



Medical Staff
Retention and Recruitment

Recruitment and Retention Sources

Northern Medical Program (NMP) and Family Practice Residency Program.

- 32 seats per year NMP
- 21 residency spots per year (includes FP IMGs)
- Practice Ready Assessment Program (PRA).
- Nine spots each year increasing in 2024

International Medical Graduates (IMG) Residency Program.

- Six Family Practitioner allocations each year
- Specialty physician allocations are determined on a yearly basis



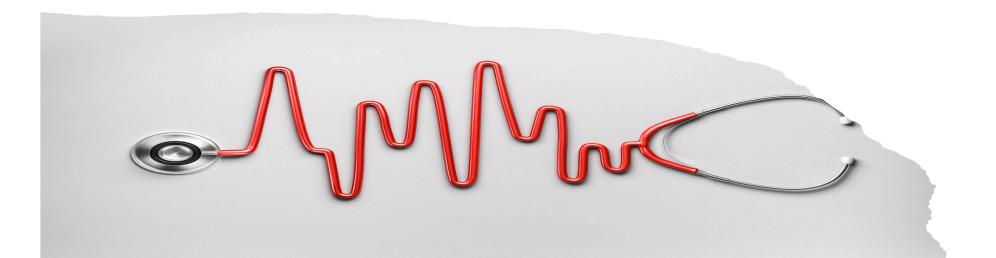
Recruitment Challenges and Goals

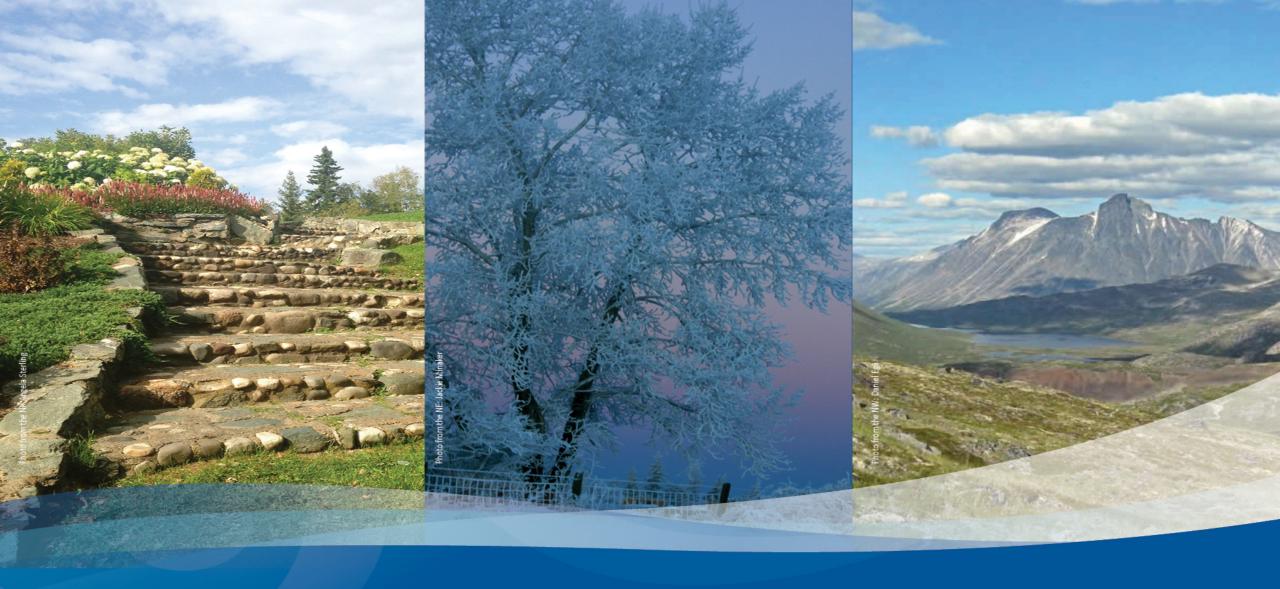
Challenges

- Increasingly competitive job market for physicians in urban and rural areas across Canada
 - Currently 872 Family Practitioner vacancies posted in BC as of today
- Differing lifestyles, work and practice expectations
- Difficulty attaining, supporting and maintaining the physician service levels
- Housing/childcare/negative social media
- Community amenities

Goals

- Achieve a sustainable medical workforce
 - Be in a proactive recruitment environment instead of a reactive one
- Provide quality patient care
- Create a competitive recruitment environment
- Address different practice expectations
- Address the needs of a multi-generational workforce
- Work with all stakeholders to meet our common goal







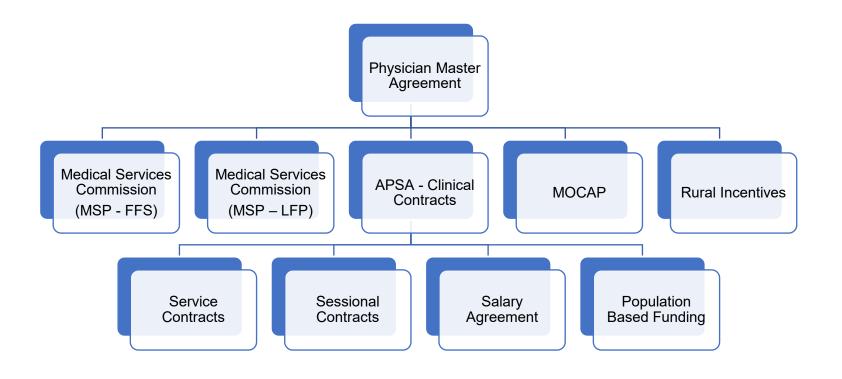
Medical Staff
Funding and Compensation

Physician Compensation

- 1/3 of the entire BC provincial budget is allocated to Health Care
- Estimated Health Spending Budget is projected to be \$28.6 billion for 2023/2024
- There is one centrally administered "Available Amount" for provision of physician services
- Estimated expenditure flowing towards physicians medical services and infrastructure for medical services is \$7 billion
- MoH approximates that 1/10 of the entire provincial budget supports Medical Services for BC (mostly physicians)



Funding Mechanisms



Fee-For-Service and APP Contracts

- Fee-For-Service (FFS)
 - Main source of remuneration for Physicians providing medical services
 - Remuneration through the Medical Services Commission (MSP)
 - Set up as an independent/partnership or corporation with own office or a group family practice Physicians sharing office space.
- Two main types of clinical contracts (Alternate Payment Program – APP):
 - Service Contracts
 - Sessional Contracts
- Service Contracts
 - Clinical and service deliverables
 - Compensate for a Full Time Equivalent (FTE) (i.e. hours/year)
 - Compensation ranges negotiated provincially by practice category
- Sessional Contracts
 - Provincially set rate for GP and SP
 - Pays for a block of time (3.5 hours) for a defined service

Longitudinal Family Physician (LFP) Payment Model

- New payment model
- Launched February 1, 2023
- An alternative to FFS
- Blended capitation model
- Continual evolution and development
- Link for detailed information:

https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medicalservices-plan/longitudinal-family-physician/longitudinal-family-physicianpayment-schedule-2023-03-13.pdf

MOCAP and Rural Programs

- MOCAP (Medical On-Call Availability Program)
 - Payment for services delivered on-site are from either FFS or APP
 - Levels of MOCAP are set provincially based on "burden of call".
 - Set up as An independent/partnership or corporation with own office or a group family practice sharing office space.

Rural Programs

- Programs have been brought in to incentivize rural practice and recognize the additional challenges
- Most programs take into consideration the "degree of rurality" to determine rates
- Examples of some of the main rural programs available
 - Rural Retention Flat Amount
 - Rural Retention percentage
 - Rural Continuing Medical Education (individual and community)
 - Rural General Practitioner / Specialist Locum Program
 - Recruitment Incentive Fund
- The Rural Program Guide provides detailed description of each rural incentive program.
- https://www2.gov.bc.ca/assets/gov/health/practitionerpro/rural-guide.pdf