

Recruitment Policy

March 3, 2026

Rationale for the Recruitment Policy

The Surrey-North Delta Division of Family Practice (the division) maintains a Recruitment, Retention, Retirement and Wellness (R3W) plan to align with its vision, mission and guiding principles. This recruitment policy enables the division to:

- define the scope of its recruitment work, including which clinics are eligible to benefit from the recruitment program;
- complete its recruitment plan;
- and broadly promote the availability of recruitment support to physicians in the Surrey-North Delta catchment.

Endorsed and empowered by the Surrey-North Delta Division of Family Practice Board of Directors, the R3W Steering Committee has adopted the following principles to guide recruitment-related decisions and service provision within the organization:

- 1) Recruitment services are intended to support physicians interested in coming to work in Surrey-North Delta, and assist family physician clinic owners with the administrative work of recruitment so that they may focus on patient care.
- 2) The division's funding for recruitment comes from FPSC, and is therefore publicly-funded. Recruitment from the division should not be used to duplicate, substitute for, or supplement private recruitment services. Medical clinics who pay for recruitment staff should not expect the same level of service as clinics that cannot afford private recruitment services.
- 3) The division's funding is provided based on the number of primary members and those who should predominantly benefit from division services. Therefore, primary members are the priority group for recruitment service provision.
- 4) While recruitment services do benefit individual family physicians, the main beneficiary is the medical clinic owner(s).
- 5) Smaller, stand-alone clinics owned by a family physician will always take preference since they have less ability and resources to put towards recruitment than larger and/or multi-site medical clinics, which have the opportunity to pool resources, more dedicated leadership to support recruitment and the ability to hire highly skilled staff.
- 6) Recruitment placement will be evaluated and used to inform decision-making for future placements.

With these principles in mind, a prioritization approach for recruitment service provision has been adopted, with the aim of making recruitment services accessible to all primary members, promote equity for clinics whose structure puts them at a recruitment disadvantage, and ensure that funding and staff time are allocated appropriately.

Eligibility Criteria for Division-supported Recruitment Services

The Board of Directors of the Surrey-North Delta Division of Family Practice approves Division-supported recruitment of physicians for clinics in Surrey-North Delta, based on the following eligibility criteria.

All recruiting clinics must be:

Recruiting clinics seeking recruitment service from the division must:

- Provide publicly funded longitudinal primary care
- The majority of providers working at the clinic must be division members in good standing
- Existing group primary care practices or new group primary care practices with at least 1.0 FTE primary care provider on-site, in alignment with the attributes of Patient Medical Homes and Primary Care Networks
- Identify whether they have personnel employed or contracted to provide recruitment support outside of division support.
- Agree and sign the recruitment expectations document and policy (Medical Director / Owners)

Failure to meet the eligibility criteria and expectations document may affect recruitment service.

The division has limited capacity to provide recruitment support to meet the needs of all eligible clinics, therefore in addition to the eligibility criteria described above and the prioritization of services provision outlined below, the policy includes the division's discretion to: assess each request on a case by case basis; prioritize requests; and provide recruitment support within its capacity, including rationing of support. Furthermore, any issues related to the assessment of recruitment support requests will be addressed by the R3W Steering Committee.

Priority of Recruitment Service Provision

The priority and type of service a clinic receives is dependent on membership, clinic ownership, whether there is private recruitment service employed or contracted by that clinic, and the availability of resources. Any clinic that has recruitment support in place would receive a more limited package of recruitment services than clinics that do not have any other recruitment service arrangement established.

1. Recruitment services will be prioritized for primary member clinic owners (a minimum of 1 FP owner for group-owned practices) who do not employ or contract recruitment support, AND all FPs and NPs working in the clinic are members in good standing with the division.
2. Secondary to this, recruitment services will be offered as resources become available to primary members who are medical directors, not operating in a clinic owned by a primary member, and primary member clinic owners with employees or contractors providing recruitment support. All FPs and NPs working in the clinic must be members of the division.
3. Subsequently, as resources allow, recruitment services will be offered to primary members who have staff or contractors providing recruitment support and associate member clinic owners without supplementary recruitment support. FPs and NPs working in the clinic may or may not be members of the division; clinics where all providers in the clinic are members will receive priority over clinics where not all providers working in the clinic are members.
4. The fourth tier of service provided by the division is for associate member clinic owners with supplementary recruitment support and non-member clinic owners where the medical director is an associate member or a non-member, regardless of supplementary recruitment support. FPs and NPs working in the clinic may or may not be members of the division. Clinics where all providers in the clinic are members will receive priority over clinics where not all providers working in the clinic are members.

Recruitment Services by Membership Type – Summary Table

Recruitment Service Level	Liaising with owners re: recruitment options	FP/NP job postings on SND Website	Health Match BC / BC Family Doctors	PCN Contract Matching	Recruitment Tours	ROS, PRA-BC allotment	Preceptor opportunities	Sharing Space Leasing / Subleasing Opportunities upon request	Supervision / Sponsorship / Immigration paperwork
1	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✗	✓	✓	✓	✓
3	✓	✗	✓	✓	✗	✗	✓	✓	✗
4	✓	✗	✓	✓	✗	✗	✓	✓	✗

✓ = Yes, this tier type receives these benefits

✓ = Conditional, this membership type receives these benefits in certain circumstances, if needed and resourcing allows

✗ = No, this membership type does not receive these benefits

Recruitment Expectations

Clinic Owners

- The clinic is a Surrey-North Delta family practice, with at least 1.0 FTE FP on-site, providing publicly-funded, longitudinal in-person care
- The clinic owners will maintain regular communication with Division staff to support a successful transition to practice
- The clinic owners will ensure there is adequate space and MOA support for new providers
- The clinic owners will respect the autonomy and clinical decision-making of the clinic providers

Medical Directors

- The medical director will provide clinical mentorship and assist the new provider in understanding the services and resources in Surrey-North Delta that will support their practice and enable the delivery of high-quality patient care.
- The medical director will adhere to the College of Physicians and Surgeons of British Columbia Practice Standards [Primary Care Provision in Walk-in, Urgent Care and Multi-registrant Clinics](#).
- The medical director is actively engaged with the Surrey-North Delta physician community

Clinic (including Owners, Medical Directors, Physicians, Nurse Practitioners, MOAs, Allied Health)

- All parties will collaborate to foster a culture of teamwork, communication and collegiality;
- All parties involved will understand, embrace, and contribute to the core attributes of the PMH and PCN models ([see info here](#));
- The clinic as a whole, led by the medical director and clinic owners, will support [Primary Care Network implementation in Surrey-North Delta](#), which includes:
 - supporting the new provider in meeting their attachment targets as per the contract, via the provincial Health Connect Registry (HCR) system with the support of the PCN Attachment team
 - maintaining accurate patient data, including using the 98990 \$0 fee billing code to recognize attachment and accurate capacity (desired panel size and monthly attachment rate) information on the Provincial Attachment System
 - leveraging [Health Data Coalition](#), to share aggregate, anonymous data with the division (as EMR compatibility allows)