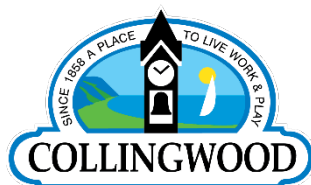


Creating and Sustaining Access to Primary Care in South Georgian Bay Region

White Paper

The content within this white paper is not any way intended to criticize, rather for key stake holders to have a heightened awareness and greater insight of the urgent need for the Region to collectively solution the increasingly lack of access to Primary Care in South Georgian Bay Region. It is further meant to facilitate dialogue to undertake immediate action. The need has been known and increasing over at least last decade, during which time actions taken to date have not resolved what is now an urgent issue.

Joint Physician Recruitment and Retention Committee



Acknowledgement

Creating and Sustaining Access to Primary Care within the Region of South Georgian Bay, White Paper was produced by the Joint Physician Recruitment and Retention Committee members and staff of the Town of The Blue Mountains.

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EXECUTIVE SUMMARY

Contextualizing the number of residents not rostered to a Family Physician within South Georgian Bay Region:

- Equal to the population of Meaford or
- Greater than the population of Grey Highlands or The Blue Mountains or
- Half of the population of Collingwood

This doesn't include the significant number who are rostered to a Family Physicians but travel between one to two hours to be seen as a recent survey indicated 66% of respondents indicated their Family Physicians were not where they lived. While virtual care has helped, it is not a substitute for face-to-face assessments. After Hours Care Clinic, or an Emergency Department is therefore the only option, yet is an inadequate substitute because it does not promote continuity of or coordination of care which results from an ongoing therapeutic relationship between a patient and a Family Physician that spans various health care events and results in an accumulated knowledge of the patient and care consistent with their individual needs.

Recent data and survey results reveal:

- 91.8 % of the population in Grey County and 83% of Simcoe live in an Area of High Family Physician Need
- 27% of Family Physicians in the Region are 60 years of age or older and therefore, nearing retirement typically cannot be due to their roster size be replaced on a one for one.
- 43% seen by the Collingwood After Hours Medical Clinic are unrostered and 25% report a local postal code
- Across South Georgian Bay there is a range of 40-70% of residents rostered with a Family Physician greater than one hour away
- 99% surveyed do not believe Collingwood has sufficient Family Physicians, "Would you be interested in registering with a new family
- 87% surveyed lived in Collingwood or within a 25km radius and same would register with a doctor in Collingwood if one was made available
- Residents actively choose not to register with Health Care Connect as it requires them to de-roster from their current Family Physician and is considered an unacceptable risk given

Over the last ten years, new Family Physicians to the catchment area have primarily replaced Family Physicians who have retired or relocated, resulting in **no net new Family Physicians** to roster what is referred to as unattached patients and their families or support the neighbouring acute care hospitals.

Financial incentives to recruit and retain Family Physicians while some say is not required, neighbouring municipalities also known to be Areas of High Physician Need within arrange of 57 - 145 km distance have dedicated recruitment and retention personnel and **offer significant incentives**. This is intensified by their lower housing costs. Recent, Family Physicians candidates have chosen not to practice here due to lucrative incentives in these neighbouring areas. The Ministry of Health and Long-Term Care has no plans to deter communities from this practice.

Dedicated Family Physicians Recruitment and Retention resources:

- All communities within Bruce County are actively involved with significant municipality and hospital foundation support
- Hanover and West Grey within Grey County have significant community and hospital foundation support
- Midland, Orillia, Wasaga Beach communities within Simcoe County there are equally actively involved in the recruitment and have either or both municipal and hospital foundation support

Members of the Joint Physician Recruitment and Retention Committee (Clearview, Collingwood, Grey Highlands, and The Blue Mountains) are surrounded by neighbouring communities which have dedicated personnel to undertake Family Physician Recruitment and Retention and all of them work with the Rural Ontario Medical Program (ROMP) yet they

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has indicated that a resource of this nature is not needed for our Region.

Local Family Physicians provide a key role in their supervision during clinical practice and facilitate the application of theory to practice. A dedicated resource for Physician Recruitment and Retention compliments the role of the preceptor in socializing the learner/ physician resident and their family to the community, providing support and information on spousal/partner employment, temporary and permanent housing, child care, schools, sport, and cultural activities etc.

Family Physicians are also extremely important to both Collingwood General and Marine hospital and Grey Bruce Health Service as they provide key operational roles in our hospital:

- Emergency Medicine
- Surgical Assists
- Anesthesia, at rural hospitals of Grey Bruce Health Services
- Ambulatory Clinics
- OB/Delivery, low risk
- Hospitalists

There is increasingly an urgent need to action the need to recruit and retain Family Physicians on the Region agenda and to support this transition progress to a governance model to access the wider range of resources and funds required to support this. It is envisioned that this will require resources as well as representation from both acute care hospitals, their foundations, and local Family Physicians.

It is therefore recommended that:

- The JPRRC progress to a new governance structure which will enable it to operate independently across the region, access funds to action and deliver tangible results, while reporting to a regional group such as the South Georgian Bay Mayors and CAO Committee
- The new governance structure be supported beyond an elected term, i.e., at least the next ten years to address the immediate, known future retirements and future population growth

In the absence of municipal, acute care, and or county support the Region will only continue to intensification in this urgent issue, and the demands on After Hours Clinics and local Emergency Department wait times for the unattached and others seeking primary care on a timely basis will only continue to escalate.

Introduction

The Joint Municipal Physician and Recruitment Committee (JMPRRRC) was created by The Town of The Blue Mountains Council as a committee of that Council in the spring of 2019. The JMPRRRC is an advisory committee of the councils of participating towns or municipalities for matters related to the development, implementation, and progress monitoring of a sustainable solution for the recruitment and retention of Primary Care Physicians for the Committee membership catchment population.

During the spring and early summer of 2020, invitations by means of individual council deputations, were extended to the Township of Clearview, Municipality of Grey Highlands, Town of Collingwood, and Municipality of Meaford to join the JMPRRRC. All municipalities have subsequently joined the JMPRRRC with representation by means of an elected official to regionally address an ongoing shortage of Family Physicians by the fall of 2020.

The JMPRRRC currently includes the municipalities of The Blue Mountains, Clearview, Grey Highlands, and Collingwood which are in geographic proximity to and represent a significant patient catchment area of both the Grey Bruce Health Services and Collingwood Marine and General Hospital. The Council of the Municipality of Meaford advised the Joint Municipal Physician Recruitment and Retention Committee that do not see a benefit in continued participation in the Committee effective November 15th, 2021. Other communities in Grey and Simcoe Counties do not participate with the JMPRRRC in physician recruitment retention activities.

During the last year, the JPRRC has worked extensively with the following stakeholders to gain insight and collect data to underpin the need to create and sustain access to Primary Care in our region. Stakeholders have included.

- Ontario Health Reginal Advisors
- Community based Region survey
- Research project with the Rural Ontario Medical Program in collaboration with Collingwood General and Marine Hospital

Although a large portion of the Canadian population lives in rural areas, there remains a deficit in the number of family physicians serving these populations.¹

86.4% of new Family Physicians are assuming a practice rather than building new one; only 6.2% choosing rural practice (Canadian Post MD Education Registry)*

*It is now **the rule**, not the exception, to live in a community that does not have enough family physicians to care for all its residents.*

*Communities are **acutely aware** of the need to have access to Primary Care locally and therefore recruit more Family Physicians and or Nurse Practitioners to our area.*

Despite previously being known as a retirement destination, South Georgian Bay (SGB) is currently experiencing spike towards younger city-dwellers relocating to Collingwood and the surrounding areas. In 2016, the Canadian Federation of Independent Business' ranked Collingwood the number one town in Ontario for most entrepreneurial communities with populations of about 20,000 or more. SBG recent condominium developments are attracting new residents. Collingwood provides ample opportunity for recreational activities such as golfing, skiing, snowboarding, sailing, boating, cycling, as well as hiking. There is also a vibrant and growing Arts and Culture community. Therefore, there is employment in industries such as technology, healthcare, retail, financial, and tourist-related service industries. Each new Family Physician in an area generates 1 million annual economic development,

¹ <https://www.cfpc.ca/CFPC/media/Resources/Rural-Practice/CJRM-RuralPractice2017.pdf>

The South Georgian Bay region is near major centres such as Toronto, London and Kitchener-Waterloo and is the home to many recreational areas that are prime tourist destinations during the summer and winter months. The need to recruit Family Physicians has dramatically increased in recent years because the region has experienced dramatic population growth, compounded by the impact of the COVID 19 pandemic. This growth has been driven by:

- Remote working patterns supported by enhanced technology.
- Earlier retirements
- Ever rising pressure on the Greater Toronto, London, Kitchener Waterloo Area housing market

Designation of Collingwood as a growth centre within the County of Simcoe and higher than the other Provincial average growth over the past decade

Financial incentives to recruit and retain Family Physicians some say are not required, although it is evident that neighbouring municipalities also known to be areas designated Areas of High Physician Need within arrange of 57 - 145 km distance are **known to offer significant incentives**. It is unfortunate that the Ministry of Health and Long-Term Care has no plans to deter communities from this practice.

Our local acute care healthcare providers have also been impacted. Their need for Family Physicians grows because they play a vital role in the day-to-day operations and include:

- Emergency Medicine
- Surgical Assists
- Anesthesia,
- Ambulatory Clinics
- OB/Delivery, low risk
- Hospitalists

This White Paper serves to:

- Emphasis the urgent need for South Georgian to take immediate action to action recruitment and retention of Family Physicians to decrease/eliminate the growing number of unattached patients and or those local residents travelling significant distances to access primary care
- Recognize new Family Physicians annually generate \$1 million in local economic revenue
- Outline the need for a revised organizational and reporting structure other than the current committee of council structure to implement a truly regional plan for net new Family Physician recruitment through community representation and results orientated outcomes
- Advocate for the establishment of a new Family Health Team to serve the towns of The Blue Mountains, Grey Highlands and Meaford

Increasing Importance of Primary Care within the South Georgian Bay Region

Access to Family Physicians is of increasing concern to Ontario residents and has become part of the public discourse on primary care. Having a family doctor has many important benefits, including earlier treatment for potentially difficult conditions, more preventative care (such as blood pressure checks, mammograms, cervical (Pap) smears, colonoscopies, and age-appropriate vaccines such as shingles and pneumonia) and better management of both mental health and chronic diseases.

Value Propositions for Residents

Research shows that a strong primary care system, centred on continuous Family Physician-patient relationships leads to the best health outcomes for patients which include:

- Improved satisfaction
- Appropriate preventative care, i.e., anticipate and prevent or mitigate future health problems
- Timely and accurate diagnoses
- Appropriate diagnostic tests and prescriptions
- Return to work oversight
- Mental health treatment compliance i.e., medications 8 weeks to realize an impact
- Decreased and/or shorter hospitalization
- Decrease readmission rates, i.e., within 30 days
- Decrease emergency department visits

The need for access to a Family Physician during COVID 19 has also been highlighted as vaccine-hesitant parents who are on the fence far outnumber vaccine refusers; therefore, recent research as shown that counseling this group might be more effective. Reasons behind vaccine hesitancy are complex and encompass more than just a knowledge deficit. As a trusted source of information on vaccines, family physicians play a key role in driving vaccine acceptance.²

Value Proposition for Acute Care Healthcare Providers

In the face of technological advances in medicine, the high cost of inpatient care, funding constraints, and restructuring and regionalization, hospital care has become specialized, more acute, and less accessible to urban family doctors. At the same time, family physicians have been tasked with providing increasingly complex outpatient, community-based primary health care. Over time Family physicians' hospital activities and attitudes have continued to change from 1977 to 1997 and 2014. Most notably has been the decrease in providing direct inpatient care, with a few continuing to provide supportive care. Despite this there remains role for a Department of Family Medicine within acute care hospitals as a focus for identifying with their Family Physician community, a place to interact with other specialist colleagues, and a source of some continuing medical education. Reasons for Family Physicians leaving hospital care may include patient care in the community becoming more complex and time-consuming, the shift of inpatient care to outpatient settings, shorter hospital stays have changed their role of and increased office workload. Remuneration for hospital visits can be perceived as poor relative to time required and electronic access to patient medical information lessened the need to attend patients in-hospital.³

Family Physicians provide key roles in our acute care hospitals

- Emergency Medicine
- Surgical Assists
- Anesthesia, at rural hospitals of Grey Bruce Health Services
- Ambulatory Clinics

² <https://www.cfp.ca/content/65/3/175.abstract>

³ <https://www.cfp.ca/content/cfp/63/3/221.full.pdf>

- OB/Delivery
- Hospitalists

In the absence of Family Physicians to fulfill the above roles, there is often a need to secure locums which is an avoidable cost to our scare local healthcare funding dollars.

Current Primary Care Landscape in South Georgian Bay Region

South Georgian Bay, is vertically separated into Home and Community Care Support Services and they include:

- Home and Community Care Support Services North Simcoe Muskoka
- Home and Community Care Support Services South West

However, it is well known that Family Physician specialist referral and self presenting at Emergency Departments operate horizontally, i.e., between the acute care providers of Collingwood General and Marine Hospital and Grey Bruce Health Services and After Hours or Walk-in Clinics. This is for a variety of reasons which include:

- Proximity to be a local address
- Known wait times to be seen in Emergency and or access Diagnostic Imaging etc.
- Location of Family Physicians, for those who are fortunate to be rostered
- Personal preference

Therefore, there is a need to approach the recruitment and retention of Family Physicians from a municipality to a regional basis as illustrated in **Figure 1**.

South Georgian Bay straddles the counties of Grey and Simcoe and have significant percentages of their populations currently living in Areas of High Family Physician Need (see **Figures 2 and 3**):

- 91.8 % of the population in Grey County currently live in an area of high Family Physician need
- 83 % of the population in Simcoe County currently live in an area of high Family Physician need

Figure 1: Need to Shift to a Regional Focus

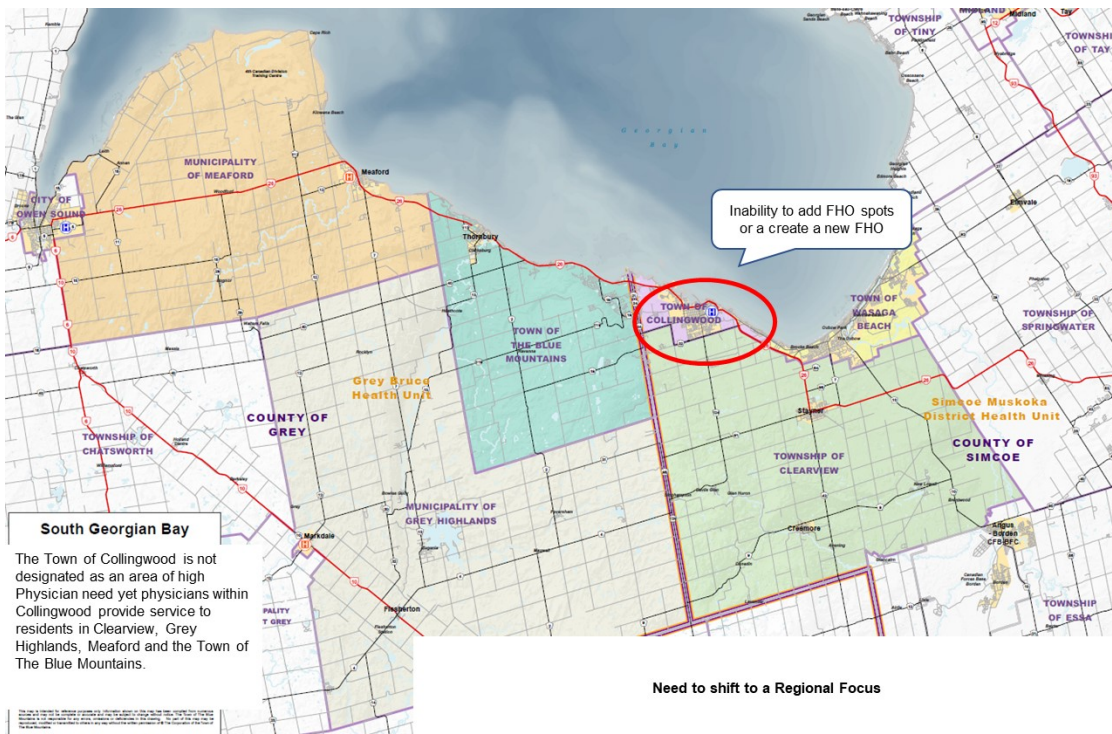


Illustration 2: 91.8% of the population of Grey County live in an Area of High Physician Need

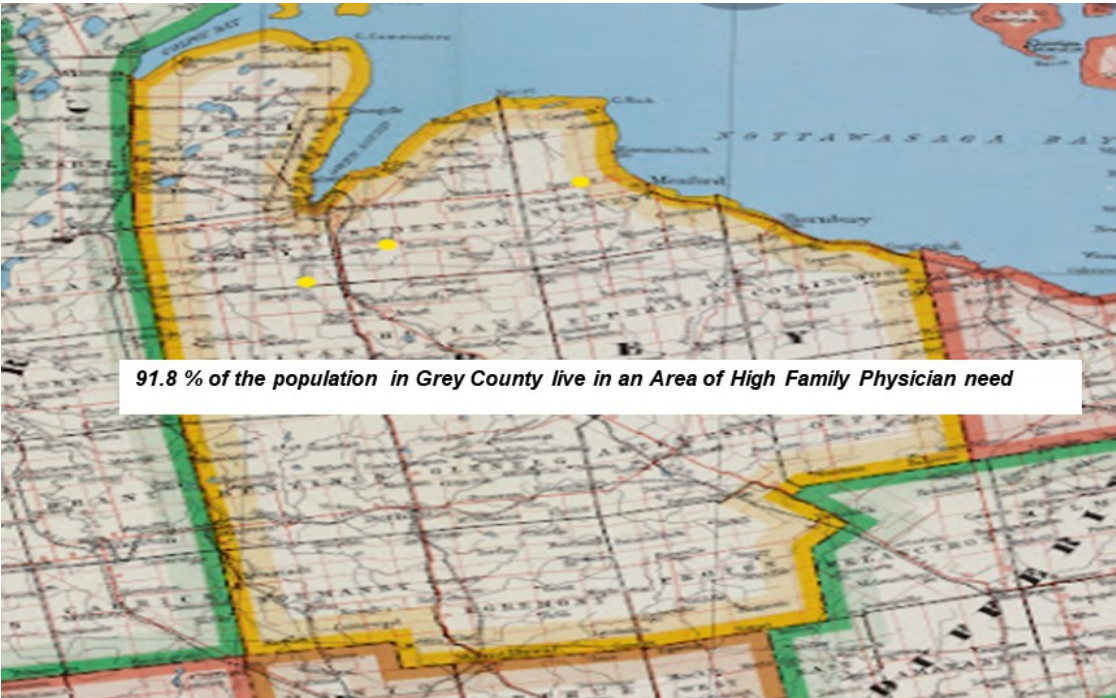
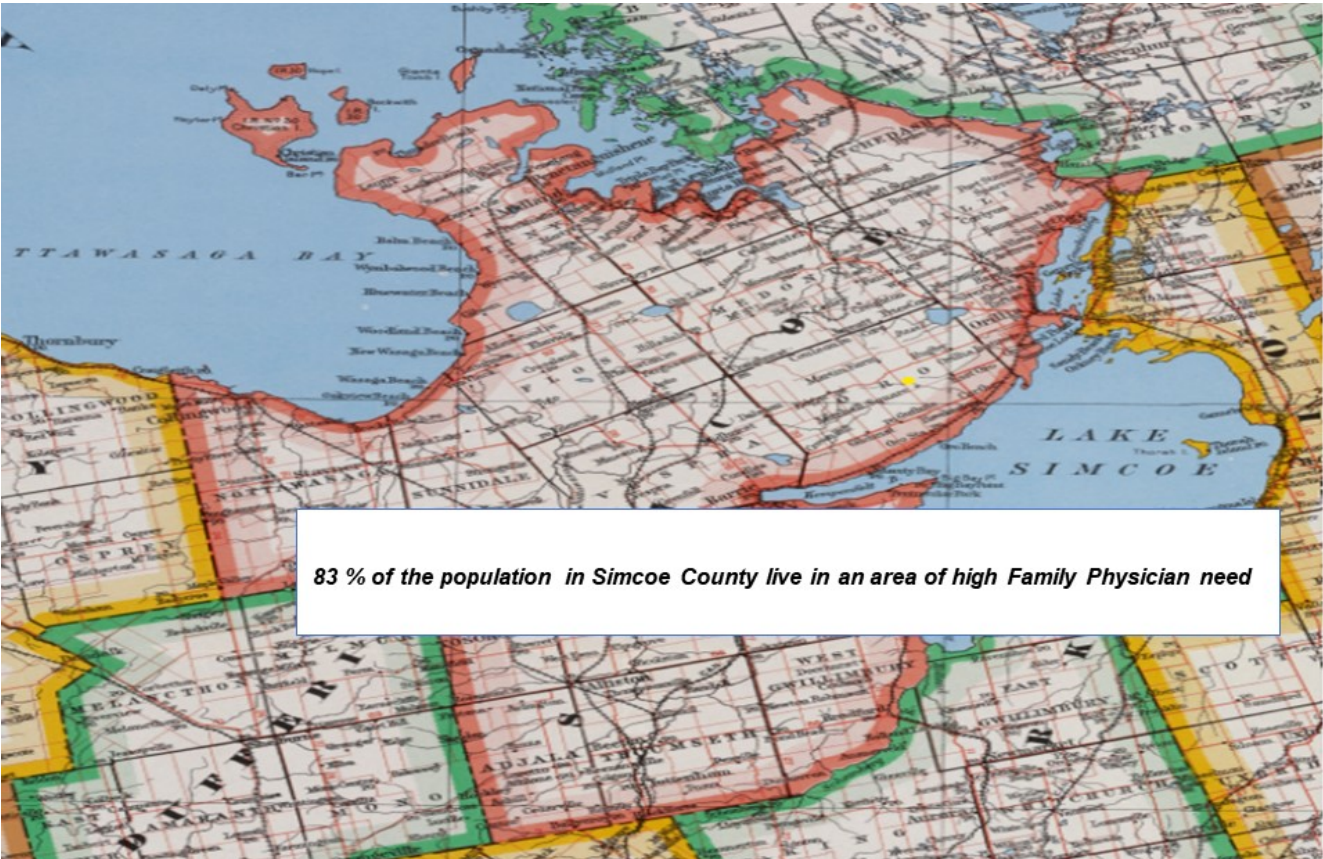


Illustration 3: 83 % of the population in Simcoe County currently live in an Area of High Physician Need



There are 52 Family Physicians in the JPRRC's participating communities as outlined in **Table 1** and 12,560 unattached patients. In accordance with current research there are approximately ten to fifteen (10-15) Family Physicians nearly or at the average age of retirement in Ontario from 2021-2030. This is addition to the demands of the population growth. The need for replacement and new Family Physicians is compounded by the following factors:

- Typically seek a practice size in the 600-800 patient range whereas their predecessors would maintain practices of upwards of 2,000 or more patients
- Trend to operate on a part-time basis.

The above is a result of the shift in priorities and expectations for new or relocating end of career Family Physicians who also want to enjoy a healthy work/life balance. Some physicians opt to split practices with in-hospital placements or share practices, allowing them to pursue other interests, such as care of Long-Term Care residents, medical research, or family commitments. The net outcome of the changing scope of medical practices is that for every Family Physician who retires, the equivalent of 1.5 Family Physicians will be required to maintain the previous level of service. This compounds the need to attract and retain enough physicians to meet the growing demand.

Table 1: Family Physicians and Roster Size in Collingwood and Surrounding Areas

Ontario Health Team	Location	# Family Physicians	Average Roster Size	FP Payment Model	# Open FHO/FHN Spots
South Georgian Bay	Collingwood	28	800-1,200	FHO/FFS	0
	Creemore	2		FHO	No restriction
	Stayner	5		FHO	No restriction
	Clarksburg	3		FHO	No restriction
Grey Bruce	Flesherton	3	1,200-1,500	FHO	No restriction
	Meaford	5	1,000	FHO	No restriction
	Markdale (South East Grey Health Centre)	3	625	Salary	Not applicable
	Thornbury	3	1,000	FHO	No restriction
	Total		52		

Table 2: Minimum Current Family Physician Need in South Georgian Bay Region

CSD name	OHT	POPULATION	NOT ROSTERED	# Additional Physicians Required
Meaford	Grey Bruce	12,670	2,190	3
Grey Highlands	Grey Bruce	8,630	2,340	3
The Blue Mountains	Grey Bruce	8,830	1,510	2
The Blue Mountains	South Georgian Bay			
Clearview	South Georgian Bay	16,490	2,870	4
Collingwood	South Georgian Bay	24,450	3,650	5
Area Total		71,070	12,560	16

Source: Regional Advisors, Ontario Health 2020, and South Georgian Bay Human Health Resources Project, CMGH and ROMP 2021

The above given the population data is out of date, does not reflect the 4,517 building permits which have been issued in the last three (3) years which would represent the need for potentially 13.5 Family Physicians as it is assumed that for every 500 residential units 1.5 Family Physician are required.

These numbers do not also include replacements for retiring Family Physicians

Potential Retirements are based on the average age of 65.⁴

There are approximately 52 Family Physicians in the region of the JPRRC participating towns/municipalities and approximately 27% of Family Physicians who practice there are over 60 years of age. When they retire given, they typically have larger rosters are not likely to be replaced on a one for one.

While Family Physicians in the baby-boom generation will exit the medical workforce in greater numbers in the coming years, many physicians aged 65 and older may remain. However, their workload in terms of a full time equivalent (FTE) is likely to decline and scope of practice narrow as older physicians relinquish some types of clinical work such as hospital inpatient care, obstetrics, anesthesia, and emergency 12 and 24 hours shifts.⁵

⁴ <https://www.cmaj.ca/content/189/49/E1517>

⁵ file:///C:/Users/June/Documents/Physicians/HHR%20Physician%20Report_En_Web.pdf

SWOT Analysis of the Region

Since its inception, the JMPRRC has followed up with several interested Family Physician candidates, however, to date the committee has been unsuccessful in recruiting one. The recruiting process has allowed the JMPRRC to identify the region's strengths, weaknesses, opportunities, and threats as outlined in **Table 3**.

Table 3: SWOT Analysis of the Region

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • Rural lifestyle, recreational, cultural, culinary, with ease of urban access • Educational facilities • MOHLTC funding • Collingwood Marine and General Hospital, Grey Bruce Health Services • Potential for regional approach to Family Physician recruitment and retention: <ul style="list-style-type: none"> ○ Pooling financial resources. (i.e., strength in numbers) ○ Avoids duplication of efforts across communities ○ Avoids local competition: potential recruits do not look at this area as having distinct small communities ○ Transparency among member municipalities ○ A consistent marketing approach, brand, image, or perception 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • No dedicated resources Recruitment and Retention of Family Physicians and or lucrative financial incentives as provided by neighbouring communities provide both dedicated Family • No consensus on financial commitment from all communities in partnership Lack of dedicated resources to undertake Family Physician recruitment and retention activities which compliment the local Family Physician preceptors, compounded by government funding falling short of demand • Lack of appropriate or turnkey medical office space for new physicians • Perception of jurisdiction overlap with hospitals (Collingwood and Grey Bruce) • Acute care hospitals do not see they have a role in recruitment and retention of Family Physicians • Established practices are or may be full (lack of intake capacity for new recruits) • Lack of spousal/partner employment opportunities • Inconsistent affordable housing • Childcare availability • Lack of data to demonstrate volume of unattached patients
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Physician Recruitment Website • Physician Recruiter (full/part time) to work in collaboration with local Family Physicians and Rural Ontario Medical Program (ROMP) • Oversee and ensure participation in the medical schools Discovery Week • Host customized visits for prospects to promote the assets, and practice opportunities available 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • Neighbouring communities dedicated resources and lucrative incentives to Family Physician recruitment and retention efforts • Competition from neighbouring regions who have established and sophisticated physician recruitment and retention programs • Limited or no allocated municipal or county funds • Increasing permanent population arising from remote working and growth in residential development

<ul style="list-style-type: none">• Enhanced partnerships with Acute Care hospitals Health Force Ontario, ROMP, and other organizations• Redesignation of Collingwood as an Area of High Physician Need• Leverage MOHLTC funding• Align with regional economic development resources• JPRRC to transition to a governing structure which can be raise the necessary funds to support recruitment and retention efforts• Explore broader partnerships with Counties and other regional recruitment programs	<ul style="list-style-type: none">• Acute care hospitals will increasing need to rely on locums for roles better filled by local Family Physicians
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Family Physician Practice Models

FAMILY HEALTH TEAMS, FAMILY HEALTH ORGANIZATIONS AND COMMUNITY HEALTH CENTRES

Within the area, several Family Health Teams and Organizations as well as Community Health Centres exist. These are made up of a team of family physicians, NPs, registered nurses, social workers, dietitians, and other health professionals to provide primary care and health programs for their community. **Table 4** outlines the nature of Family Health Teams and Organizations as well as Community Health Centres in the region.

A SAMI score of 1.40 can be interpreted as an expected need for primary health care that is 40% higher than in the average patient and a SAMI score of 0.88 can be interpreted as a 12% lower expected need.

Table 4: Family Health Teams and Organizations, Community Health Centres in the Region

Health Team	# Physicians	# NPs	Patient Roster Size	Average Consult Time (i.e., time spent with a patient)
South East Grey Community Health Centre <i>Also serve Markdale, not an Area of High physician Need</i>	3.5 Full-Time 1 Part-Time	9 Full-Time 1 Part-Time	625	30 minutes
Georgian Bay Family Health Team Collingwood, Stayner, Creemore,	52	6 Part Time 2 Part Time	800-1200	15-30 minutes
Thornbury, Flesherton, and Meaford FHO	6	0 NPs	Avg of 1,000	15-30 minutes
Thornbury Fee for Service (FFS)	1	1 NP Part Time paid for by FP	2,000	15-30 minutes

Standardized Adjusted Clinical Group Morbidity Index (SAMI).

Among CHCs, where SAMI scores have been reported for several years, some patient populations have scores of nearly 3 (very high) with scores of 1.4 considered to be low. The exact range of SAMI scores among FHTs has not yet been established since D2D 1.0 represents the first use of SAMI scores at a team level beyond CHCs.

This Adjusted Clinical Group is a case-mix method developed by Johns Hopkins to measure morbidity of individuals and populations across multiple care settings (as opposed to within a particular setting like a hospital or in a home care program). It is standardized to allow comparison of populations of patients based on how much primary care they need, relative to the 'average' patient. A population of patients may have a low SAMI score even though they are very sick if their needs are more for specialist or hospital care but not primary care⁶. The 'average' patient or population has a SAMI score of 1. A SAMI score of 1.40 can be interpreted as an expected need for primary health care that is 40% higher than in the average patient and a SAMI score of 0.88 can be interpreted as a 12% lower expected need. While primary care documentation can theoretically affect SAMI score. If providers routinely use the same, non-specific code for visits by patients for different issues (e.g., "visit for medication renewal" instead of a more specific diagnosis-related code) the SAMI score could theoretically under-estimate the needs for primary care. However, the scoring system has been validated in both Ontario and Manitoba and shown to be very stable, even with the current state of primary care documentation.

Roster Size

The new and next generation, of Family Physicians ideally seek a roster size in the 800 plus or minus range and may even operate on a part-time basis, whereas their predecessors have traditionally maintained practices of 2,000 or more patients. This is a result of the shift in priorities and expectations for physicians who also want to enjoy a healthy work/life balance. Some physicians opt to split practices with in-hospital placements or share practices, allowing them to pursue other interests, such as medical research or family commitments. The net outcome of the changing scope of medical practices is that for every Family Physician who retires, the equivalent of 1.5 Family Physicians will be required to maintain the previous level of service. This compounds the need to attract and retain enough physicians to meet the growing demand.

Design and Delivery of Primary Healthcare

The COVID-19 pandemic in Spring 2020 resulted in rapid adaptive shifts in healthcare design and delivery. Use of digital technologies allow care at any location of delivery for of healthcare services, while minimizing the needs for patient travel and transitions between, for example home, emergency, hospital, long-term care, assessment centre.

The pandemic also highlighted many fractures and weaknesses within our system, creating chasms in care delivery i.e., enhanced need for primary care given pressures on acute care, important role of family physicians in counseling vaccine-hesitant parents and establishing vaccine confidence⁷. Despite these challenges that the pandemic has brought, COVID has taught us that integrated, rapid change is possible.

Parallel to this the MOHLTC has accepted Ontario Health Team (OHT) applications for the respective areas covered by members of JPRRC. Ontario Health Teams are being introduced to provide a new way of organizing and delivering care that is more connected to patients in their local communities. Primary Care is foundation to the success of the Ontario Health Teams.

⁶ <http://www.biomedcentral.com/content/pdf/1472-6963-11-S1-A22.pdf>

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6515949/>

Ontario Health Teams

As the provincial government sets out to transform Ontario's health-care system and implement Ontario Health Teams, strong local health care has never been more important. The municipalities/towns of Clearview, Collingwood, Grey Highlands, Meaford and the Town of The Blue Mountains are to be served by two (2) Ontario Health Teams (OHTs).

South Georgian Bay OHT will serve Clearview and Collingwood and Grey Bruce OHT will serve Grey Highlands, Meaford and the Town of The Blue Mountains. Both OHTs applications were successfully received within the last year. It is noteworthy that there is overlap as four Family Physicians (3 Full Time Equivalents) practice in Clarksburg which is in the Town of The Blue Mountains and only serves to reinforce the need for a regional approach.

Primary Care: Anchor Infrastructure for Ontario Health Teams

Successful development and execution of OHTs are predicated upon a high-functioning primary care sector that offers comprehensive, co-ordinated, and accessible services based on the continuity of the relationship between the provider and patient. Primary care is to be the anchor infrastructure which connects with other sectors across the OHT to ensure that individual patient and population needs are met. Other successful high performing health-care systems, including Australia, the U.K., and the Netherlands, have primary care at their foundation⁸. At the core of these successful models of care is a committed focus to enabling and supporting family physicians, whose role and leadership are critical to realizing the vision of OHTs.

Primary Care is at the core/foundation of Ontario Health Team structure in that OHTs are to be designed around primary care while allowing for creativity at the local level, recognizing that what works in one area may not work in another. To help support these changes, communities need health care infrastructure. The top-of-mind definition of infrastructure – like sewers and roads – usually heads the list in the planning process. It's equally important to ensure that health care infrastructure keeps up with future demand – and at limited cost to taxpayers.⁹

As OHTs will be measured on their ability to serve a recognized population's needs, reduce emergency department visits and hospital admissions, Family Physicians' capacity will need to be enhanced to maintain patient continuity at the community level.

According to the Ministry of Health and Long-Term Care website, currently the Township of Clearview and the Town of Collingwood are included under the South Georgian Bay OHT application. Where as the Municipality of Grey Highlands, Town of The Blue Mountains and Municipality of Meaford are included in the Grey Bruce OHT application. **Table 5** outlines the last known contacts for both OHTs as requests for updated contacts are yet to be provided although requested.

Table 5: Last known Contacts for both OHTs serving South Georgina Bay Region

⁸ https://ihpme.utoronto.ca/wp-content/uploads/2018/11/NAO-Rapid-Review-9_EN.pdf, https://ihpme.utoronto.ca/wp-content/uploads/2019/03/NAO-Rapid-Review-12_EN_1.pdf <https://www.pcpcc.org/sites/default/files/resources/PCPCC%202018%20Evidence%20Report.pdf>

⁹ <https://justanoldcountrydoctor.com/2019/08/29/communities-can-play-a-role-in-physician-recruitment-and-retention/>

Location	OHT Name	Status	Contact(s)
Collingwood	South Georgian Bay OHT	Application accepted	Anne-Marie Underhill Administrative Assistant Collingwood General and Marine Hospital underhilla@cgmh.on.ca
Grey Bruce	Grey Bruce Ontario Health Team	Application accepted	Gerry Glover, CEO, Kincardine FHT, 519-396-2700 ext. 211; F: 519-396-2702 or ceo@kincardinefht.ca Dana Howe, CEO Hanover Hospital, 519-364-2340 ext. 239 or dhowes@hdhospital.ca

Accessibility to Primary Care within South Georgian Bay Region

While accessibility to a Family Physician is key, there is also a need to redefine “access to care” beyond same day appointment availability to “flexible convenient scheduling that responds to urgency of need and considers patient preferences for modalities and locations of care” to accommodate for example lack of access to public transportation or a carer who is unable to leave someone unattended.

Family Health Teams

Family Health Teams (FHTs) were established in 2005 to address some of the issues related to a serious family physician shortage. The Family Health Team approach to primary health care brings together different health care providers to coordinate the highest possible quality of care for Ontario patients. The move to FHTs has seen more than 2.1 million Ontarians access a family doctor.

The Committee members areas are served by the following Family Health Teams

- Georgian Bay Family Health Team
- Owen Sound Family Health Team

Current Status of Family Health Teams in Ontario

Communities across Ontario embraced the Family Health Team concept and responded with overwhelming enthusiasm to the five calls for applications between 2005 and 2010. Currently, the Province is not accepting applications for Family Health Teams.¹⁰

¹⁰ http://www.health.gov.on.ca/en/pro/programs/fht/fht_understanding.aspx

Community Health Clinics

Community Health Clinics (CHC) are non-profit organizations that provide primary health and health promotion programs for individuals, families, and communities. A health centre is established and governed by a community-elected board of directors.

A portion of postal codes within Grey Highlands is served by the South East Grey Community Health Centre (SDOHC).

While CHCs in Ontario are critical to providing vulnerable communities access to primary care, they also engage in broader initiatives that venture well beyond the health sector have the greatest potential for reducing health inequities at the local level. Research has found that Ontario has implemented a broad range of CHCs that operate with dynamic staff, engage multiple partner agencies, use innovative strategies to recruit participants and have potential to effect change in the social positions of area residents. They draw minimal resources from their CHCs, yet inadequate funding does pose a threat to the long-term sustainability of CHCs, and in turn, their capacity for success. While much of the work to address the SDOHC needs to happen outside the health sector and at higher levels of government, our study illustrates the instrumental role CHCs actively play in addressing the upstream SDOH at the local level in Ontario. Future evaluative research is needed to establish whether, and quantify the extent to which, these activities are reducing health inequities in the communities they serve the Centre does not provide emergency or walk-in care. Primary care and support services are provided at the centre to registered clients. Clients make an appointment to see a healthcare provider.¹¹

Family Health Organizations

While the previously mentioned Family Health Teams have an associated Family Health Organization (FHO) there is also a FHO which serves the residents of Grey Highlands, Meaford and The Blue Mountains.

Family Health Organization (FHO) models, have three (3) or more Family Physicians and are compensated primarily through capitation payments but also receive Fee for Service (FFS) payments. The Family Physicians are also eligible for specific bonuses and premiums based on patient enrolment to their roster.

The model offers comprehensive care during a combination of regular Family Physician office hours and after-hours services. Information technology and preventive health care services, chronic disease management and health promotion are also integral parts of these models.

¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4253893/>

Access to Primary Care Locally

Spring 2021 survey by the JPRRC revealed that there is a significant number of respondents that indicated their primary care provider is located outside of the municipal areas surveyed and is detailed in **Table 6**.

Table 6: Percentage of residents whose primary care provider is located outside of the area covered by the municipalities surveyed¹²

Municipality	%	Collingwood	Creemore	Dundalk	Flesherton	Markdale	Meaford	Owen Sound	Stayner	Thornbury	Clarksburg	Wasaga Beach	Other
Grey Highland	59%	8	1	1	0	1	3	2	1	3	4	1	17
Meaford	63%	26	0	0	0	0	0	14	1	38	23	6	24
The Blue Mountains	71%	123	6	0	1	0	35	3	1	0	0	32	165
Collingwood	62%	0	4	0	0	0	0	1	3	5	1	9	50
Clearview	53%	15	1	0	1	0	0	0	0	0	0	5	11

Unattached Patients

An unattached patient is one who is not rostered to a Family Physician therefore, they access other services such as an Emergency Department, after hours/walk-in, virtual clinic as a substitute for primary care. The use of such services is an inadequate substitute because it does not promote continuity of or coordination of care which results from an ongoing therapeutic relationship between a patient and a Family Physician that spans various health care events and results in an accumulated knowledge of the patient and care consistent with their individual needs. The Family Physician is better able to understand the patient's health issues and circumstances. The patient trusts their Family Physician. This provides the opportunity for the doctor and patient to anticipate and prevent or mitigate future health problems, which can lead to a reduction in both the use of primary care services and hospital days.¹³

Patient rostering continues to be considered a cornerstone of a high performing primary care system and is believed to improve continuity and access resulting in improved patient health status, increased patient satisfaction, decreased use of hospital resources, and a reduction in overall health system costs¹⁴

¹² May 20, 2021, Family Physician Survey Results, JPRRC

¹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3016634/>

¹⁴ <https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-019-0942-7>

The South Georgian Bay Region is served by four walk in/after hours clinics, one of which is virtual and are outlined in **Table 7**.

Table 7: Range of After Hours, Walk-in and Virtual Primary Care Services in South Georgian Bay

Location	Name	Days of Week	Hours	Volumes of Unrostered Patients	Comments
Owen Sound	Bay Street Walk in Clinic	Monday-Friday	9-12pm	400 unrostered in a recent 3-month period	Not wheelchair accessible Closed statutory holidays May retire soon
Collingwood	Collingwood After Hours Medical Clinic	Monday-Friday Saturday-Sunday	5-8pm 9-12pm	43% unrostered to a FD, (25% of which reported a local postal code) April 2019 - March 2020	Closing time may be earlier at Doctor's discretion. Closed statutory holidays
Collingwood	eDoctorcare Virtual Walk-in Clinic	Monday-Sunday	9-5:50pm	<ul style="list-style-type: none"> 99% surveyed do not believe Collingwood has sufficient Family Physicians, "Would you be interested in registering with a new family" 87% surveyed lived in Collingwood or within a 25km radius and same would register with a doctor in Collingwood if one was made available 59% Have moved to the Collingwood area (including within a 25km radius) within the past 5 years 62% have a rostered physician greater than greater than a 1-hour drive from your current location 	Phone or video same day, online appointment booking Open statutory holidays

When walk-in clinics are closed on statutory holidays and beyond these hours, patients who need care to seek emergency services where for non urgent issues.

- Meaford Hospital Emergency Department:¹⁵
 - 98% of patients finished their emergency visit within target time of 4 hours for low urgency, not admitted to hospital, wait time for first assessment by a physician 1.5 hours

¹⁵ <https://www.hqontario.ca/System-Performance/Time-Spent-in-Emergency-Departments>

- Collingwood General and Marine Hospital Emergency department:¹⁶
 - 72% of patients finished their emergency visit within target time of 4 hours for low urgency, not admitted to hospital, average wait time for first assessment by a physician 2 hours

Is "the ease with which a person can obtain needed care (including advice and support) from the practitioner of choice within a time frame appropriate to the urgency of the problem".

In 2019, between 33.6 and 34.8 percentage of patients, 16 years or older, who were able to see their Family Physician or someone else in the office, on the same day or next day when sick, in Ontario. In a rural Ontario this drops to 28.2%.

While After Hours and Walk-in Clinics as well as local Emergency Departments provide an accessible health care setting for unattached patients, it is equally important to note what they do not do.

- Continuity of care which results from an ongoing therapeutic relationship between a patient and a primary care provider that spans various health care events and results in an accumulated knowledge of the patient and care consistent with the individual's needs
- This is because of the regular and continuous relationship that develops between the Family Physician and the patient. The Family Physician is better able to understand the patient's health issues and circumstances. The patient trusts their Family Physician. This provides the opportunity for the doctor and patient to anticipate and prevent or mitigate future health problems, which can lead to a reduction in both the use of primary care services and hospital days.

Health Care Connect¹⁷

The Ministry of Health established "Health Care Connect" a database designed to help Ontarians find a Family Physician, however, one cannot have an assigned Family Physician and be added to the Health Care Connect database to obtain a new Family Physician in an area they have moved to or are considering moving to.

Health Care Connect refers Ontarians who don't have a Family Physician to a Family Physician who may be accepting new patients.

How does Health Care Connect work?

Unattached patients can call or go online to [ontario.ca/healthcare connect](https://www.ontario.ca/healthcareconnect) to register with the program. To successfully register, unattached patients must have a valid OHIP card and complete a health questionnaire to determine their need for family health care services. Priority is given to those individuals who have greater health needs. Once registered, program participants are assigned to a Care Connector.

Care Connectors, who are Nurses employed by Home and Community Care Support Services Organizations, will work with Family Physicians and Nurse Practitioners who are accepting new patients. Once an available provider is found, Health Care Connect will give the patient the provider's practice information to schedule their first appointment Health Care Connect sends providers a letter to inform them when their referral information has been passed on to a patient.

¹⁶ <https://www.hqontario.ca/System-Performance/Time-Spent-in-Emergency-Departments>

¹⁷ <https://www.health.gov.on.ca/en/ms/healthcareconnect/pro/>

Led by the Joint Municipal Physician Recruitment and Retention Committee, a public survey was launched to gain feedback from residents regarding access to primary healthcare services, which include Family Physicians and Nurse Practitioners during the month of April 30, 2021.

The survey was a collaborative effort to lead the creation of a family physician recruitment and retention strategy between the Town of The Blue Mountains, Municipality of Meaford, Municipality of Grey Highlands, Town of Collingwood, and Clearview Township.

Results of the Question 9: Have you heard of Health Care Connect?

When asked if respondents had heard of Health Care Connect, 1,202 survey respondents provided the following responses in **Table 8**.

Table 8. Number of Survey Respondents who had heard of Health Care Connect¹⁸

Have Heard of Health Care Connect	Percentage of Respondents	Number of Responses
Yes	45.17%	543
No	54.83%	659

¹⁸ May 20, 2021, JPRRC Family Physician Survey Results

Table 9: Number of respondents who had registered with Health Care Connect

Have Registered with Health Care Connect	Percentage of Respondents	Number of Responses
Yes	13.72%	165
No	86.28%	1,203

Table 10 Number of respondents who had registered with Health Care Connect by South Georgian Bay Municipality

Municipality	Heard of and/or Registered with Health Care Connect	Positive Experience	Negative Experience and/or Choose Not to Register
Municipality of Grey Highlands	37%	30%	60%
Municipality of Meaford	50%	10%	70%
The Town of The Blue Mountains	43%	10%	17%
Town Collingwood	51%	30%	18%
Township of Clearview	50%	10%	31%

Additional Comments from Survey Respondents regarding Health Care Connect:

Several themes emerged from the 491 comments provided from respondents (38% of the total survey responses) and included the following:

- A significant number of respondents stated that they had consciously chosen **not** to register with the Ministry of Health and Long-Term Care's Health Care Connect Service because they are required to de-roster with their current healthcare provider to become registered
- De-rostering with one's current family physician was considered, by many, to be an unacceptable risk given that Healthcare Connect cannot guarantee placement with a new Family Physician
- Although very low in number, some comments indicated that Health Care Connect had been successful in helping them locate a new family physician although they were outside communities participating in this survey
- Multiple respondents indicated that they have been registered with Health Care Connect for years and still do not have a family physician
- Some other respondents indicated that, despite being registered with Health Care Connect, they found the system frustrating and ended up finding a new family physician on their own

Physician Incentives regarding Health Care Connect

New fees and fee enhancements are available to Family Physicians participating in a primary care physician enrollment model who accept patients through this program. The Ministry of Health and Long-

Term Care as of October 28th, 2021, indicated that they will be sending details on the incentives as soon as they are available.¹⁹

While there may well be incentives for Family Physicians, if our residents are not signing up to Health Care Connect there will be no positive impact for our Region.

¹⁹ <https://www.health.gov.on.ca/en/ms/healthcareconnect/pro/>

Physician Recruitment Process and Structure in Ontario

Physician shortages in rural and northern Ontario have and continue to be well documented. This is reinforced by the MOHLTC having established several programs to assist communities and include:

- Health Force Ontario
- Areas of High Physician Need (AHPN)
- Northern Rural Recruitment and Retention Initiative (NRRR)
- Income Stabilization Program
- Ontario Health

Health Force Ontario

Health Force Ontario is a marketing and recruitment agency that supports provincial and local efforts to recruit physicians as part of the province's strategy to ensure that Ontarians have access to the right number and mix of qualified health care providers. Their strategy includes numerous programs and activities to support, attract and retain workers in the healthcare sector. It is evident that the province will continue to assist and augment local physician and recruitment efforts through these programs but will not fund these initiatives directly at the local or regional level.

Health Force Ontario administers the Northern Rural Recruitment and Retention (NRRR) initiative that was established to replace the previous Underserved Areas Program (UAP0 established in 1969 and was accessed by many southern Ontario communities in the early 2000's to address a decline in available family physicians due to retirements and a shortage of graduating physicians.

Health Force Ontario²⁰ has a dedicated webpage to what they refer to as Recruitment Essentials which is a toolkit written by recruiters, for recruiters. The modules address various aspects of physician recruitment and offers leading practices you can use right away to recruit the physicians you need and retaining them. There are some eight (8) modules and include:

- Physician Recruitment and Retention
- Marketing
- Social Media
- Working with the Media
- Customer Relationship Management
- Locums: Making them 'work' for you and your community
- Licensing and Supervision
- Succession planning for Healthcare Organizations and Recruiters
- Physician onboarding

Area of High Physician Need (AHPN)

Family Physicians are eligible to join the Family Health Organization (FHO) and Family Health Network (FHN) compensation models in areas of high physician need only. The Income Stabilization program is also only available for applicants in areas of high physician need. The search tool below can be used to determine if an area is of high physician need.

The list of current areas of high physician need are reviewed and updated regularly by the Blended Models Unit of the MOHLTC with input from Ontario Health and takes several factors into consideration, including:

20

- The Rurality Index for Ontario (RIO) score
- Family physician to population ratio
- Input from Ontario Health, based on factors associated with local demographics, socioeconomic status, population health needs and access considerations

Family Physicians interested in entering family practice in other parts of the province have a variety of practice and compensation models available to them. These include but are not limited to: Comprehensive Care Model (CCM); Family Health Group (FHG), replacement physicians within existing FHOs/FHNs and traditional fee for service. It is worth noting that the traditional fee for service is the least financially lucrative for a Family Physician.

Northern Rural Recruitment and Retention Initiative (NRRR)

The Northern and Rural Recruitment and Retention (NRRR) Initiative offers taxable financial incentives to each eligible physician who establishes a full-time practice in an eligible community of the province. The grants range between \$80,000 and \$117,600 paid over a four-year period. The grants will be awarded based on eligibility criteria and considerations related to total NRRR Initiative budget allocations.²¹

Eligibility

Community eligibility for the NRRR Initiative is based on a Rurality Index for Ontario (RIO) score, a measure of rurality that ensures funding is specifically targeted to northern and very rural communities. The RIO score is derived from three factors: population (count and density), travel time to a basic referral centre, and travel time to an advanced referral centre. RIO scores are assigned to Statistics Canada census subdivisions (CSDs).

²¹ <https://www.health.gov.on.ca/en/pro/programs/northernhealth/nrrr.aspx>

Income Stabilization Program (ISB)

The Income Stabilization (IS) Program supports Family Physicians who have joined the Family Health Network (FHN)/Family Health Organization (FHO) while they develop patient rosters prior to converting to the group-based blended capitation funding model. Eligible physicians who accept the terms and conditions of the IS Program receive a guaranteed compensation rate for up to 12 consecutive months upon commencement of their membership with the FHN/FHO. During the IS Program the physician must meet his/her target for enrolling patients to their roster.

The IS program is open to:

- Family Physicians practicing in an Area of High Physician Need
- Family Physicians regularly providing between 20 and 40 hours per week of Comprehensive Care services who are in the first-year comprehensive primary care practice (commenced within three years following graduation) or who have a minimum of 12 consecutive months of Ontario fee-for-service (FFS) billing history and is not currently registered in any an FHN/FHO, Family Health Group or the Comprehensive Care Model.

Physicians currently on IS can remain in the program for their one-year period, subject to the terms of the IS undertaking. The IS program remains an ongoing program. The only change to the program is its eligibility. Effective June 1, 2015, IS is available only for new Family Physicians commencing in FHNs/FHOs through the managed entry process as well as for replacement physicians in areas of high physician need.

Role of the Rural Ontario Medical Program

The Rural Ontario Medical Program (ROMP) coordinates medical rotations for future physicians from the six (6) medical schools in Ontario. They are in Collingwood. Their mission is to alleviate the burden on communities caused by the nation-wide physician distribution problem and create learning opportunities outside the academic centres and into communities.

ROMP offers learning opportunities for Family Physicians are highly comprehensive and include the following central components:

- **Clinical Rotations**
 - Provide plenty of opportunities for physicians to improve their procedural and practical skills in a variety of different specialties.
- **Social**
 - Family Physicians will be able to learn more about the lifestyle in their community
- **Professional**
 - Family Physicians will be able to work with local specialists and practice in several diverse health-related roles.
- **Academic.**
 - All learners are to adhere to a strict level of academic excellence. They will also be evaluated by their preceptor regularly

There is a significant role for respective municipalities to create and provide opportunities for those undertaking clinical rotations to learn more about the lifestyle of the communities they are having a clinical rotation in. In municipalities who have dedicated Physician Recruiters they are very active in this area as well as supporting other needs which include:

- Longer term accommodation

- Spousal/partner support for employment opportunities
- Local tours which may include, recreational/cultural activities, schools, and day care facilities, or simply where the banks are etc.

While the established Family Physician in their role as a preceptor (paid \$250 per week \$1,000 per month) is key, they often do not have the time to provide answers to day-to-day questions about the communities, arrange tours or support a spouse or partner finding appropriate employment as required.

Local Physicians in Recruitment and Retention

Given the Rural Ontario Medical Program (ROMP) organizes core and elective medical rotations for medical students, residents (PGY1 and 2) they need available preceptors as they currently only have 37 for Family Medicine (See **Figures 4 and 5**).

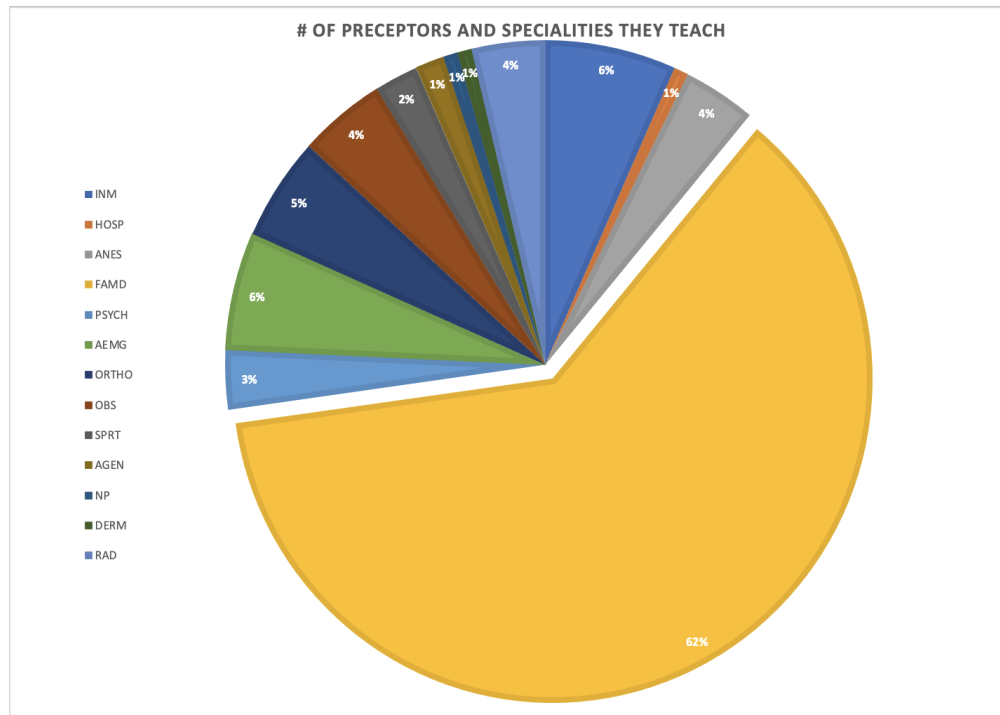


Figure 4: Available Medical Preceptors in the area by Speciality

INM = internal medicine; HOSP = hospitalist; ANES = anaesthesia; **FAMD = family medicine**; PSYCH = psychiatry; AEMG = emergency medicine; ORTHO = orthopaedics; OBS = obstetrics & gynaecology; SPRT = sports medicine; AGEN = general medicine; NP = nurse practitioner; DERM = dermatology; RAD = radiology

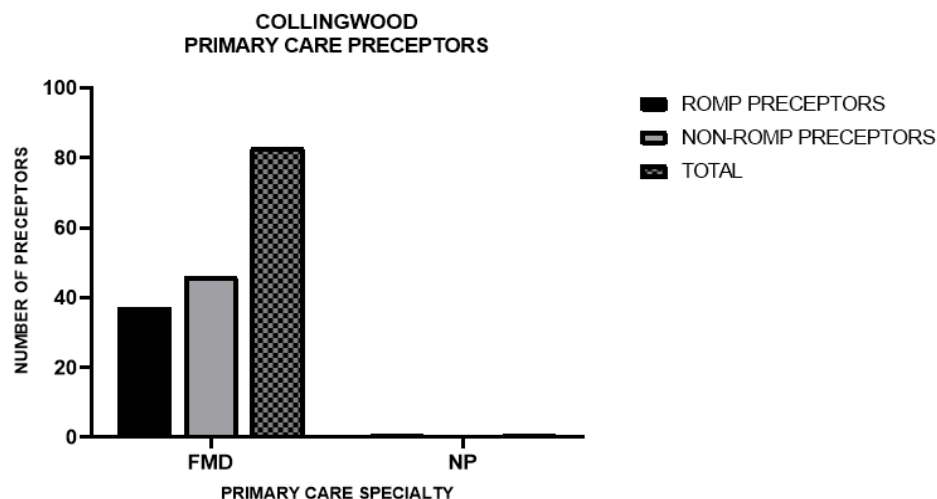


Figure 5: Primary Care Preceptors and their Affiliations

Currently, only McMaster University has a dedicated rural stream for graduating medical students, specifically in Collingwood. There are three (3) residency spots available for Canadian medical graduates. To attract more graduating doctors to these areas, an effort should be made to increase residency spots and create more residency programs dedicated to under-served areas of Ontario. Other municipalities in Bruce County who work closely with ROMP are also served by the Schulich School of Medicine and Dentistry at Western University and is therefore, an opportunity which would benefit from being explored, especially as ROMP states on their website that coordinate medical rotations for all six (6) medical schools I have asked if there has been any discussion with the other Medical Schools which include: Northern Ontario School of Medicine, Toronto and Queens School of Medicine and Schulich School of Medicine (Western).

Physician Recruitment and Retention Models

Many communities in Ontario provide Physician Recruitment services through a variety of ways including municipal economic development offices, dedicated physician recruiters and or in partnership with hospitals or as standalone agencies. Physician recruitment models and organizational structures vary depending on community needs, resources, and local support, but generally involve some level of municipal support even though the provision of health care services is not a core municipal service.

Canadian Association of Staff Physician Recruiters (CaSPR)

The Canadian Association of Staff Physician Recruiters²² is a professional not-for-profit society that consists of individuals who are involved with physician recruitment from across Canada. It offers a means for those involved with physician recruitment from across Canada to share best practices, techniques, and tools which relates to all aspects of physician attraction and retention.

CaSPR membership is open to those individuals who are engaged in the recruitment and retention of physicians to serve the healthcare needs of the community(s) they represent, and who are employed and/or volunteer with organizations including hospitals, hospital corporations, clinics, health regions or authorities, public sector municipal, provincial or federal government agencies. Employees from third-party search firms, or who are affiliated with a third-party search firm, are not eligible for CaSPR membership. Consultants or employees who work for management companies are not eligible for membership.

There are currently 34 Physician Recruiters within Ontario, representing 54% of those listed across Canada within through the association's 'Find a Recruiter' portal. and their locations are illustrated in **Figures and 7 and 8**.

²² <https://caspr.ca/>

Figure 6: Physician Recruiters within Ontario, CaSPR



**Figure 7: Physician Recruiters in Immediate Areas, CaSPR
All these Recruiters work with ROMP based in Collingwood**



The following are some examples of what recruiters are saying in our neighbouring communities.

It's a competitive arena as well. Nearby areas such as Kincardine, Goderich, Port Elgin and Meaford are all looking for physicians.²³

"On the surface, we have very similar offerings no matter where you are. We're not only competing with our circle but Cornwall and basically all ends of Ontario," Cory Dobbin, co-chair of South Bruce Peninsula Physician Recruitment and Retention Committee said. "It is competitive in the fact that we have to try and make that connection and show them they're going to find what they're looking for in this community . . . and you can't fake that either."

Without a dedicated Physician Recruiter Family Physicians wouldn't know we are here! We recently lost one to a neighbouring community as their financial incentives are greater.

*Orillia and Area Physician Recruitment and Retention Committee (not for profit) has recruited and retained 26 Family Physicians over the last 20 years.
South Georgian Bay Family Physician Recruitment Committee has recruited 40 physicians since 2009.*

'If the community doesn't pick up the baton Family Physician recruitment doesn't happen'

'Acute care hospitals are not in the business of recruiting Family Physicians'

Recruitment and Retention Incentives

²³ <https://www.owensoundsuntimes.com/news/local-news/pandemic-forces-physician-recruitment-committee-to-reassess-its-techniques>

The jury is out regarding financial incentives, as some Family Physicians have and continue to be enticed by these benefits, others stated that financial incentives alone were not enough to encourage a move to a rural location.

Attractive factors mentioned that related to success and retention in rural practice included access to continuing education and professional development opportunities as well as being reimbursed for associated travel expenses, collegial support in a positive working environment, a strong practice team and an accommodating health care system. In addition, participants indicated that factors associated with the community itself can have a profound impact on a physician's decision to practise rurally. Community traits that participants considered attractive included being very welcoming and appreciative of the services a physician provides and having members who respect the workload and responsibilities of a rural family physician.²⁴

Community Funded Incentives in Ontario are offered to Family Physicians to practise medicine in their area. These incentives are often tied to some type of "return of service" obligation. Typically, the community or hiring organization will require a new Family Physician to sign an agreement outlining the number of years he/she is to provide patient services in the community to receive the incentive. Incentives can range from cash to goods and services to accommodation assistance. Cash-based incentives vary widely by community.²⁵

There are also a variety of incentives offered by Ontario communities as standalone or as augmentations for provincial programs and in our areas can be upwards of nearly \$100,000 and include the following:

- Moving allowances
- Office and housing deferred rent or lengthy subsidies
- Start-up costs or the purchasing of office equipment, especially if transitioning to a full complement roster
- Interest free loans
- One-time payments often upwards of \$40-60,000, some with conditions such as payment over four-five years and regularly over a calendar year
- Continuing Medical Credit (CME) funding (mandatory ongoing learning for licencing)
- Extracurricular memberships for a set period

The Province of Ontario has indicated that there are **no plans to restrict communities from offering incentives to attract Family Physicians.**

Incentives too are not just offered at point of readiness to establish a patient practice. For example, Hastings County developed the Family Physician Recruitment Program in 2006 to help ease the family doctor shortage that was being experienced across the 14 member municipalities of Hastings County. Rather than offer a financial incentive to attract existing Family Physicians from other municipalities, and thus leaving them without a doctor, Hastings County took the long-term approach of recruitment by supporting medical students and residents of Canadian Medical Schools with their high expenses.

²⁴ <https://www.cfpc.ca/CFPC/media/Resources/Rural-Practice/CJRM-RuralPractice2017.pdf>

²⁵ <https://www.healthforceontario.ca/UserFiles/file/PracticeOntario/TiPS/TiPS-CIB-EN.pdf>

Their program pays out \$100,000 over 5 years to medical students or residents of a Canadian Medical School, or recent graduates who have not yet begun their practice, in exchange for providing 5-years of service practicing family medicine in Hastings County when they begin to practice.²⁶

With the introduction of Family Health Teams, many communities addressed current needs for Family Physicians and are re-evaluating programs with many focused-on retention and future retirements.

Table 11: Comparator of Neighbouring Communities approaches to Physician Recruitment and Retention

Census subdivision	AHPN	NRRR	Communities with FPs	Dedicated Recruiter Resources	Website	Named Contact and Comments
Bruce County						
Arran-Elderslie	N	\$81,600	Chesley	Yes	https://physicianrecruitmentchesley.com/ https://www.facebook.com/chesleyphysicianrecruitment/	No, an ability to send an online message chenelle@physicianrecruitmentchesley.com
Brockton	Y	\$83,280	Walkerton	Volunteer Committee	https://www.brocktonmd.ca/	No, an ability to send an online message
Huron-Kinloss	Y	\$93,640	The Wingham and Area Health Professionals Recruitment Committee Lucknow, Teeswater, and Wingham	Yes 1 FTE	https://www.northhuron.ca/en/build-invest-grow/doctor-recruitment.aspx https://www.facebook.com/Wingham-and-Area-Health-Professional-Recruitment-510982019082080/	Jan McKague Weishar jan.mckague@lwha.ca 519-357-3210, ext.5294 Wingham & Area Health Professional Recruitment Committee is comprised of municipal elected officials, hospital foundation and board member A dedicated Recruitment Officer's role is to attract, retain and help new physicians transition into practice both at the hospital and within the Wingham Community. Municipalities of North Huron, Morris Turnberry, Huron Kinloss, South Bruce, and Ashfield, Cobourne, Wawanosh all financially contribute based on hospital usage and Family Health Team rostered patients.
Kincardine	Y	\$86,240	Kincardine	Yes .5 FTE	https://www.kincardine.ca/en/living-here/physician-recruitment.aspx	Chrystel Murphy physicianrecruitment@kincardine.ca

²⁶ <https://hastingscounty.com/services/physician-recruitment-program/>

Census subdivision	AHPN	NRRR	Communities with FPs	Dedicated Recruiter Resources	Website	Named Contact and Comments
						519-385-5266
Northern Bruce Peninsula	N	\$104,000	Lion's Head, Tobermory	Peninsula Family Health Team, GBHS	https://www.northbrucepeninsula.ca/en/live/physician-recruitment.aspx	Peninsula Family Health Team Executive Director at 519-793-3445.
Saugeen Shores	Y	\$81,200	Port Elgin, Southampton	Yes .4 FTE (2 days per week) for 2022 budget kara.vanmyall@saugeenshores.ca	https://www.saugeenshores.ca/en/living-in-our-community/health-care.aspx https://www.saugeenshores.ca/en/living-in-our-community/resources/Documents/170564A-Doctor-Recruitment-Book-online.pdf https://www.physicianquest.ca/	kara.vanmyall@saugeenshores.ca Until this year recruitment has been through a joint committee with Kincardine and Bruce Power There is now no committee, as been assumed by the town under their healthcare portfolio
South Bruce Peninsula	Y	\$81,600	Warton, Sauble Beach South Bruce Peninsula Physician Recruitment and Retention Committee (independent groups as of March 2020)	GBHS	https://www.southbrucepeninsula.com/en/your-community/health-care.aspx#Physician-Recruitment	February 2021 council minutes provided an update and plan for recruitment activities. <i>The first person they reached out to was Trish Herrick of Grey Bruce Health Services. Their resources are strapped. Family practitioners appear to fall second to specialists in our area. They then spoke with Gwen Devereax of Goderich who indicated that they should hire a recruiter.</i> Part of that plan includes working with a graphic designer to rework branding, updating their website, and working with stakeholders to provide a “strong support network” for potential recruits. The committee also wants to work with the town’s economic development office to explore work and business opportunities for physician spouses and plan tours with the mayor.

Census subdivision	AHPN	NRRR	Communities with FPs	Dedicated Recruiter Resources	Website	Named Contact and Comments
Grey County						
Chatsworth	Y	\$80,600		No		
Georgian Bluffs	Y	\$80,200		No		
Grey Highlands	Y	\$81,000	Flesherton, Markdale	GBHS, SEGCHC		
Hanover	N	\$81,000	Hanover provides \$85,000 annually to the Hanover Hospital Foundation towards medical residency program and physician recruitment and retention	Hanover District Hospital	https://www.hanoverhospital.on.ca/careers#accordion-8-2	physicianrecruitment@hdhospital.ca 2019, 24% of distributed funds (\$68,092) were put toward medical residency program and physician recruitment and retention Hanover provide \$85,000 annually for this program. Their success over the last 20 years has been the result of a collaborative partnership between Hanover and District Hospital, Hanover Medical Clinic and the Town of Hanover. Every physician currently practising at the Hanover Hospital is the result of the recruitment program. The Foundation continues to strive to retain a full complement of physicians.
Meaford	Y	\$80,000		GBHS		
Owen Sound	Y	\$0	Owen Sound	No, GBHS		
The Blue Mountains	Y	\$81,400	Joint Physician Recruitment and Retention Committee	Volunteer		
West Grey	Y	\$80,800	Durham Foundation	Yes	https://www.durhamfoundation.ca/about-us/physician-recruitment/	Anne Marie Watson amwatson@sqqhc.on.ca Known to provide \$40,000 to new Family Physicians.

Census subdivision	AHPN	NRRR	Communities with FPs	Dedicated Recruiter Resources	Website	Named Contact and Comments
Simcoe County						
Clearview	Y	\$0	Joint Physician Recruitment and Retention Committee	N		
Collingwood	N	\$0	Joint Physician Recruitment and Retention Committee	N		
Midland	Y	\$0	Community led Steering Committee	Y	https://georgianbaydoctors.com/i-support-physician-recruitment/about-us/	David Gravelle gravelled@gbgh.on.ca
Orillia	N	\$0	Orillia and Area Physician Recruitment and Retention Committee Not for Profit	Y Full Time	https://www.orillia.com/list/member/orillia-area-physician-recruitment-retention-464	Mandate is to provide a family physician for each resident in Orillia and surrounding areas. In 20 th year (26 FPs recruited and all have stayed), progressed to a FT Physician Recruiter funded by four (4) municipalities Pat Thor, pathor@osmh.on.ca , Community Physician Recruitment Liaison
Wasaga Beach	Y	\$0		N		Economic Development Office (Labour Market Specialist) Offer \$65,000 equipment for new physician, over 5 years in return for 5-year commitment

Municipal Governance Structures of Physician Recruitment and Retention Committees

While **Table 11** outlines a detailed comparative of the Family Physician Recruitment and Retention efforts within Grey, Bruce and neighbouring Simcoe County, there is more information provided below along with several other examples.

Midland's Southern Georgian Bay Family Physician Recruitment Program

This is a community led and volunteer driven task force with an impressive track record of bringing new Family physicians to the Midland/Penetanguishene area and employ a full time Physician Recruiter.

- Committee of Georgian Bay General Hospital
- Representatives of Midland, Penetanguishene, Tiny, Tay, Springwater, and Beausoleil First Nation
- Family Physicians
- Recruiter – Waypoint Centre for Mental Health
- CEO – Georgian Bay General Hospital
- Chief of Staff – Georgian Bay General Hospital
- ED – North Simcoe Family Health Team
- Three (3) Community Representatives

The Huronia Community Foundation the only federally incorporated public charitable foundation with professional staff in Simcoe County and Southern Georgian Bay received donations and issues charitable tax receipts for physician recruitment. There was therefore no reason for them to pursue not for profit or charitable status for themselves.

South Bruce Peninsula

The South Bruce Peninsula Physician Recruitment and Retention Committee held its first meeting as an independent group in March 2020 as prior to that time, the citizen-led group was an official Town of South Bruce Peninsula committee until February 4th, 2020. The town, however, still has provisions within their budget for committee funding for the committee which will continue to provide reports and updates to council.

For years, the committee's goal has been to recruit and retain Family Physicians to the area, since Covid 19 they are leveraging technology as their plans now include working with a graphic designer to rework branding, updating their website, and working with stakeholders to provide a "strong support network" for potential recruits.

They have dedicated resources for Family Physician recruitment and retention.

Saugeen Shores

The committee structure in 2021 changed and Saugeen Shores recruit with recruitment and retention activities now having been assumed by the town's healthcare portfolio

In the past with support of Bruce Power, the partnering municipalities of Kincardine/Saugeen Shores Physician Recruitment Program, 25 Family Physicians were recruited by a full time Physician Recruiter over a seven (7) year period.

During the final Council meeting of 2020, three new doctor agreements were approved by Town Council. Three new doctors have committed to practicing in Saugeen Shores now and in the near future. “The recruitment of doctors is a top priority, and I am pleased to see the continued success of our physician recruitment program at bringing new doctors to the area,” says Mayor Luke Charbonneau, “This year has reminded us of the importance of local healthcare. The addition of these three new doctors is great news for Saugeen Shores.”²⁷

Wingham and Area Health Professionals Recruitment Committee

The Wingham and Area Health Professionals Recruitment Membership includes:

Chair, Hospital CEO and Foundation Coordinator, Family Health Team ED, Community representation x4, Physician Recruitment Coordinator, Treasure, Vacant

August 2021

The Wingham & Area Health Professionals Recruitment Committee are delighted to announce Dr X will be practicing Family Medicine at the Royal Oaks Health and Wellness Centre and Wingham & District Hospital beginning September 13, 2021. This built on three (3) new Family Physicians in 2018

Strategic Plan 2021-2023

Action	Intended Outcome	Who	Timing	Metrics
Continue to be involved in physician recruitment efforts.	Reduce resident to physician ratio locally.	<ul style="list-style-type: none"> Council Wingham and District Hospital 	Ongoing	Involvement in recruitment efforts (yes/no)

Orillia

2001 Orillia Area Physician Recruitment and Retention Committee (OAPHRRC) was founded by community leaders with funding from municipalities for recruitment of Family Physicians:

- 2002 hospital requested support for specialty physicians, (tours & family integration)
- Volunteer only until 2008; staff hired to provide dedicated focus for family medicine
- 2012 formalized relationship with hospital
- Funded by Orillia, Severn, Oro-Medonte, Rama and until 2017 Ramara.

²⁷ <https://www.saugeenshores.ca/en/news/three-new-doctors-to-saugeen-shores.aspx>

Review 2020, assisting four (4) Family Physicians with retirement planning (working with eight (8) candidates); twenty-two (22) new Family Physicians and more importantly retained since 2009. Candidates were sourced through medical learner program and those with community connection.²⁸

Kawartha Lakes Health Care Initiative

In 2003, the City of Kawartha Lakes recognized the need for Family Physicians in their community. A volunteer municipal committee was established to address this need. This committee evolved to become the Kawartha Lakes Health Care Initiative (KLHCI) a registered non-profit, charitable organization. KLHCI recruits and retains Family Physicians to work in Kawartha Lakes. They conduct research and provide public education, outreach, and advocacy services in addition to employing a fulltime Physician Recruiter who is jointly funded by the municipality and the local acute care hospital, Ross Memorial in Lindsay. Funding is a 60/40 split between the organizations respectively.

Current support of medical services includes:

- Annual municipal funding totalling more than \$85,000 to the Kawartha Lakes Health Care Initiative (KLHCI) supporting Family Physician recruitment.
- Annual funding of more than \$106,000 to the Victorian Order of Nurses (VON) to support two full-time Nurse Practitioner positions, one in Lindsay and one in Kirkfield.
- The provision of no-cost use of City owned facilities in Coboconk and Kirkfield.²⁹

2021 budget line for Family Physician recruitment was \$50,000, plus a reserve of \$172,500.³⁰

*February 2021, The **Kawartha Lakes Health Care Initiative (KLHCI)** shared the needs facing the community of 14.5 Family Physicians, representing a gap of 33% of residents without a physician locally. In the spring of 2020, Dr. X was recruited and began practice at the Community Health Centre. All physicians have moved to offering virtual care by telephone and/or video in addition to in person care. A virtual tour will be developed to allow ongoing recruitment during the pandemic.³¹*

Lambton County

Blue Coast Primary Care - Recruitment & Retention (formerly the Physician Recruitment Taskforce of Sarnia Lambton) was formed to combat the severe shortage of Family Physicians in the Sarnia Lambton Area.

²⁸ <https://www.orillia.ca/en/city-hall/resources/Treasury/201119---Budget-Committee-re-Agencies-Boards-and-Committees.pdf>

²⁹ <https://www.kawarthalakes.ca/en/news/council-backs-grant-program-for-doctors.aspx>

³⁰ <https://www.kawarthalakes.ca/en/municipal-services/resources/Budget-and-Finance/2021-Proposed-Capital-Budget-Book.pdf>

³¹ <https://www.kawarthalakes.ca/en/news/kawartha-lakes-budget-discussions-continue-with-agency-and-department-goals-and-requests-for-2021.aspx>

Since its inception in 2001, Blue Coast Primary Care has recruited 35 Family Physicians and assisted with the recruitment of many specialists. They evolved to a non-profit organization dedicated to marketing Sarnia Lambton to prospective Family Physicians and their families.

They employ a Physician Recruiter which the city of Sarnia has been funding for years, including \$80,000 in 2021.

Renfrew County

In the late 90's, local health, business and government leaders recognized the community need for more Family Physicians. Currently, one of every seven residents in Admaston / Bromley, Greater Madawaska, Horton, and the Town of Renfrew does not have a Family Physician.

Renfrew recognizes that every Ontario community has a similar problem and competition for Family Physicians and other healthcare workers is fierce and the following are contributing factors:

- Many potential recruits are being offered financial incentives to move to a community since many graduates with large debt loads.
- An additional dimension to the challenge is that families and businesses will not move to our area if they cannot ensure that they will have a family doctor.

Renfrew & Area Health Services Village Inc. was created in 2010 to proactively attract physicians and other healthcare workers to our area. This organization is governed by a volunteer board comprised of the heads of council of the supporting municipalities of Admaston / Bromley, Greater Madawaska, Horton, and Renfrew plus representatives from local business, the Renfrew Industrial Commission, local physicians, and Renfrew Victoria Hospital.

The goal is to attract 14 new physicians in 10 years; enough doctors to take care of current and future needs for a generation. Administrative expenses are funded by the supporting municipalities of Admaston / Bromley, Greater Madawaska, Horton, and Renfrew.

100% of donated funds will be used to encourage Family Physicians practise in Renfrew & Area.³²

Joint Physician Recruitment and Retention Committee (JPRRC), Advisory Committee The Blue Mountains

In the fall of 2019, the JPRRC sent letters to all participating municipalities requesting that they consider making a provision of upwards of \$25,000 to support the activities of the committee. From the five requests, the communities of Clearview and The Blue Mountains committed \$25,000 each. Collingwood, given it does not currently have an ability to add FHO spots except on a direct replacement basis has placed this request on hold and understandably so.

Grey Highland and Meaford Municipalized declined stating that they currently provide the following funding regarding Family Physicians:

³² <https://www.renfrewareahealthvillage.ca/index.php?ck=aboutus>

- Grey Highlands provide \$50,000.00 per year which is a lease agreement that terminates March 31st, 2026, and covers services for Senior programs and shared community space. There appears to be no specific component relating to Physician Recruitment, nor has Physician recruitment been mentioned in an annual report over the last decade.
- Meaford provides \$25,000 per year which is paid to the Don Bumstead and Family Medical Centre, and which expires in 2023 and covering annual building costs. There are no specific funds dedicated for the recruitment nor retention of Family Physicians. Effective November 4th Meaford tendered their formal resignation.

Building on a Staff Report authored by Chair Porter in July 2021 in consultation with Shawn Everitt, CAO, The Blue Mountains, a review of Ontario municipal Physicians and Retention Committee governance structures revealed the following common themes:

- Municipal and or Hospital funding sources to support a Physician Recruitment resource
- Active engagement from their local acute hospitals and Family Physician community
- An ability to independently raise donations and other sources of funding
- External partners such as local businesses
- Employment of full or part time Family Physician Recruiters/Co-Ordinator
- All have an established working relationship with the Rural Ontario Medical Program
- Have recruited and retained new Family Physicians resulting in a lower ratio to per 1,000 population

Given the current terms of reference has the provision for additional community members which are currently vacant, it remains that given the above examples that the JPRRC transition from an Advisory Committee of the TBMs Council to an independent governing body and utilize existing vacancies to engage representation from local health care providers.

Future of the Joint Physician Recruitment and Retention Committee:

The current representation of the committee is all elected municipal officials with one (1) community member who is the Chair, (volunteer and subject matter expert), representing most if not all the municipalities in the South Georgian Bay area. While the Committee has taken steps to communicate and engage the advice of health care practitioners and experts in the area, representation of that group would help guide the committee in its deliberations and recruitment of new Family Physicians. This added membership will be problematic within the existing structure of an advisory committee to council.

In addition, like many other communities who have seen net new additions to Family Physicians in their respective catchment areas, the committee should seriously consider engaging the services of a professional recruiter who can take on the role of implementing a recruitment and retention plan for the region.

It is recommended that:

- The JPRRC progress to a new governance structure which will enable it to operate independently across the region, access funds to action and deliver tangible results, reporting to a regional group such as the South Georgian Bay Mayors and CAO Committee
- Any new governance structure be supported beyond an elected term, i.e., at least the next ten years to address the immediate, known future retirements and future population growth
- The terms of reference of the JPRRC be amended to allow for the:
 - Required governance structure,
 - Participation of the respective acute care hospitals and Family Physician community
 - Other representatives from the region who have experience and knowledge of physician recruitment and needs in the catchment area.

In the absence of municipal and or county support and or funding the Region will continue to experience in intensification in this urgent issue, and after-hours clinics as local Emergency Department wait times for the unattached and others seeking primary care on a timely basis will only continue to grow.