

SPECIALIST RECRUITMENT & RETENTION COMMITTEE

FOCUSED FUNDING FOR PRIORITY SPECIALIST RECRUITMENT

TO BE COMPLETED BY SASKATCHEWAN HEALTH AUTHORITY OR SASKATCHEWAN CANCER AGENCY

| | | | |
|--|---|--------------------|--|
| Name of Supporting Agency/Organization | <input type="checkbox"/> Saskatchewan Health Authority <input type="checkbox"/> Saskatchewan Cancer Agency | | |
| Community | | | |
| Physician Practice Area | | *No. of physicians | |

*This refers to the number of positions being requested for recruitment purposes.

Recruitment Factors

| | |
|--|--|
| Compared to a typical recruit, assess the need: | ___ Modest ___ Medium ___ Critical |
| <input type="checkbox"/> Degree of need in province | ___ Modest ___ Medium ___ Critical |
| <input type="checkbox"/> Degree of need in community | ___ Modest ___ Medium ___ Critical |
| <input type="checkbox"/> Address service disruptions | ___ Modest ___ Medium ___ Critical |
| <input type="checkbox"/> Skill enhancement to province | ___ Modest ___ Medium ___ Critical |
| <input type="checkbox"/> To fill a future need/provincial planning | <input type="checkbox"/> Other (elaborate below) |
| Number of physicians with this skillset in the province: _____ | Number of funded positions in the province with for this skillset: _____ |

Elaborate on the checked factors: (Please provide any supporting documents or additional pages as needed.)

Questions

1. Will this practice include an academic appointment? Yes No
2. Is training for this position available in the province? Yes No

Physician Information (if applicable)

| | |
|---|--|
| Physician Name | |
| Commencement Date | |
| Have the physician applicant's qualifications been reviewed by the College of Physicians and Surgeons? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Indicate the type of licensure under the Regulatory Bylaws of the College of Physicians and Surgeons of Saskatchewan: | <input type="checkbox"/> Regular <input type="checkbox"/> Provisional <input type="checkbox"/> Ministerial |

1. Does the physician have a return of service through another program? _____
2. Has the physician applicant ever practiced or been licensed in Saskatchewan?
 Yes No

Signed:

Area Department Lead/
Division Head

Supporting Agency/Organization

Provincial Head

Printed: _____

Printed: _____

Printed: _____

Date: _____

Date: _____

Date: _____

Please submit to:

Specialist Recruitment & Retention Committee
Saskatchewan Medical Association
201 – 2174 Airport Drive
Saskatoon, SK S7L 6M6

Phone: 306-244-2196 or 1-800-667-3781
Email: rsprograms@sma.sk.ca
Fax: 306-653-1631



SASKATCHEWAN
MEDICAL ASSOCIATION