Physician Resource Planning & Incremental Funding FAQs

Below is a list of frequently asked questions related to Physician Resource Planning and Incremental Funding. For additional inquiries, please contact psa.strategicsupport@saskhealthauthority.ca

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Physician Resource Planning (PRP)

What is included in the Physician Resource Plan (PRP)?

The Physician Resource Plan (PRP) includes:

- A listing of each department's current physician complement, as well as a **five-year FTE forecast** and rationale.
- A dashboard for each department summarizing current physician vacancies, forecasts, costing of projected FTEs, and significant resourcing needs. Canadian Institute of Health Information (CIHI) data is analyzed to show age demographics for each department, as well as a comparative analysis of the number of physicians in Saskatchewan versus the rest of Canada.
- A placemat summarizing high-level current and forecasted physician data and themes, as well as external benchmark analysis for the SHA overall.
- A written report including an executive summary, external analysis, geographical themes, and internal analysis, including gaps, action plans, and costing for each department.

What changes have been made to the process for the 2027-28 cycle?

Several improvements have been made to the 2027–28 cycle to improve transparency, consistency, and planning. Key changes include a new electronic submission form, integration of Incremental Funding and Physician Resource Planning (PRP) processes, enhanced dashboards and reporting, direct SharePoint-based ranking and costing workflows, and the addition of a College of Medicine review of costed requests prior to prioritization. Guidance materials and standardized processes have also been expanded to support requestors, leaders, and administrative staff.

How often is the Physician Resource Plan (PRP) updated?

Each department's PRP will be updated **three times per year; May, September and January**.

The May update includes a review of the most recent incremental funding approvals and denials, as well as discussion on a new fiscal year forecast. The September and January updates focus on confirming the current complement and forecasted full-time equivalent (FTE) projections.

Are there data limitations within the Physician Resource Plan (PRP)?

The PRP contains **best-estimate full-time equivalent (FTE) values** for current physician complements, based on Provincial Department Head and SHA knowledge. Some FTE assignments may be inaccurately ascribed.

Each department's current and future data may include a mix of both contracted and fee-for-service (FFS) physicians and FTEs.

Where can I access the Physician Resource Plan (PRP)?

Physician and operational leaders may contact their Provincial Department Head (PDH), portfolio Vice-President (VP), or Deputy Chief Medical Officer (DCMO) to request access to their department or portfolio Physician Resource Plan (PRP) materials and related dashboards.

Incremental Funding

What is the Annual Incremental Physician Contract Funding and Fee-for-Service Conversion process?

On an annual basis, the Saskatchewan Health Authority (SHA) and the University of Saskatchewan, College of Medicine (CoM) review requests for incremental physician contract funding and fee-for-service (FFS) conversions where additional funding may be required for the upcoming budget cycle.

How many requests can be submitted to the Ministry for funding consideration?

The Ministry requests that SHA and CoM submit a prioritized list totaling approximately 27 FTEs per year, including:

- 15 FTE specialty service requests (Medical Services Branch)
- 12 FTE community-based primary care service requests (Primary Care Branch)

What is an incremental funding request?

Incremental requests are specialty and primary care positions expected to require new or additional contract (non-fee-for-service) funding. The goal is to identify gaps in primary care, specialty, and subspecialty services that represent immediate funding priorities for existing services.

The following are not eligible for submission through the incremental funding process:

- **Community-based organizations (CBOs)** not contracted through SHA *(follow CBO budgetary process)*
- **Primary care fee-for-service conversions** *(Ministry of Health, Primary Care Branch process)*
- **New physician resources for new initiatives** (e.g., urgent care centres, hospital builds) *(SHA budget process)*
- **Non-physician resources** (e.g., nursing, allied health) *(SHA budget process)*
- **Northern Medical Services (NMS)** *(NMS-specific process)*
- **Saskatchewan Cancer Agency (SCA)** *(SCA process)*
- **University of Saskatchewan academic-only requests** (no clinical component) *(College of Medicine, Director, Operations and Finance)*

- **Hospice services** *(Ministry of Health, Primary Care Branch process)*
- **Long-term care on-call coverage** *(Ministry of Health, Primary Care Branch process)*

What is a fee-for-service conversion?

A fee-for-service conversion is the process of transitioning a physician's historical fee-for-service billings to a contract-funded model (e.g., APP or ACFP).

Requests may be initiated by an individual physician, a group of physicians, or SHA/CoM co-leadership teams. A signed billing release is required to process with converting an existing physician's FFS practice to a contract-funded model.

Why are fee-for-service conversions included in the incremental funding request process?

Fee-for-service conversions are often not cost-neutral. In some cases, historical FFS billings (or those of a previous incumbent) do not align with the established annual compensation rate for a 1.0 FTE contract.

When this occurs, additional (incremental) funding is required to fully support the clinical services component of the contract. As a result, FFS conversions are included in the incremental funding process.

FFS conversion funding applies only to the clinical services portion of a 1.0 FTE contract. Clearly defining the clinical and academic split is important where applicable.

If academic FTE is requested, funding for that portion is considered separately. The College of Medicine assesses the availability of academic funding for ACFP contracts.

How do the Physician Resource Plan (PRP) and Annual Incremental Physician Contract Funding and Fee-for-Service Conversion processes intertwine?

The Physician Resource Plan (PRP) and the Annual Incremental Physician Contract Funding and Fee-for-Service (FFS) Conversion process are closely aligned and inform one another.

The PRP provides a comprehensive, data-driven view of each department's current physician complement, vacancies, and future FTE requirements. This information is used to identify gaps and priority service needs across the system.

These identified priorities directly inform the development of incremental funding and FFS conversion requests. Departments and provincial leadership use PRP data and forecasts to support and justify submissions to the Ministry.

Following the Ministry's funding decisions, outcomes (approved and not approved requests) are incorporated back into the PRP. This ensures that future forecasts and planning are aligned with recent funding decisions and current recruitment capacity.

Saskatchewan Health Authority

Together, the two processes create a continuous planning cycle that supports evidence-based decision-making, prioritization, and alignment of physician resources across the province.