

## **Purpose of the Physician Recruitment and Retention Strategy**

The stated purpose of the strategic planning discussion exercise is to “recognize the importance and uniqueness of the Joint Municipal Physician Recruitment and Retention Committee (JMPRRRC) and to guide the JMPRRRC in addressing the future family physician recruitment and retention needs of our collective communities”.

### **EXECUTIVE SUMMARY**

The Town of The Blue Mountains' Joint Municipal Physician and Recruitment Committee (JMPRRRC) was created in the spring of 2019 and held their first meeting in June of that year with the goal of having neighbouring municipalities within Grey and Simcoe Counties join to regionally address an ongoing shortage of family physicians.

During the spring and early summer of 2020, invitations by means of individual council deputations, were extended to the Town ship 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 representatives from the participating communities including elected officials.

Therefore, the JMPRRRC currently includes the municipalities of The Blue Mountains, Clearview, Grey Highlands, Collingwood and Meaford which are in geographic proximity to and represent a significant patient catchment area of Grey Bruce Health Services and Collingwood Marine and General Hospital. **[Members and participating contributors will be listed in an appendix]**. Other communities in Grey and Simcoe Counties do not participate with the JMPRRRC in physician recruitment retention activities.

### **One of the Mandates of the Joint Municipal Physician Recruitment and Retention Committee is to:**

1. Undertake strategic planning, program development, implementation and evaluation of initiatives for the recruitment and retention of new and existing Physicians, medical student locums and/or resident physicians within the area served by the Committee membership catchment population by support of Councils of participating towns or municipalities.

**A strategic recruitment plan is part of a well-designed medical staff development plan encompassing...**

- Physician Alignment
- A Community Needs Assessment (i.e. Community survey)
- Population Analysis
- A Five-Year Strategic Plan
- Input From Key Stakeholders
- Metrics And Benchmarks To Analyze Effectiveness

**Steps to a Strategic Recruitment Plan**

- Conduct physician needs analysis
- Determine organizational goals and needs
- Secure Community and Councils approval
- Recruit and hire physicians that fit
- Measure your success

**SWOT Analysis**

Since its inception, the JMPRRRC has followed up with a number of interested Family Physician candidates for the Town of The Blue Mountains, however, to date have been unsuccessful in recruiting one. During the process, the JMPRRRC Chair has identified a number of strengths, weaknesses, opportunities and threats.

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Rural lifestyle, recreational, cultural with ease of urban access</li> <li>• Multi-community approach to physician recruiting:</li> <li>• Pooling financial resources. (i.e. strength in numbers)</li> <li>• Avoids duplication of efforts across communities</li> <li>• Avoids local competition: potential recruits do not look at this area as having distinct small communities</li> <li>• Transparency among member municipalities</li> <li>• A consistent marketing approach, brand, image or perception</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of appropriate or turnkey medical office space for new physicians</li> <li>• No consensus on financial commitment from all communities in partnership</li> <li>• Perception of jurisdiction overlap with hospitals (Collingwood and Grey Bruce)</li> <li>• Established practices are or may be full (lack of intake capacity for new recruits)</li> <li>• Lack of spousal/partner employment opportunities</li> <li>• Inconsistent affordable housing</li> <li>• Childcare availability</li> <li>• Lack of data to demonstrate volume of orphaned patients</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Physician Recruitment Website</li> <li>• A Physician Recruiter to oversee and ensure participation in the annual recruitment fair at Ontario medical schools, collaborate with the Rural Ontario Medical Program (ROMP) which is a learner placement program for Ontario's six (6) Ontario medical universities</li> <li>• Host in collaboration with the respective community customized visits for prospects to promote the assets, and practice opportunities available</li> <li>• Establish and maintain relationships with Ontario Post Graduate Medical Programs, i.e. Discovery Week activities in June 2021</li> <li>• Engagement of acute care facilities</li> <li>• NRRR funding</li> <li>• Enhanced partnerships with Acute Care hospitals Health Force Ontario, ROMP and other organizations</li> <li>• Align with local and regional economic development resources</li> <li>• Explore broader partnerships with Counties and other regional recruitment programs</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistent approach and funding for recruitment and retention efforts</li> <li>• Competition from neighbouring regions who have established and sophisticated physician recruitment and retention programs</li> <li>• Perception that physician must locate in specific community to serve public needs</li> <li>• Limited or no allocated municipal funds</li> <li>• Increased permanent population arising from remote working and parallel residential development</li> </ul>

## Situational Analysis

There are approximately xx family physicians in the participating communities and xxx unattached patients. The JMPRRRC is in the process of determining the number of practicing family physicians as well as those who are planning to retire during the period from 2021-2030. The new and next generation, of family physicians will typically seek a practice size in the 1,000-1,200 patient range and may even operate on a part-time basis, whereas their predecessors would maintain 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 physician who retires, the equivalent of 1.5 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.

## PROVINCIAL GOVERNMENT PROGRAMS

### Ontario Health Teams<sup>1</sup>

Ontario Health Teams are a new model of integrated care delivery that will enable patients, families, communities, providers and system leaders to work together, innovate, and build on what is best in Ontario's health care system.

- Through this model, groups of health care providers will work together as a team to deliver a full and coordinated continuum of care for patients, even if they are not in the same organization or physical location.
- As a team, they will work to achieve common goals related to improved health outcomes, patient and provider experience, and value.
- The goal is to provide better, more integrated care across the province.

This new model of care is called Ontario Health Teams (OHTs). Ontario Health Teams are groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population.

### Components to Ontario Health Teams

There are multiple components to the Ontario Health Team model:

1. Patient Care and Experience
2. Patient Partnership and Community Engagement
3. Defined Patient Population
4. In-Scope Services
5. Leadership, Accountability, and Governance
6. Performance Measurement, Quality Improvement, and Continuous Learning
7. Funding and Incentive Structure
8. Digital Health

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. Under Ontario Health Teams, health care providers (including hospitals, doctors and home and community care providers) work as one coordinated team - no matter where they provide care.

---

<sup>1</sup> [http://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/oht\\_intro\\_webinar\\_en.pdf](http://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/oht_intro_webinar_en.pdf)

According to the Ministry of Health and Long Term Care website, currently the Township of Clearview and the Town of Collingwood are included under Collingwood. The Municipality of Grey Highlands, the Town of The Blue Mountains and the Municipality of Meaford are included in the Grey Bruce application.

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

### Local Health Integration Networks

The Ministry of Health and Long-Term Care established 14 regions or Local Health Integration Networks (LHINs) in 2006 and will transition to 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. The 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 (UAP). The UAP was 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. The program was revised to "level the playing field" for disadvantaged communities in remote and northern communities that did not have proximity to larger urban centres. The NRRR initiative offers taxable financial incentives to each eligible physician who establishes a full-time practice in an eligible community in the province. The grants range between \$80,000 and \$117,600 and are paid over a four-year period.

### 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.

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

**Grey Highlands to Owen Sound, 40 min** (46.2 km)

**Meaford to Owen sound 26 min** (29.8 km)

**The Blue Mountains 16 min** (17.1 km)

**Clearview to Collingwood 20 min** (20.0 km)

### **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, we are not accepting applications for Family Health Teams.<sup>2</sup>

### **Health Care Connect**

The Ministry of Health established “Health Care Connect” a database designed to help Ontarians find a family health care provider. However, one cannot have an assigned Family Physician and be added to the Health Care Connect database to obtain a new physician in an area they have moved to or are considering moving to.

---

<sup>2</sup> [http://www.health.gov.on.ca/en/pro/programs/fht/fht\\_understanding.aspx](http://www.health.gov.on.ca/en/pro/programs/fht/fht_understanding.aspx)

## Physician Recruitment - Models and Incentives

Many communities in Ontario provide physician recruitment services through the municipality, economic development offices, in partnership with hospitals or as standalone agencies. Physician recruitment models vary depending on community needs, resources and local support. There are a variety of incentives offered by Ontario communities as standalone or as augmentations for provincial programs. The Province of Ontario has indicated that there are no plans to restrict communities from offering incentives. With the introduction of FHTs, many communities addressed current needs for family physicians and are re-evaluating programs with many focused on retention and future retirements. The following are some examples of programs offered by neighbouring communities.

Community	Delivery Model	Community Incentives	NRRR	Notes
Wasaga Beach	Economic Development Office (Labour Market Specialist)	\$65,000 for capital equipment for new physician, over 5 years in return for 5 year commitment	Not eligible	
Southern Georgian Bay	Physician Recruitment Committee	Community Incentives eliminated in 2013  Relocation \$4,000 for moving costs funded	TBD	40 physicians recruited since 2009.  Part-time staff recruiter.
Bruce Power partners with Saugeen Shores and Kincardine	Joint steering committee	\$35,000 annually by each municipality		28 physicians since 2010 Full time physician recruiter

## Physician Supply, Distribution

Family medicine is the main primary care medical specialty in Canada. It focuses care on the individual within the context of the family and the community. Family physicians (refers to both family physicians and general practitioners) deliver services across the entire spectrum of care, regardless of patient age, sex or condition. Public polls repeatedly confirm how highly the people of Canada value family doctors for their roles in caring for them.

While family medicine may seem the most “general” of the specialties, it is in fact, a precise discipline, integrating a unique blend of biomedical, behavioural and social sciences, while employing a diverse range of cognitive and procedural skills.

The family physician is often called upon to deal with undifferentiated clinical problems presenting at an early stage. In addition to acute disorders, which are sometimes life-threatening, there is a high frequency of chronic diseases, emotional problems and transient illnesses.

Family physicians deliver care across a wide spectrum of settings, including their offices, hospital, long-term and other health care facilities and the patients’ homes. The close, long-term physician-patient relationship that is established, the diversity in the work and the variety of practice opportunities offered by family medicine are some of the main factors that attract physicians to this specialty.

Family physicians also play an important role in health promotion and illness prevention, coordinating care with other specialties and health professionals, and advocating on behalf of their patients with respect to the care and services they need in all parts of the health care system.

In 2018, Ontario had 14,747 Family Physicians representing 103 Physicians per 100,000 population.<sup>3</sup>

## Population and Physician Need

Please find below **Table 1** outlines Health Analytics Branch, MOHLTC and local knowledge estimates that an additional nine (9) physicians will be needed to provide care, to unattached patients in the respective areas. There is no one definitive source of information and Health Care Connect data underestimates the number of residents looking for a Family Physician.

Limitations to this data include:

- Recent population growth
- Potential Physician retirements
- Roster size is an average as opposed to the mean which is the most frequently used measure of central tendency and generally considered the best measure of it. This is unfortunate as it would have provided us with the most common patient roster.

**Table 1: Health Analytics Branch, MOHLTC Estimate of Physician Need**

CSD name	OHT	POPULATION <sup>1</sup>		NOT ROSTERED	# Enrolled to SEGCHC <sup>3</sup>	Total not Rostered <sup>4</sup>	Average Roster Size <sup>5</sup>	# Additional Physicians Required <sup>6</sup>	# FPs Nov 2020	# NPs Nov 2020
Meaford	Grey Bruce	12,670	10,480	2,190	61	2,129	903	2.4	5	
Grey Highlands	Grey Bruce	8,630	6,290	2,340	3,424	-1,084	1,318	N/A	6	9.4
The Blue Mountains	Grey Bruce	8,830	7,320	1,510	32	1,478	980	1.5	3	
The Blue Mountains	South Georgian Bay						826	0.0	3	
Clearview	South Georgian Bay	16,490	13,620	2,870	114	2,756	1137	2.4	10	
Collingwood	South Georgian Bay	24,450	20,800	3,650	16	3,634	1151	3.2	28	
<b>Area Total</b>		<b>71,070</b>	<b>58,510</b>	<b>12,560</b>	<b>3,647</b>	<b>8,913</b>	<b>1,053</b>	<b>8.5</b>	<b>55</b>	<b>9.4</b>

## Marketing and Communication

There is a need to strategically promote our towns/municipalities as desirable places to set up a family practice.

### Audience

It is important to define and understand our target audience(s), as this affects how respective towns/municipalities are promoted the community. For example, younger physicians are now placing greater emphasis on work/life balance. Therefore, highlight working at clinics or hospitals in your community (if it is the case) maybe appropriate, in addition to speaking to the range of recreational/cultural and children's' activities available in the community.

### Primary Audience

- Graduating Family Medicine residents in Ontario looking for locum and full-time opportunities
- Family Medicine residents in Ontario (all years)
- Medical students

<sup>3</sup> 2018 Canadian Medical Association (CMA) Masterfile

## **Secondary Audiences**

- Practising Family Medicine physicians in Ontario looking

## **Potential Marketing Partners**

Need to identify the most willing and able to add value and expertise to our marketing efforts. Some of the partners often involved on physician recruitment and retention committees include:

- Physician Champions
- Chambers of Commerce Senior Staff and/or Board Members
- Municipal Senior Staff and/or Elected Officials
- Key Hospital Staff, such as Medical Affairs Officers and Chiefs of Staff;
- Family Health Team and Network Leaders
- Business Leaders
- Community Development Leaders
- Economic Development Officers
- Educational Partners (Colleges, Universities, Training Board, etc.)
- Tourism Partners
- Service Clubs
- Volunteers with community spirit
- HFO MRA Regional Advisors (i.e. Jane Tillmann and Michelle Laing)

## **Channels of Communication**

Given the challenges presented by COVID 19 there has been an accelerated move towards the virtual world being used for personal interaction, job fairs and E digital promotional material.

E digital promotional materials allow for targeted audiences to immediately have visible and downloadable access to information of interest to them. The electronic information could include copies of the same materials provided on paper, but with links to community and employer web sites embedded in the documents to make it easier for the potential candidates to access additional information. Additionally, you could include videos about the community or organization and testimonials from other physicians who have chosen to practice in the community or from families who live there.

## **Web-Based Promotional Material:**

A website or dedicated page where potential candidates can get information about practice opportunities and communities is increasing becoming an essential communication tool. The good news is thought is that most of the information potential recruits seek already exists in various forms on the Internet and doesn't need to be replicated. Often it's most effective to simply provide a single address within other marketing materials or on existing branded promotional items. The web address can direct the targeted audience to a simple or complex site, depending on your resources and capacity to produce a web site. It could be a freestanding site or a page on a municipal site with links to other resources such as school boards, real estate, medical practices, etc. The information can be as simple as what is included in paper-based handouts, but the medium enables you to include more complex and interactive content (video, social media, etc.) to provide more comprehensive details about the practice opportunities and community.

## **Metrics**

Key benchmarks and recruitment metrics underpin informed decisions about how, — and how much — to invest in building an efficient, effective recruitment and retention program.



High turnover in the early years of a practice is costly, given the investment in recruitment, relocation and practice start-up. Measuring these costs and investing in prevention of turnover can create a competitive advantage.

**Key metrics may include:**

- Contact conversion rate
- Cost per hire (i.e. advertising, job fairs, recruiter, etc.)
- Sourcing channel
- Turnover rates
- Website traffic

**Actions Recommendations:**

The JMPRRRC in progressing their Physician Recruitment and Retention Strategy needs to consider actioning the following:

1. Conducting a survey of local residents and Family Physicians for the purpose of identify the following:
  - Current need for Family Physicians;
    - Engage local lead physicians in the respective towns/municipalities regarding the resident surveys
  - Future need for Family Physicians arising from planned or anticipated retirements<sup>4</sup>.
2. Development of a job description for posting on Ontario Health Force <https://hfojobs.healthforceontario.ca/en/> for each town/municipality
3. Members to track the number Physician inquired received including names and actions undertaken.
4. Development of a dedicated section for Physician Recruitment on towns/municipality websites
5. Development of a E Digital Physician Information Booklet. Table of Contents may include:
  - Overview of the respective Town or Municipality
  - Recreation and Cultural landscape
  - Preschool to high school programs, schools and activities
  - Local acute care providers overview with privilege application process, opportunities such as ED, OBS, Anaesthesia, and annualized volumes etc.
  - Family Health Organizations and their respective high level requirements
6. Development of a Physician Recruiter job description

---

<sup>4</sup> It is worth noting that a retiring Family Physician will typically maintain a practice much larger than recently graduated Physicians are willing to accommodate, compounding the required number of new physicians needed to replace them.