2019 New Brunswick Week of Action - Backgrounder

Improving Access to Medically Necessary Healthcare Services: Physician Recruitment

Canadian Federation of Medical Students
Government Affairs and Advocacy Committee
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INTRODUCTION

As of November 2018, there were 89 physician vacancies in New Brunswick, of those unfiled physician positions, 34 were family physicians, and 55 were specialists. While the national average wait time from the point of a referral from a general practitioner to receipt of medically necessary services is 19.8 weeks (averaged across 12 specialties), it is 45.1 weeks in New Brunswick, making it the longest wait time across Canada. We're also one of the sickest provinces in the country, with at least 60% of New Brunswickers having at least one chronic disease, yet there are roughly 50,000 individuals in the province without a family doctor. We're also one of the highest users of heath care services across the country attributed to our old age – 19.5% of the New Brunswick population is above the age of 65 and caring for the elderly requires about 5 times as many resources as younger people. Improving physician recruitment and retention is a critical first step to addressing some of the equity concerns many New Brunswickers have towards accessing medically necessary health care services.

The research document will summarize the current landscape for physician recruitment in New Brunswick, including the process, stakeholders, strengths and challenges, and finally review some potential solutions towards improving access to physicians in New Brunswick.

CURRENT NEW BRUNSWICK LANDSCAPE

Resource planning for any industry involves understanding supply and demand. In healthcare, the "demand" is patients who require access to medically necessary services, and the "supply" is physicians' services. Matching the supply and demand will ensure effective and efficient use of resources, and also ensures individuals have proper access to medically necessary services. In New Brunswick, one of the methods we try to understand the demand for such services is through the Patient Connect. Patient Connect is a registry of New Brunswick patients who either currently do not have a family doctor and are on a waitlist to be accepted into a family physician's practice or are seeking a new family doctor. Several years ago, when it was formed, Patient Connect amalgamated multiple data sets across health authorities, and hospitals, and so the registry has many duplicates and is not updated to properly reflect individuals who have since received a family doctor. When it was formed, the government put a call out to New Brunswickers to call and register on this wait list when it was formed. Although this was a positive step forward, it has been suggested that many people did not receive this communication (GNB website, radio, newspapers, etc), and so the number of people on the waitlist grossly underestimates the actual number of individuals who need a family doctor. When a family physician starts a new practice or is accepting new patients, the physician is able to contact GNB, who is responsible for the list, to get contact information and reach out and welcome them into their practice. It is currently estimated that there are between 20,000 – 30,000 people waiting for a family doctor on the Patient Connect registry. A new family physician generally takes on 1,000 new patients, and so there is roughly a shortage of 20-30 family physicians, without accounting for the underestimation of the demand. Patient

Connect has been criticized for its lack of accuracy and poor management, but recent reports suggest improvements have been made.

The Players in Recruitment:

Both Regional Health Authorities (RHA) as well as the Department of Health (DH) previously had independent and separate physician recruitment strategies and advertising platforms. This situation created a process where a prospective physician would need to contact many different hospitals or RHAs to seek out job opportunities resulting in confusion and frustration amongst candidates. Concerns for the coordination and accuracy of information provided to prospective candidates was the primary driver for the creation of a recruitment partnership between the RHAs and the NBMS in 2015, which also lead to a Provincial Recruitment Workplan intended to support the strategy of the tri-partite group of the Physician Recruitment committee (NBMS, RHA, Province). Another response to this failure in organization was the creation of the NB Health Jobs website by the DH for prospective physicians as a central location to display physician job opportunities. Unfortunately, this has been received with mixed reviews. The new NB Health Jobs website has provided a central location for physician jobs in New Brunswick and provides consistent descriptions and communications, however it is maintained by the DH and the RHAs have little influence on its management. The DH has also recently employed regional Recruitment Officers – three for Horizon and one for Vitalite – to lead physician recruiting in each health authority, as well as liaise between NBMS, and the various stakeholders. The hiring by the government of regional Recruitment Officers was a critical development in the physician recruitment landscape of NB. Family Medicine NB has created its own physician recruitment strategy based on a needs-assessment. This is done through the Physician Stewardship group of FMNB.

NBMS along with the government-employed Recruiting Officer also meet with medical students at both DMNB and CFMNB to communicate opportunities to medical students, to establish a relationship with students, and begin the recruitment process early. NBMS and MD Financial Services also meets with medical students to provide workshops for practice management, personal financing and practicing in New Brunswick. There are currently 70 Family Medicine, 9 internal medicine, and 6 emergency medicine residents in New Brunswick. Research has demonstrated that physicians often end up practicing where they do their residency. To foster that relationship and encourage residents to set up practice in NB, the NBMS provides a practice management training program for residents interested in Family medicine in the province. Similarly, the provincial Recruitment Officers establish contact with residents and make efforts to foster a positive relationship and to provide information about job opportunities for when the residency program is completed.

The Process:

Family Physicians:

Most physicians in NB are recruited on a fee-for-service model which incentivizes long work hours, and often places little value on work life balance and inter-professional teams. However, Family Medicine NB has adopted new funding models that uses

alternate funding models (combination of fee-for-service and capitation) which can be more attractive to incoming family physicians.

RHAs and FMNB are jointly responsible for the interview of family physician candidates along with local physicians and a leader from the FMNB group. The responsibility of the selection and agreement of the candidate lies with the medical leadership of the RHA (Medical director and Chief of staff) and the FMNB group. After the candidate is selected, an offer from FMNB, the RHA, and the DH is issued to formalize the process and to provide a billing number.

After the hiring is complete, a clinical onboarding and community orientation process is completed to ensure satisfaction and retention of the new physician. For family doctors, FMNB will provide most of the components of this process.

When a prospective physician is considering a practice opportunity, they complete a site visit, which a critical time for applicants to develop an attitude towards the opportunity. This process is often facilitated by the provincial recruitment officers. RHA recruitment officers engage local community organizations, develop an itinerary, seek out spousal employment opportunities, and engage other interest of the applicant. It is crucial that other physicians in the region are part of the site visit to ensure the prospective applicant feels welcome.

When a non-FMNB family physician is preparing for retirement, because of their liability for patient records, it is often the responsibility of the outgoing family physician to recruit a new family doctor to take over their patients and be the new custodian of the patient records. If a replacement is not found, then the patients are without a family doctor and are placed on the Patient Connect registry. The outgoing family physician is the obligated to maintain patient records for the next ten years, or until they obtain a new family physician, so as to respond to requests or consultations from other healthcare providers.

Specialists:
It is the responsibility of the RHA for the selection of a candidate along with their medical director, and the Chief of Staff. Often, hospital departments will engage in their own recruitment of physicians as it is in their best interest to support other department members for vacation, call obligations, on floor services, etc. The NBMS has recommended that the RHAs be responsible for the interview of the candidates and that this process be standardized across medical zones and health authorities. The DH is not involved in the selection process, but rather is involved in providing a billing number for the incoming candidate. Unlike family physicians and their liability for patient records, many in-hospital physicians are not under pressure to find a replacement to be the new custodian of patient files, and so the responsibility of replacing an outgoing specialist lies on the RHA and Recruitment Officer, unless hospital departments decide to become involved.

After physicians have been hired, there is an onboarding and orientation process, which is crucial to ensure the RHA retains the physicians and for physician satisfaction.

If physicians are not recruited directly for a staff position, many new physicians come here to complete a locum. The locum is an opportunity for recruiting to take place, as well as for a prospective applicant to get a better understanding of the opportunities here and to develop a positive impression.

It takes 12-18 months to recruit a family physician, according the Health Force Ontario. Physician recruitment is driven both by the unfilled position currently affecting the health care system, but also by physicians that will be retiring in the near future. RHA and DH have very little role in the retirement planning on physicians. NBMS collects information on physicians ages for each specialty who are above 65 in each region. NBMS is also responsible for helping interested physicians start the official retirement process. When a family physician retires, it is often unreasonable for a new family physicians to take on the entirety of the outgoing physician's roster, and he/she would have developed expertise and efficiencies over the years to manage such a large number (~2000) that a new physician's skill set might not be able to meet just yet. Despite retiring physicians gradually reducing their volume of care provided, they still maintain a billing number, and presently, there is no flexibility in sharing the billing number. For example, if a retiring physician would like to reduce his or her volume by 50%, or only perform OR assist responsibilities, he or she would still be utilizing an entire billing number, for which there are a limited number

Incentives to Practice in NB:

Bursaries for Medical Residents

The Bursaries for Medical Residents Program provides bursaries of $20,000 to family medicine residents who meet the eligibility criteria and establish a community-based practice as well as to medical residents in designated specialties. Medical residents who are in their last two years of residency and agree to sign a mandatory two-year return-of-service agreement to New Brunswick are eligible to receive a bursary of $20,000. Selected residents are required to establish a full-time community-based practice within 6 months of receiving the bursary or completing their residency training.[1]

Location Grant for Physician and Grant for Specialists in Designated Fields

The Location Grant for Physician and Grant for Specialists in Designated Fields Program provide grants of $20,000 to Family Practitioners who meet the eligibility criteria and establish a community-based practice as well as to Specialists in designated fields. Family Practitioners and Specialists in designated fields who agree to sign a mandatory two-year return-of-service agreement to New Brunswick are eligible to receive a grant of $20,000.[1]

Physician Business Grants

The Physician Business Grant program provides new family physicians establishing a full-time fee-for-service, community-based practice, a grant of $15,000. The Physician Business Grant is intended to help new family physicians with the cost of establishing

their practice, particularly with the implementation of an Electronic Medical Record System, in accordance with the Primary Health Care Framework for New Brunswick. Recipients of the Business grant are required to practice in the province for 1 year. Physicians who have previously practiced in New Brunswick must have moved out-of-province permanently for a minimum of one year before being considered for a Business grant. However, physicians are not eligible to receive the Business grant more than once during their career even if they have moved out of the province for one year or more. Selected physicians are required to establish a full time, fee-for-service community-based practice within 6 months of receiving the grant. [1]

Family Medicine New Brunswick (FMNB) Guaranteed Minimum Remuneration

The FMNB Model aims to improve patient access, increase collaboration between physicians using technology, and create a better work-life balance for physicians. For the first year a new physician joins the program they will receive a guaranteed minimum remuneration of $195,000.

Recruitment Sites Visits and Relocation Allowance

Physicians who are invited for a recruitment site visit will be eligible for travel reimbursement costs by the regional health authority, in accordance with existing policies in the province. Newly recruited physicians may also be eligible for reimbursement of relocation costs of up to $8,000.

Fee-for-Service Retention Fund

Under the fee-for service retention fund, fee-for-service physicians accumulate shares for each year of service within the province of New Brunswick. A fee-for-service physician who has worked in New Brunswick for a minimum of 15 years is eligible to receive a lump-sum payment on the basis of accumulated shares. Shares are determined by practice location and payment is made once their Medicare billing number has been surrendered.

NB Summer Observership Program

The province supports a Summer Observership Program for NB medical students, wherein students are paid an hourly wage to job shadow physicians in the province. This program is designed to expose medical students to the scope of medical practice in NB.

NB Medical Education Foundation Inc. Bursaries

The NB Med Ed Foundation offers bursaries to students planning on returning to NB. The Scholarships come with a 1 year return of service for every $10,000 awarded. Most scholarships are funded by municipalities, GNB, local & provincial companies, and many more.4 Mike Murphy, also mentions the importance of access to physicians in a company's decision on whether or not it will chose to establish a branch in a certain location.

WHAT'S CURRENTLY WORKING WELL?

In the news, September 2017: The New Brunswick Medical Society said the government's net gain of eight doctors in Saint John is a step in the right direction but more needs to be done for the chronic problem of physician recruitment and retention in the province. Since September 2014, 52 physicians have been hired in the Saint John region. That includes 21 general practitioners and 31 specialists. Overall, 44 doctors have left since that time.

General strengths for current physician recruitment approach:

- Learners claim that there is good representation of recruiters at student events (Submission for physician recruitment 2015)
- Having medical schools in the province is a positive step towards physician recruitment
- The NB preceptorship program has been cited as influencing students to practice in the province
- Return of service grants have been deemed positive
- Family Medicine New Brunswick is a new model of family medicine that aims to improve patient access, increase collaboration between physicians using technology, and create a better work-life balance for physicians. For the first year a new physician joins the program they will receive a guaranteed minimum remuneration of $195,000. For more information on the Family Medicine New Brunswick program, please contact the New Brunswick Medical Society.
- One can sign up to be made aware of vacancies in the province, based on speciality, and area
- Historical Recruitment Approach:
  - Annual visits to students and residents
    - Targeted messaging
    - Inform about medical landscape (physician forecast)
  - Partnerships with NBMS, municipalities and community groups
    - NB Medical Education Trust

WHAT'S NOT WORKING WELL?

When physicians come to complete a locum in NB, they are often not targeted sufficiently as means for recruitment. The department of health and regional recruitment officers could engage with locums more deliberately and provide communications such as practice opportunities.

Out of the available family physician job opportunities in NB, none of them are located in Moncton. However, 46 family medicine residents are based out of Moncton. There is a disconnect between where the residents are located, and the attempts for recruitment. Recruiters from other regions are not actively recruiting residents from the Moncton program.

Retiring physicians often have a larger roster than a new physician is capable of initially managing. When one physician retires, it is often not accounted for the efficiencies that the retiring physicians would have made over the years and that the new physician will not be able to attain. A better understanding of physician capacities is warranted and should be considered in the health care needs assessment. Sometimes, a retiring physician's roster might need to be replaced with two physicians.

A 'high health care needs population' results in physicians being able to treat fewer patients due to patients' co-morbidities and diverse needs, thus resulting in smaller practice sizes. When planning to replace retiring physicians with new physicians, it is important to examine the demographic factors present in the area.

The current understanding of physicians' retirement date is completely absent. Presently, there is no collection system or database for when physicians plan to retire. It is difficult to understand when physicians will retire.

The current approach of recruitment through the use of government employed Recruitment Officers was a step in the right direction however it has not been effective at meeting the needs of a growing number of physician vacancies. There is a disconnect in the communication between Recruitment Officers and the RHAs, and NBMS. Similarly, the NB Health Jobs website has been poorly managed under the government and does not cater to the unique needs of the RHAs. The DH does not have the same insight and experience as individuals working for the RHAs as to what a more effective recruitment website might look like.

Billing Numbers

A physician needs to obtain a billing number before they are able to receive any type of remuneration from Medicare. A billing number consists of a five (5) digit number. The billing number allows practitioners to bill New Brunswick Medicare for medically required services provided to patients.

New Brunswick is the only province in Canada which still uses this billing number system.

To obtain a billing number from New Brunswick Medicare, the practitioner must[1]:

- Be licensed by the College of Physicians and Surgeons of New Brunswick;
- Have been granted privileges with a Regional Health Authority; and
- Have completed and returned the Medicare Practitioner Registration Form to New Brunswick Medicare.

Restricting billing numbers has been used to influence the supply of physicians in order to create more equitable access to practitioners across the province. However this continues to be a contentious issue between professional associations and government.

The New Brunswick Medical Society (NBMS) maintains that the billing number system is not functioning as required and has left thousands of patients in urban areas without access to a physician. Furthermore, the billing number system may provide challenges for physician recruitment. Restricting billing numbers is looked upon negatively by physicians and makes New Brunswick appear closed for many prospective physicians. In 2018, Dr. Serge Melanson, the president of the NBMS stated: “We hear pretty consistently from prospective candidates looking to set up in the province that they were really hesitant to consider New Brunswick specifically because of this restrictive billing-number system.”

Another issue is that, since each number represents a single doctor, physicians approaching retirement who decide to shift to part-time work retain their numbers and the province’s department of health doesn’t always generate new ones to fill the gap.

The current Conservative provincial government has committed to eliminating billing numbers but has yet to announce when the system will be phased out and what it will be replaced by.

Anisimowicz et al recently surveyed a cohort of graduated residents from Dalhousie University family medicine sites in New Brunswick and found that: “Difficulties encountered when attempting to acquire a billing number were articulated by a number of physicians, both among those who stayed and those who left, highlighting an area for process improvement that may facilitate retention.”

EVIDENCE FOR PHYSICIAN RECRUITMENT STRATEGIES

Current evidence regarding physician recruitment have examined findings in three different broad categories: effectiveness of current recruitment strategies, factors associated with increased physician recruitment/retention, and factors associated with decreased physician recruitment/retention.

Giberson et al discussed the effectiveness of current recruitment strategies in NB based on the available literature. A major recruitment strategy employed by the NB government is provision of financial incentives to medical residents and physicians, based on mandatory return-of-service contract. Given the high cost of attending medical school rising, these financial incentives can be appealing to a debt-burdened student. While these programs work well in the short term, proof of their long-term effectiveness is lacking. One study of Newfoundland’s return-of-service program showed 72% of physicians with agreements fulfilled their obligation. A study by Sempowski found that return of service agreements were not successful for the long-term retention of rural family physicians. Another strategy employed by the government was to open regional medical campuses in NB. A study found that the longer students were exposed to working in NB during their medical training, the more likely they were to be practicing in the province at the time of the study. Family doctors who spent time in their home province of NB in all four years of undergraduate medical training were 9.3 times more likely to practice in NB compared to their counterparts who had no expose to NB during medical school.

Factors associated with increased physician recruitment/retention were studied, both from the perspectives of medical students and physicians. A survey of 158 NB medical students found that job availability of the respondent's desired specialty in NB was ranked most important 22% of the time. The second most important factor was spouse/significant other's ability to work in NB with 15% of respondents ranking it was the number one factor affecting their decision making. Desire to have a rural practice, opportunities to do research in NB, and attending medical school in NB were most often ranked last. In their final regression model, factors predictive of an expressed desire to practice in NB included being female, living in NB prior to medical school, attending medical school at Université de Sherbrooke, participation in the NB Summer Observership Program, and a desire to practice family medicine. In a qualitative study done in Quebec, physicians were interviewed regarding recruitment factors as well as retention factors. Recruitment factors identified by participants were the following: type of practice, spousal interest, opportunity for teaching, training in a region, workforce planning, and quality of life. When asked about type of practice, participants qualified the practice in the region as collegial, well organized, and a good work environment. They also indicated that the practice was stimulating, large in scope, and team-based. They found that cases were more diversified and more complex, that the practice was broader, more humane, and patient-centered. Also, some mentioned that the workload was not too heavy. All participants confirmed their access to the necessary material and resources for their practice; in other words, they did not feel they had fewer resources than in other hospitals. When asked about spousal interest, spousal employment, opportunity to study, or attractiveness of the region were stated as important recruitment factors for participant spouses. Regarding opportunity for teaching, several participants expressed that the possibility of teaching in the RMC was an important motivator in choosing the region. Participants declared that teaching permitted them to keep their knowledge up to date, that it was stimulating, and that it gave meaning to their practice. When asked about training in a region as recruitment factor, several participants explained that experiencing one or more rotations in the region during their medical training led them to discover life and medical practice in the region. When asked about workforce planning, some participants identified the role of workforce planning by government as a recruitment factor. One participant was obligated to practice in the region, and one came because of the availability of positions. Regarding quality of life, some participants considered quality of life as an important factor in their recruitment. However, it was not a determining factor for participants. They noted that the region was good for outdoor activities, access to services (health, education, entertainment), and had a good overall quality of life. In addition to recruitment factors, positive retention factors were also identified and included family, quality of life, quality of the work environment, and involvement with the regional medical school campuses. Family-related reasons were associated with the integration of family members in the region, notably the integration of children in their school, and the integration of a spouse in the community. The proximity of family was also an important retention factor for participants. With regards to regional medical campus influence on their professional lives, physicians in the study reported that they liked to teach, transmit their knowledge, and see the students learn. Physicians said they were staying in the region because they felt commitment to the campus, and they had the opportunity to teach.

Factors associated with decreased physician recruitment/retention were also explored by studies. Potential negative retention factors were also related to family and the work environment from the Quebec study. Physicians said they would leave the region if their spouse lost their job or was unable to find one, if they separated from their current partner or found a partner who did not live in the region. The second theme involved the work environment. Participants said they would leave the region if there were major changes to their medical practice. Furthermore, a literature review of USA and Canadian studies regarding rural physician recruitment identified three main reasons for a rural physician practice's unpopularity: lifestyle; medical practice; and competitive issues. Lifestyle is prevalent because physicians are concerned about residing in a community that has limited social activities. There may be a perception that rural-practice staff have limited outlets to culture, social and shopping activities. Also, school systems are thought to be sub-par compared to urban arrangements. Medical practice includes longer hours and more demanding on-call schedules compared to urban colleagues. There were concerns that medical care can be more challenging without specialist help.

POTENTIAL SOLUTIONS:

Patient Connect – engage in a more proactive awareness campaign to have NB patients register with the Patient Connect website to better understand how many New Brunswickers are without a family physician and put a system in place that ensures Patient Connect is up to date. Promote enrollment. Avoid emergency visits.

Alternate funding models for physicians outside of Family Medicine NB that would encourage work life balance and inter-professional teams.

The first step in physician recruitment is to have a solid understanding of the current and future needs of physicians for each specialty and region.

Physician Resource Planning Tool recommended by NBMS would include the following:

- Population needs and changes, as tracked by Statistics Canada;
- Health system changes, such as facility or infrastructure changes;
- Changing demographics of physicians, such as the age, hours worked, and recruitment
- success to a particular area;
- Current vacancies in the province, by zone and town;
- Predicted retirements, using real-time data and age of physicians;
- Fee-for-service billing trends, if applicable;
- Number of patients on the Patient Connect list; and
- Other factors as deemed relevant by the Provincial Recruitment Committee.

Although it is difficult to understand when physicians retire, the Department of health has billing information of physicians and is capable of doing analyses of these data to

identify pattern of physicians who are approaching retirement (e.g. no longer engaging in OR time, reducing their frequency of billings). Combined with a physician's age, and survey physicians as appropriate, the department of health would be able to conduct analyses to better predict the future needs for physicians and being the recruitment process in a timely manner. For example, most family physicians retire within 35-40 years after completing medical school. Other strategies suggest beginning to recruit for a position once the physician is above the age of 65. NBMS produces statistical information regarding the proportion of physician specialties for which individuals are above the age of 65, for which they have indicated they are willing to share with the department of health for the purpose of planning physician recruitment.

After physicians retire, they are often adamant about continuing to practice. It would be beneficial to the health care system if retiring physicians were able to maintain the billing number to assist with primary care in clinics, as well as provide services as OR assists.

<u>Solutions - In the News:</u>

Saskatchewan: Doctor recruitment agency to merge with Sask. health authority
The government says Saskatchewan currently has about 900 more doctors than it did 10 years ago, with physician retention rates up nearly 20 per cent — in large part due to recruitment services such as Health Careers in Sask and Saskdocs websites.

- SaskDocs was created to help with physician recruitment and retention, especially in rural and remote areas.

NS: Doctors of NS are calling for 6 major changes for recruitment and retention

- Pay physicians competitively
- Introduce a new blended payment model (similar to in NB)
- Invest in succession planning- Transition into Practice/Transition out of Practice (TIP/TOP) model for all specialties. In this model, new-to-practice physicians are paired with retiring physicians; the physicians overlap in the same practice for a set period of time, as one prepares to retire and the other gradually assumes the duties of a full practice.

NOSM- Making it Work Framework

- At NOSM, several measures are in place to support physician recruitment and retention: encouraging high school students from rural and remote communities to see a career in health care as an opportunity that's available to them; an admissions process that favours applicants from Northern Ontario and reflects the population distribution of the region; a distinctive Distributed Community Engaged Learning model that places students in communities so they focus on responding to the health needs of the population; involving rural generalist faculty members as principal clinical teachers and role models; and having a rural and remote First Nations stream in our family medicine residency program.

Prince Edward Island:

- Experience suggests that physicians who have grown up in rural communities are more likely to return to and remain there than those who have lived most of their lives in urban environments. This doesn't apply as much to immigrating international physicians who are seduced by economic opportunity and understand that spending time in rural Canada is the price they must pay to qualify for a permanent license, usually before moving on to a more urban setting. Unfortunately, most medical schools in Canada are located in larger cities, and most of the medical students' role models are urban physicians. Attempts to establish medical schools in more isolated areas have met with mixed success.

THE ASKS:

1. Commit to revaluation of the physician recruitment process. As such, consider outsourcing recruitment to either NBMS or to a third-party professional organization, including the transfer of the physician recruitment website (nbhealthjobs.com) from Government to the RHAs or NBMS.

2. Commit to the renewal and/or reform of the Timely Completion Benefit as a means to attract new graduates to practice in the province by including a stipulation in the qualification criteria for the applicant to file taxes in New Brunswick

3. Implement physician billing number reform that will support more effective transition to retirement and resource planning.

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Consultation with Anthony Knight, Chief Executive Officer, New Brunswick Medical Society

Consultation with Dr Jennifer Cloutier, department of Anesthesiology, Saint John Regional Hospital

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SUMMARY OF ASKS

CFMS Government affairs and advocacy committee (GAAC)
Provincial week of action

Every New Brunswicker deserves timely access to physician services. Provincial leadership will be necessary in order to reinvigorate physician recruitment and to modernize retention efforts in the province. As such, we call upon all Members of the Legislative Assembly to:

1. Commit to **revaluation** of the physician recruitment process. As such, consider **outsourcing recruitment** to either NBMS or to a third-party professional organization, including the transfer of the physician recruitment website (nbhealthjobs.ca) from Government to the Regional Health Authorities or NBMS.

2. Commit to the renewal of the **Timely Completion Benefit** as a means to **attract new graduates** to practice in the province by including a stipulation of qualification for successful candidates to be a resident of New Brunswick.

3. **Implement** physician billing number **reform** that will support more **effective transition** to retirement and resource planning.

For more information please contact the New Brunswick GAAC representatives at the following address:
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