

BRIEFING NOTE

TOPIC: Saskatoon Emergency Physician Utilization
SUBMITTED TO: Brenda Schwan, VP Integrated Rural Health & Dr. Roodt, PE Integrated Rural Health
DATE: February 26, 2025
SUBMITTED BY: Dr. Kapur, Leader Virtual Physician Programs
REVIEWED BY: None
PURPOSE OF SUBMISSION: ☒ Information ☐ Decision/Approval

Situation:

Questions have arisen about the Virtual Physician for ER program (**VIPER**) drawing physician resources away from other acute care needs. This BN explores three issues (a) the decrease in FTE to-date of the Saskatoon VIPER workforce and (b) the potential FTE increase in the Saskatoon Emergency department should this workforce be repatriated to the ER and (c) the potential lost FTE to the VIPER program upon repatriation of the Saskatoon based work force.

Background:

Data on the FTE of every Saskatoon VIPER physician was mapped back to the inception of VIPER. The program was launched in July of 2023 and has been running for just over 18 months. The following table shows which Saskatoon Viper physicians have decreased FTE and the rationale given for doing so (notes column). Equally importantly it shows how many months VIPER was in inception until they dropped FTE (column labelled 'months at unchanged FTE'). It also shows the number of months at their decreased FTE allotment (column labelled 'months at dec FTE')

DEC FTE SINCE VIPER	NOTES	Dec FTE since VIPER start	Months at DEC FTE	Months at Unchanged FTE
Rusnak	Dropped January. Birth of First Child	0.1	2	16
Jamil	Dropped to open SIPC business. Now casual	0.25	5	13
Januja	Dropped to open SIPC business. Now casual	0.25	7	11
Kapur	Dropped due to ill parents (dec effective April 1)	0.25	0	18
O'Neill	Dropped due to ill parents	0.35	5	13
	TOTAL	1.2	19	71

As the data above illustrates most physicians have decreased FTE for reasons unrelated to VIPER. If we disregard the explanations provided and attribute any drop in FTE (for any reason) to the VIPER program, then our maximum net impact is -1.2 FTE to the Saskatoon workforce. However, the explanations provided are further supported by the fact there most physicians worked months (typically 1 year) on VIPER without any change in FTE. As the Total in the 'months at unchanged FTE' notes the physician workforce collectively provided 71 months of Saskatoon ER service since VIPER inception without a change in FTE>.

Conversely it is worth considering what the potential benefit to the Saskatoon ER staffing crisis should this workforce be repatriated back. The corollary too this is of course loss staffing to the VIPER program. Both are detailed in the chart below.

REPATRIATION TO ER	NOTES	Net Change YXE	Net Change VIPER
Jamil	Does ZERO adult ER. Still helps viper	0	-0.5
Januja	Does ZERO adult ER. Still helps viper	0	-0.5
Henschke	Does ZERO adult ER. Still helps viper	0	-0.5
Erker	Maternity Leave	0	-0.5
Paterson	Stable FTE. No change since VIPER	0	0
O'Neill	Dropped 0.35 since Viper start	0.35	-0.5
Kapur	Dropped 0.25 in last schedule for family	0.25	-0.5
Runak	Paternity Leave	0	-0.5
	TOTAL	0.6	-3.5

Two physicians are now in private practice and have no intention of returning. Two are on maternity / paternity leave and have no ER work but we benefit from their help on VIPER. One works entirely remotely from Vancouver and all the work she provides on VIPER is a net gain for the virtual programs.

Assessment:

No Saskatoon VIPER physicians have dropped FTE directly related to VIPER some have dropped due to changes in life circumstances. The net loss (for any reason) is 1.2 FTE. We have modeled what might happen repatriate this workforce back to the Saskatoon and/or or require all Saskatoon based ER doctors to hold in-person FTE as a condition of virtual employment. In this model we stand to gain 0.6 FTE of ER physicians at a loss of -3.5 FTE from the VIPER Program.

Recommendation:

- 1) Repatriation of the Saskatoon-based VIPER workforce does not offer a meaningful increase to the ER staffing shortfall in that city but does represent a significant loss to the virtual workforce.