

# Turnover, Vacancies, and Locums Among Physicians in NL

## Objective

1. To determine the number of positions filled by new physicians in the past three years and the number of current vacancies in the hospitals and health centres of the province.
2. To determine the number of locum licenses provided by the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) in the past three years, and the number of locums used by the Regional Health Authorities (RHAs).
3. To determine the cost to the RHAs for locums.

## Practice Points

1. Sustainability of services in rural hospitals of the province and in primary care is a concern, particularly in recruitment and retention.
2. The rural hospitals view themselves as full-service regional hospitals, but the number of patients coming from small catchment populations is insufficient to provide full services in some specialties.
3. The high use of locums is a concern because of lack of continuity of care, difficulty in assuring quality, and cost.

## Methods

1. Data on positions available for funded physicians, new doctors recruited in the three years from 2018 to 2021, current vacancies, number of unique physician locum visits, and their costs were obtained from the four RHAs.
2. For the purposes of comparison of turnover in the hospitals, the following specialties were included: emergency, internal medicine/hospitalist, general surgery, anaesthesia, obstetrics/gynaecology, paediatrics (general), psychiatry, radiology, and pathology.
3. Sub-specialties within medicine, surgery, or paediatrics were excluded.
4. A turnover rate was calculated as the sum of new doctors plus vacancies with the denominator being total positions funded.

5. For positions in family practice responsible to the RHA, including those working in the health centres, urban and rural groups were calculated by region.
6. Data on locums provided with short-term or long-term licenses were provided by the CPSNL for two years by RHA (2018–2020). The number of locum visits and locum costs were also provided by the RHA.

## Results

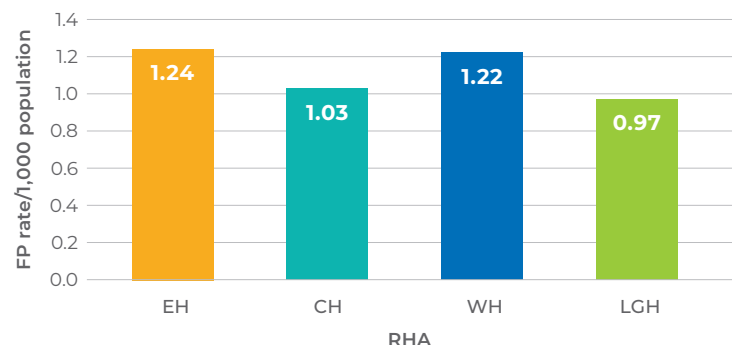
- In 2011, there were 542 family physicians (FPs) in the province and 554 hospital specialists. In 2019, the increase of FPs was 13% (N=614) and of specialists 17% (N=648).

**Table 1. Physician Number Active in Practice by Specialty, Payment Model, and Region, 2019**

Specialty	Payment Model	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Province
Family Practice	FFS#	320	76	67	7	470
	Salary	72	18	26	28	144
	Total	392	94	93	35	614
All other Specialties	FFS#	294	33	44	0	371
	Sal/APP*	197	35	33	12	277
	Total	491	68	77	12	648

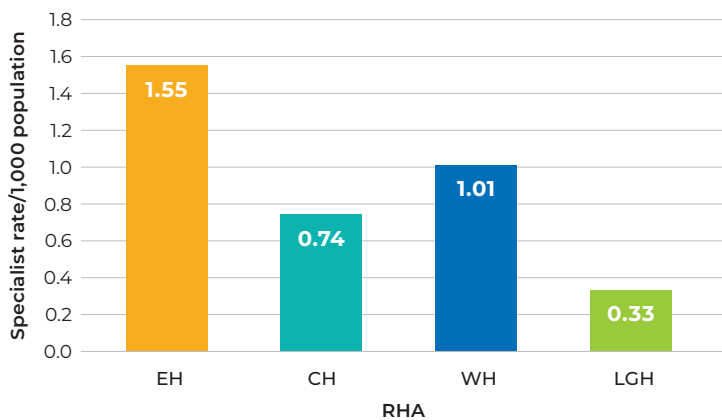
# FFS = Fee for service; \*APP = Alternate Payment Plan

- The majority of FPs were paid FFS except in Labrador-Grenfell Health (LGH) where the rate was 20%.
- 60% of hospital specialists were paid FFS in Eastern Health (EH), 49% in Central Health (CH), 57% in Western Health (WH), and none in LGH.



**Figure 1. The Rate/1,000 Population of FPs by RHA, 2019**

- The rate of FPs was lowest in CH and LGH.



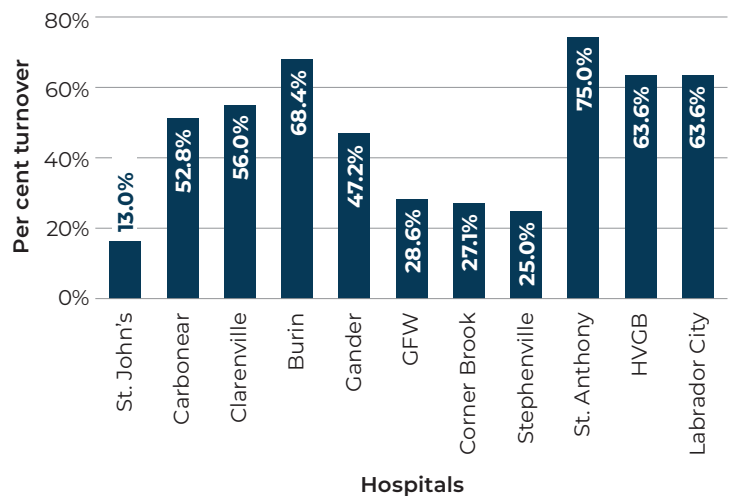
**Figure 2. The Rate/1,000 Population of Hospital Specialists by RHA, 2019**

- The highest rate of hospital specialists was in EH, not surprising as the tertiary service hospital hub is in St. John's.
- The rate in LGH was 0.33/1,000 population, not surprising as the population of 36,000 has access to three hospitals with a small catchment population for each hospital.

**Table 2. Positions Filled With New Physicians and Current Vacancies in the Hospitals of the Province, 2018–2021**

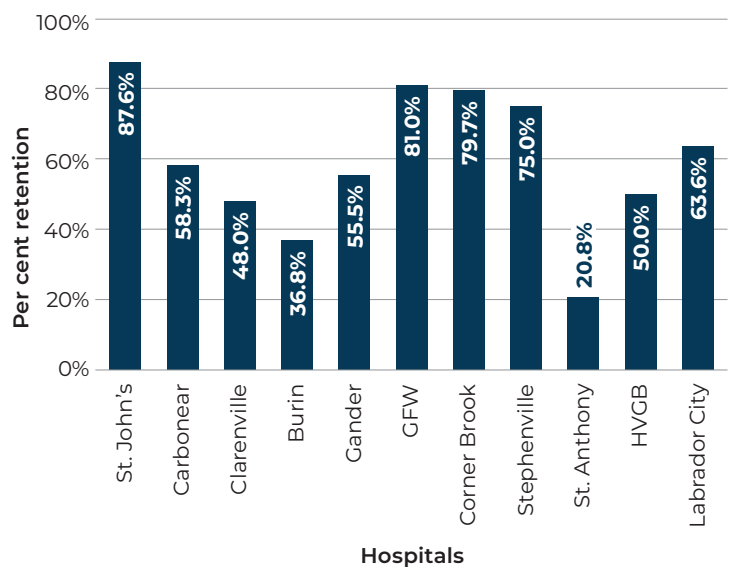
Hospital	Number positions	New doctors	Vacancies	Turnover rate		Retention for >3 years	
				N/positions	%	N/positions	%
St. John's	330	42	2	44/330	13.0	289/330	87.6
Carbonear	36	16	3	19/36	52.8	21/36	58.3
Clareville	25	9	5	14/25	56.0	12/25	48.0
Burin	19	10	3	13/19	68.4	7/19	36.8
Gander	36	12	5	17/36	47.2	20/36	55.5
GFW	42	10	2	12/42	28.6	34/42	81.0
Corner Brook	59	11	5	16/59	27.1	47/59	79.7
Stephenville	8	1	1	2/8	25.0	6/8	75.0
St. Anthony	24	7	11	18/24	75.0	5/24	20.8
HVGB	22	11	3	14/22	63.6	11/22	50.0
Labrador City	11	5	2	7/11	63.6	7/11	63.6

- The turnover rate, defined as the sum of the number of new doctors that have started since 2018 (three years), plus the current vacancies as a percentage of total positions is high in six of the seven rural hospitals.



**Figure 3. The Turnover Rate of Physicians in Hospitals in NL**

- The turnover rate in the bigger hospitals ranges from 13% for the four in St. John's to around 28% in Grand Falls-Windsor (GFW) and Corner Brook, but is high in Gander at 47%.



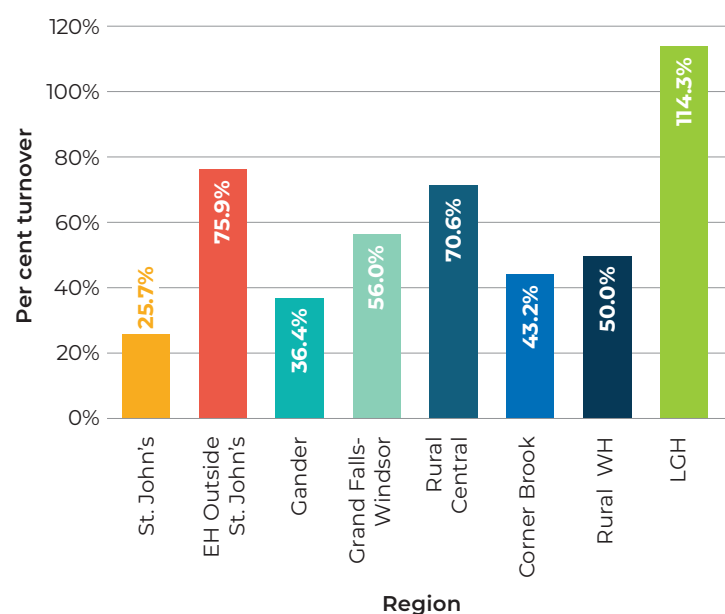
**Figure 4. The Retention Rate of Hospital Physicians in NL: the Proportion of Physicians Who Worked in Hospitals for More Than Three Years Using Total Number of Positions as the Denominator**

- Retention of physicians (those in place for more than three years as a percentage of the available positions) was low in St. Anthony and Burin.
- For St. John's, GFW, and Corner Brook hospitals, the retention rate was  $\geq 80\%$ , but was 56% in Gander.

**Table 3. Positions Filled With New Family Physicians and Current Vacancies Analysed by RHA, 2018–2021**

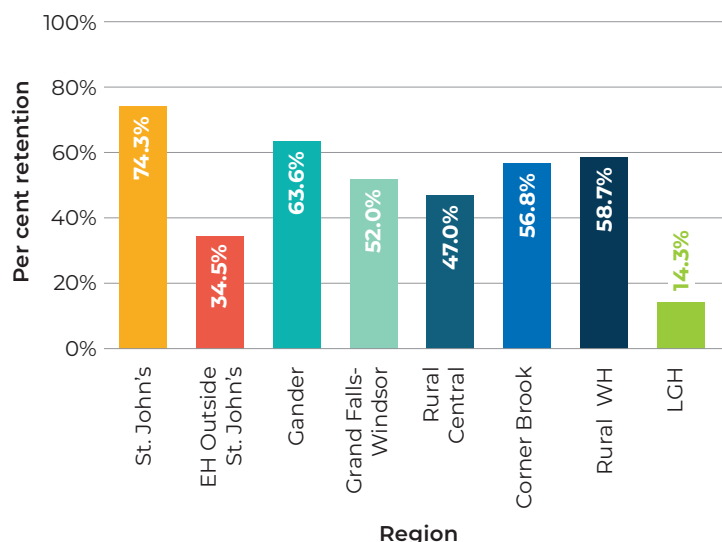
Region	Positions N	New Doctors N	Vacant N	Turnover %	Retained >3 Years N	Retained >3 Years %
St. John's	35	7	2	25.7	26	74.3
EH Outside St. John's	29	17	5	75.9	10	34.5
Gander	11	4	0	36.4	7	63.6
GFW	25	14	0	56.0	13	52.0
Rural Central	34	23	1	70.6	16	47.0
Corner Brook	37	11	5	43.2	21	56.8
Rural WH	46	16	7	50.0	27	58.7
Labrador-Grenfell Health	7	7	1	114.3	1	14.3

- The turnover rate for FPs funded by the RHA was very high in the rural areas of EH, CH, and LGH and it was 50% in WH.
- The percentage of positions filled by the same physician for more than three years was very low in LGH and the rural areas of EH.



**Figure 5. The Turnover Rate of Family Physicians Funded by the RHA by Region, 2019**

- The turnover rate for FPs was higher in rural than urban regions of the RHAs. Nonetheless, it ranged from 26% in St. John's to 56% in GFW.

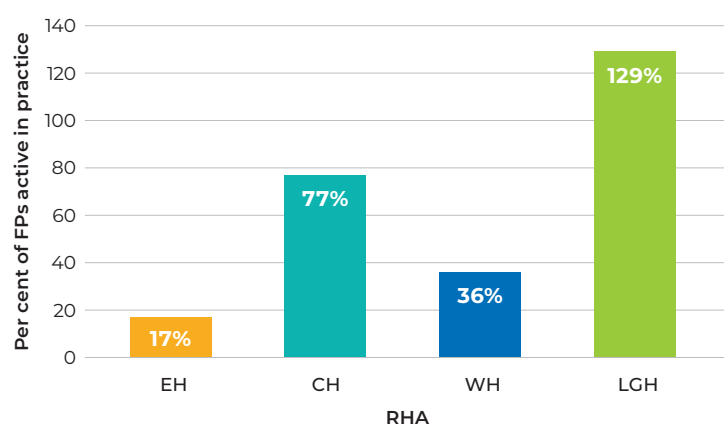


**Figure 6. The Retention Rate of FPs for More Than Three Years by RHA**

- The retention rates of FPs were low in rural regions of the RHAs, ranging from 14% in LGH to 58% in WH.

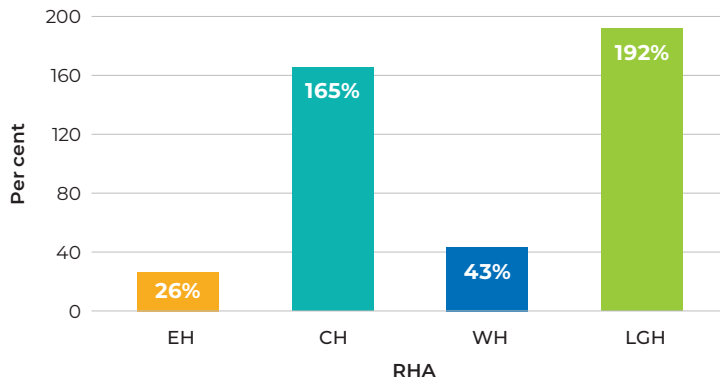
**Table 4. The Number of Full and Provisional Locum Licenses by Specialty and by RHA, 2018 and 2019**

RHA	Family Medicine			Hospital Specialist		
	Full	Provisional	Total	Full	Provisional	Total
EH	34	29	63	107	18	125
CH	14	58	72	107	5	112
WH	24	9	33	33	0	33
LGH	29	16	45	12	9	23



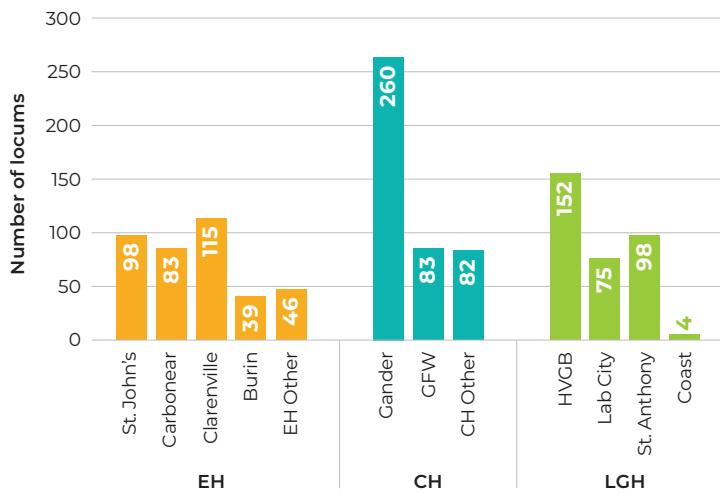
**Figure 7. The Total Number of Locum Licenses as Per Cent of FPs Active in Practice in 2019 by RHA, 2018 and 2019**

- The rate of locum licenses was high in CH (relative to the number of FPs active in practice): 77 locum licenses/100 physicians were provided over two years. In LGH the rate was even higher.



**Figure 8. The Total Number of Locum Licenses in 2018 and 2019 as Per Cent of Hospital Specialists Active in Practice by RHA**

- The rate of locum licenses relative to the number of hospital specialists was very high in CH and LGH.



Note: WH recorded locums in a different manner than the other RHAs. Therefore, its numbers are not included.

**Figure 9. The Number of Locums by Site and Region, 2019**

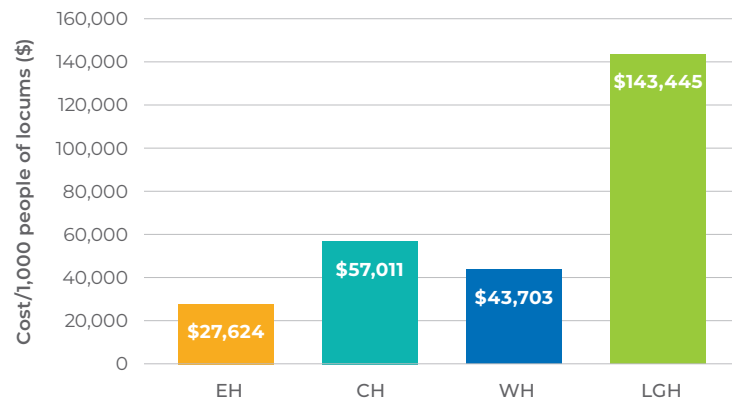
- In EH, there were a total of 384 locums in 2019, with the highest in Clarenville. By comparison, for the two fiscal years 2018–2020, the number of locum licenses (full or provisional) provided in EH was 188.
- Gander had more than threefold the number of locums compared to GFW. The total for the region was 425. For two fiscal years 2018/19 and 2019/20, the number of licenses provided in CH was 170.

- In the two fiscal years 2018/19 and 2019/20, the number of licenses provided in WH was 66.
- The total number of locums for LGH was 329, with the largest number 152 for Happy Valley-Goose Bay (HVGB). In the two fiscal years 2018/19 and 2019/20, the number of locum licenses provided was 68.

**Table 5. Cost to the RHAs for Locum Physicians in Millions of Dollars, 2017–2021**

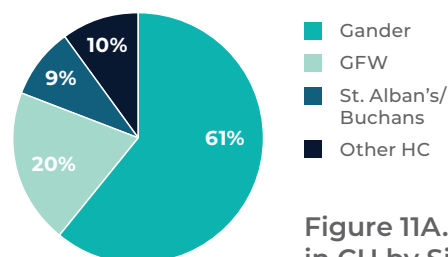
RHA	2017/18	2018/19	2019/20	2020/21
EH	5.2	7.1	8.8	8.6
CH	3.3	3.5	4.4	5.2
WH	3.9	3.3	3.3	3.4
LGH	5.4	5.5	6.0	5.2
Total	17.8	19.4	22.6	22.5

- 1% of the total RHA budget of \$2.5 billion in 2020/21 was spent on locums, amounting to \$22.5 million.



**Figure 10. Cost/1,000 people of Locums by RHA, 2020/21**

- Compared to EH, the cost of locums/1,000 people in the population was 106% higher in CH, 58% higher in WH, and 419% higher in LGH.
- LGH is dependent on locums because of the higher turnover rate.



**Figure 11A. Use of the Locums in CH by Site, 2019**

- Of the 425 locum visits in 2019, 61% (N=260) were in Gander, 20% (N=83) in Grand Falls-Windsor (GFW), 9% (N=38) in St. Alban's/Buchans, and 10% (N=44) in the other eight health centers.

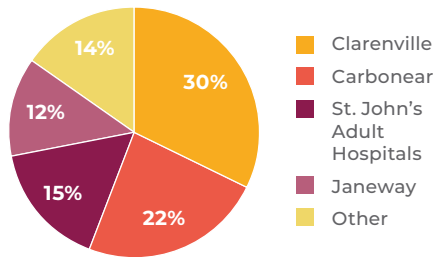


Figure 11B. Use of Locums in EH by Site, 2019

- Of the 384 locum visits in 2019, 30% (N=115) were in Clarenville, 22% (N=83) Carbonear, 15% (N=57) in St. John's adult hospitals, and 12% (N=45) in the Janeway.

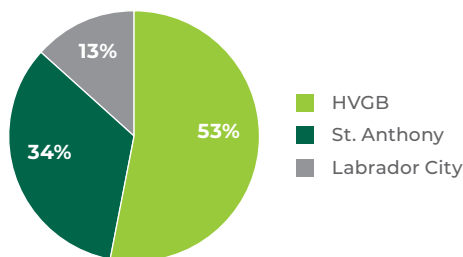


Figure 11C. Use of Locums in LGH by Site, 2019

- Of the 329 locum visits to LGH in 2019, 53% (N=152) were in HVGB, 34% (N=98) in St. Anthony, and 13% (N=39) in Labrador City.

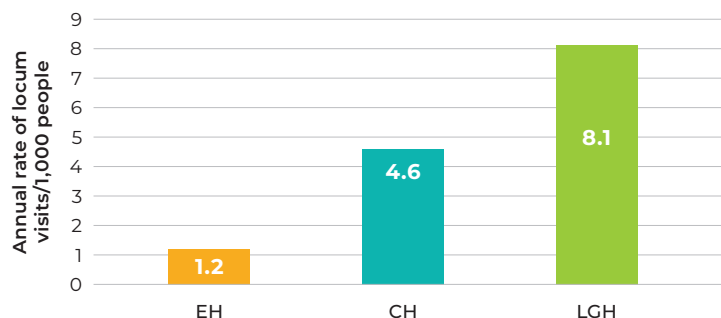


Figure 12. The Annual Rate of Locum Visits/1,000 people by RHA, 2019

- LGH has the highest rate of locum visits because it depends on locums to provide services. Many of the locums are recurrent visitors.

Table 6. Top 6 Sites for Locums Visits in NL, 2019

Top 6 Sites for Locum Visits	N
Gander	260
HVGB	152
Clarenville	115
St. Anthony	98
Carbonear	83
GFW	83

- Gander hospital has the highest number of locum visits annually, 3x times that of GFW which has a similar catchment population.

## Conclusions

- The rate of FPs /1,000 population was lowest in CH and LGH.
- The turnover rate of doctors in six of the seven rural hospitals was >50%.
- The turnover rate at Gander hospital was 47%.
- The turnover rate for FPs funded by the RHA was high in rural EH, CH, and LGH.
- The rate of locum licenses for both FPs and hospital physicians was high in CH and in LGH.
- The number of locum visits far outnumbered the locum licenses, particularly for LGH.
- Sustainability based on turnover, retention and use of locums is a major problem in NL's health system.
- 1% of total RHA budget was spent on locums.
- A base of 3-4 doctors in a specialty team should decrease the use of locums, in addition to making the specialty more sustainable.