



Analysis of Resource Impacts - Practitioner Recruitment

Prior to recruiting a practitioner to FH, it is necessary to accurately identify all foreseeable resource requirements attributable to the position to be filled.

Once a candidate is identified, it is necessary to assess the specific resource requirements of that practitioner and determine the requirements can be met before offering the position to the candidate.

Location/Organization

Hospital	
Program	
Regional Department	
Regional Division	
(Sub) Specialty	
Target start date	

Staffing Plan

<p>Reason for Recruitment: New Position <input type="checkbox"/> Replacement <input type="checkbox"/></p>
<p>If a New Position, is it identified in or supported by the Hospital, Program, and Regional Department/Division Staffing Resource Plan(s)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Give reasons for creating a New Position:</p>
<p>Identify the benefits of the recruitment to the hospital and/or Program:</p> <p><u>Patient Care:</u></p> <p><u>Teaching/Research:</u></p> <p><u>Other:</u></p>
<p>How does this recruitment support the goals and mission of the Hospital, Program, and Regional Department/Division?</p>

O/P Activity

Ambulatory Clinic time required by this position:

_____ hours per week _____ patients per week

Will this create a requirement for a new clinic or additional hours of an existing clinic?
Yes **No** If yes, identify:

If an expansion, indicate the number of patients per clinic anticipated:
 Initially _____ Future _____

Resource Use (Including Elective Surgery)

Support Services - Expected Level of use	High	Medium	Low to Nil
Anesthesia			
Anatomical Pathology			
Audiology Lab			
Biochemistry			
Bloodbank (blood product requirements)			
Cardiology Non-invasive Labs			
CT Scanner			
Electromyography Lab			
Endoscopy			
Haematology			
Immunology			
Microbiology			
MRI			
Nuclear Medicine			
Occupational Therapy			
Physiotherapy			
Psychology			
Pulmonary Function Lab			
Radiology			
Respiratory Therapy			
Speech Therapy			
Vascular Studies			
Prosthetics			
Other:			
Support Services	High	Medium	Low to Nil
Nutrition and Food Services			
Pharmaceutical Services			
Social Services			
SPD			
Other:			

Nursing Requirements	High	Medium	Low to Nil
Inpatient Units			
Outpatient Clinics			
Operating Rooms			
Other: (i.e. technical, computer, clerical)			

Projected Caseload

Will filling the position significantly increase...

Types of Patients: **Yes** **No**

Volume of Patients: **Yes** **No**

Pharmaceutical Costs: **Yes** **No**

Provide details:

Equipment and Physical Plant

Specialized equipment required? **Yes** **No**

If yes, identify:

NEW equipment Required? **Yes** **No**

If yes, identify (include capital, installation and start-up costs):

Construction and Renovations: (if applicable)

Elective Surgery

List main procedures and frequency:	
Are there any new procedures involved?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, identify:
Will the recruitment result in an increase demand for surgical resources?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, identify:
How much OR time per week/month is needed?	

Is the Department prepared to make operating room time available from within its current allotment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain how:
Is there a plan to manage (an increase in) wait lists and the effects on RAM?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain how:
How many inpatient (ward) beds will be required?	_____ existing beds _____ new beds What will be the ELOS? _____ days

Resource Requirements - Summary:

Will current resources be re-allocated to the recruited practitioner? **Yes** **No**

If new resources required, identify funding source: _____

Remuneration

Fee for Service	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Group Name: _____
MOCAP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
APP Contract	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sessional Contract	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Global Operating Contract			
Leadership Stipend	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Academic Funding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Overall Financial Impact

	Capital \$\$\$	One-Time Operating \$	Net Ongoing Operating
Total:			

Analysis Completed by

Local Department Head: _____ Date: _____

Site Operational Lead: _____ Date: _____

Approval Signatures

Leader	Signature	Approved (✓)	Denied (✓)	Date
Regional Division Head Name:				
Regional Medical Director or Regional Department Head Name:				
Site Medical Director or Program Medical Director*				
Site Executive Director or Program Executive Director*				
VP Hospitals Name:				

* Program Medical Director/Executive Director for: MICY, Rehabilitation, Palliative Care, and Mental Health and Substance Use