, PS 3320 Contingent Assets, PS 3380 Contractual Rights and PS 3420 Inter-Entity Transactions.

Adoption of these standards has not resulted in any disclosure changes.

**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 2017-18 the average interest rate was 0.87% (2016-17 was 0.54%).

**Physician Recruitment Agency of Saskatchewan**  
**Notes to the Financial Statements**  
**For the year ended March 31, 2018**

**4. Tangible Capital Assets**

	Computer software	Furniture & equipment	System development	Computer hardware	2018 Totals	2017 Totals
Opening cost	\$1,465	\$23,224	\$276,655	\$2,653	\$303,997	\$291,918
Additions during the year	-	-	28,334	-	28,334	12,079
Disposals during the year	-	-	-	-	-	-
Closing cost	1,465	23,224	304,989	2,653	332,331	303,997
Opening accumulated amortization	1,465	9,030	139,197	531	150,223	116,156
Amortization during the year	-	2,322	36,881	531	39,734	34,067
Disposals during the year	-	-	-	-	-	-
Closing accumulated amortization	1,465	11,352	176,078	1,062	189,957	150,223
Net book value of tangible capital assets	\$ -	\$11,872	\$128,911	\$1,591	\$142,374	\$153,774

**5. Prepaid Expenses**

Prepaid expenses are primarily related to advertising, future participation at conferences and career fairs and the office lease-

**6. Related Parties**

These financial statements include 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, as well as its key management personnel and their close family members. Additionally, the Agency is related to organizations where they have key management personnel and/or their close family members in common. Transactions with these related parties are in the normal course of operations and are settled on normal trade terms. Related party transactions for the year ended March 31, 2018, include the following:

**Physician Recruitment Agency of Saskatchewan**  
**Notes to the Financial Statements**  
**For the year ended March 31, 2018**

	<u>2018</u>	<u>2017</u>
<b>Revenue</b>		
Ministry of Health – Grant and Reimbursement	2,573,734	2,898,765
Ministry of Finance – Interest	13,690	7,429
Workers Compensation	-	10,381
<b>Expenses</b>		
Ministry of Finance – Pension and Benefits	189,950	189,637
Ministry of Central Services	72,746	77,166
Saskatchewan Polytechnic	26,800	26,000
SaskTel	12,361	13,483
SaskPower	5,361	3,867
University of Saskatchewan	3,852	11,030
SaskEnergy	3,096	2,478
University of Regina	1,200	-
Saskatchewan Health Authority	973	500
<b>Payables</b>		
University of Saskatchewan	952	-
Ministry of Central Services	55	-
Ministry of Finance – Pension and Benefits	-	46,685
SaskTel	-	1,921
<b>Receivables</b>		
Ministry of Finance - Interest	3,923	2,517
Ministry of Finance – Maternity Top-up Repayment	4,539	-
Ministry of Health	161,479	78,765

The Public Service Commission provides payroll services at no costs.

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 Ministry of Finance on all its taxable purchases.

## **7. Program Grants**

Program Grants relate to funding to support three programs:

- The Rural Physician Incentive Program provided grants of \$120,000 over five years to recent medical graduates practicing in rural and remote communities. Following the release of the provincial budget in 2017-18 this was reduced to \$47,000 over a four-year period for new applicants. However, anyone completing their current year of service between April 1, 2017 and March 31, 2018 could apply for the higher rates from the old program for one more year only.
- The Medical Resident Interest Reimbursement Program is discontinued as of March 31, 2017. The program provided grants to University of Saskatchewan medical residents to offset the interest costs on government student loans during residency.

**Physician Recruitment Agency of Saskatchewan  
Notes to the Financial Statements  
For the year ended March 31, 2018**

**8. Financial Instruments**

The Agency's financial instruments include: due from the general revenue fund, accounts receivable, accounts payable, and accrued 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 mostly from the provincial government; therefore, the credit risk is minimal.

d) Fair Value

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

- Due from General Revenue Fund
- Accounts receivable
- Accounts payable
- Accrued liabilities

**9. Budget Approval**

The Agency's budget was approved by its Board of Directors on March 3, 2017.

**10. Pension Plan**

The Agency's employees participate in the Public Employees Pension Plan, a defined contribution pension plan. Members contributed 5% of salary and the employer contributed 7.6% in 2017-18 (7.6% in 2016-17). The Agency's contribution for this fiscal year was \$70,650 (\$67,889 in 2016-17). The Agency's obligation relative to the pension plan is limited to making the required contributions.

**Physician Recruitment Agency of Saskatchewan  
Notes to the Financial Statements  
For the year ended March 31, 2018**

**11. Contractual Obligations**

The Agency has a lease agreement with Discovery Plaza Inc. Consulting for office space at a monthly rate of \$9,463 to October 31, 2017 and then \$9,783 until October 31, 2019.

**12. Comparative Figures**

Certain comparative figures have been reclassified to conform to the current year's presentation.

**13. Subsequent Events**

As a response to the Saskatchewan Advisory Panel on Health System Structure Report, a review of health partner agencies has occurred. It has been determined that the Physician Recruitment Agency (PRAS) will be transferred into the Saskatchewan Health Authority as early as summer 2018.



## **For More Information**

Electronic copies of this annual report are available for download from the Agency's website ([www.saskdocs.ca](http://www.saskdocs.ca)) or by contacting the Physician Recruitment Agency of Saskatchewan (saskdocs) directly at the address below.

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