



## REQUEST FOR REPLACEMENT PHYSICIAN POSITIONS

**Name / Role of person  
completing this information:**

**Date:**

**In submitting your proposal to request a replacement physician position, please provide the following information:**

Position(s) being  
requested:

If Primary Health Care:

Zone / Organization:                      Central              Eastern              Northern              Western              IWK  
Community:

Facility (where applicable):

### **Information about the departing physician:**

Name of departing physician:

Anticipated departure date:

Approximate FTE:

### **Is the departing physician:**

Retiring

Moving to another community in Nova Scotia  
(please specify)

Moving to another province

Moving from institutional to community practice

Changing scope or reducing practice

Deceased

Other (please specify)

**Do you have a physician that you plan to recruit?**

Yes

No

**What is the range and volume of services to be provided by the new physician, including call coverage, collaboration with other providers, etc.?**

*Note: if your response cannot fit in the space allotted here, please attach the overflow text in a separate Word document.*

**How is the position to be funded?**

FFS

AFP

APP

**Impact Analysis (to be done if anticipated increase in resources required):**

What is the anticipated cost / impact on your budget associated with this position? Please attach details including a cost-impact analysis or outline in terms of:

- Staff (nursing, other health professional, technical, administrative)
- Infrastructure (space, equipment, new technologies)
- Other operational costs (supplies, devices)
- Impact on support services (lab, drugs, OT, PT, nutrition, pharmacy, respiratory, etc.)
- Impact on OR schedule or other supports (IT, medical records, etc.)

Please attach a letter of support from the appropriate health authority (NSHA / IWK) with respect to resource requirements for the requested position.

Impact analysis attached

Letter of support attached

**Please comment on opportunities or impacts for cross-NSHA / IWK service provision or cost sharing:**



**Requesting:**      Family Medicine Position              Specialty Position