



Briefing Note on Family Physician Recruitment – Chatham-Kent

Primary care is the backbone of healthcare. Primary care providers act as the first point of contact for patients. Chatham-Kent currently has 32,421 unattached patients. This number continues to grow as our region experiences retirements and relocations.

Statistics – Ontario, Southern Ontario & Chatham-Kent

- Chatham-Kent needs approximately **45 Family Physicians**
 - **32,421 unattached patients (29%)** – need **21 Family Physicians** to take on the unattached (assuming each physician rosters 1500) – **this has increased from 2023 (20%)**
 - **16 current job opportunities** within the CKCHC, CKFHT, TFHT, TDFHT
 - **11 family physicians** near retirement age
- For comparison surrounding Chatham-Kent - Middlesex London needs **70** Family Physicians; Sarnia Lambton needs **16** Family Physicians
- 2.5 million Ontario residents do not have a primary care provider and that figure is expected to rise beyond 4.4 million patients with no doctor in less than two years.

Misconceptions about Recruitment

- FHT/FHO do not have dedicated staff OR funding for physician recruitment
- CKHA are not recruiting family physicians to the community. Their focus is on specialists and ensuring their programs at the hospital do not close (i.e. Hospitalist program, ER, etc.). However we do work closely with hospital to advertise their postings when at job fairs.
- Budget/resource constraints limit the CKOHT's to further support recruitment efforts

Recruitment Cycle

- **Recruitment is not a short game but a long game!**
- Takes 8-18+ months to recruit a doctor based on the timing of their:
 - Schooling (4 years)
 - Training (2 years)
 - Licensing (4-5 months)
 - Immigration (1-2 months).
- **FM Residents** – recruitment fairs (usually hosted by their location/school) – access to 1st and 2nd year family medicine residents (**this is where we build the Chatham-Kent brand – Live your life 360 in Chatham-Kent. Enjoy a rewarding professional life and a fulfilling personal life in Chatham-Kent!**)
- **Practicing Family Physicians** - very small network of candidates
 - They attend education conferences, this is where we will find them! (booths at event)
 - May receive referrals from their network
- **It can take up to 7 encounters to truly engage a candidate**



Recruitment Barriers & System Issues Hampering Family Physician Recruitment

- **Family Medicine Physician shortages**
- **Competition** - from other communities in Ontario and across Canada
- **Long recruitment cycles** – from sourcing candidates to credentialing and onboarding can take several months to years depending on where they are in the medical career
- **Candidate preferences** - Physicians often have specific preferences regarding practice settings, patient populations, geographic locations, work-life balance, and compensation.
- **Credentialing and Licensing Requirements** - Navigating these requirements can be time-consuming and cumbersome, especially for candidates moving across provincial lines or from overseas
- **Generational Differences** - Different generations of physicians may have varying preferences and priorities regarding their careers. For example, younger physicians may prioritize work-life balance and technology integration, while older physicians may prioritize autonomy and traditional practice settings.
- **Geographic Challenges** - Limited amenities, cultural differences, and concerns about professional isolation may deter candidates from relocating to rural areas
- **Compensation Expectations** - Balancing income expectations with budget constraints (incentives) can be a challenge for recruiters, especially for those recruiting to smaller practices, or those in rural areas.
- **Incentives** – some communities are offering financial and other incentives. IMG's – choosing communities that offer incentives that fit with their needs
- **Spousal support** – many physicians are asking/looking to ensure their partners can find fulfilling work in the community.
- **Provincial recruitment systems** – Other provinces have provincially funded/organized primary care recruitment teams
- **Canadians training abroad have a better chance of matching in the US** – majority are getting residency placements in the US and after graduation are offered lots of money to stay and practice
- **Unstable compensation rates for Family Physicians** – Family Physicians are paid through a complicated billing system with multiple payment models. These models have created income disparity among physicians doing similar work. Raise increases have not gone up relative to inflation nor the cost of running a practice. Comprehensive patient care complexity is higher.
- **Lack of managed centralized specialist system** – Time needed to 'chase' referrals that are not responded to; time needed to connect with other physicians to find who will take new patients.
- **Too many administrative tasks** – many physicians do not want to be entrepreneurs, as office administration and building maintenance tasks are often stressful time-consuming
- **High staff turn-over rate** – Family physicians are not able to compete with hospitals in regards to hourly wage, benefits, and pension. It is common for staff to leave for hospital jobs when the opportunity arises. Quite time consuming and costly to interview, hire and train someone only to have them leave shortly after being hired.
- **Lack of experience with digital systems adoption** – Digital tools are continually being developed and available for primary care but many physicians do not have the experience, bandwidth, or knowledge to adopt these, needing more digital and financial support to use these tools successfully.



Physician Recruiters in Ontario have a very diverse role and skillset and funded by different organizations throughout Ontario. These organizations can range from Municipal government departments such as Economic Development or Public Health Units to Chamber of Commerce, Family Health Teams, or Hospitals. Recruiters can range from full time to part time consultants/contractors or staff.

Southern Ontario – How other community recruiters and programs are funded

Within SOPRA here is how other communities are funded for physician recruitment:

Community	Municipal Funded	Details
Kincardine	Yes	100% funded by municipality (21 hrs per week) plus recruitment costs
Hamilton	Yes	41% funded by municipality (City of Hamilton has their contribution built into their budget under Public Health)
Woodstock	Yes	100% funded by municipality (specifically for family physicians). Part-time staff with Economic Development.
Wellington Healthcare Alliance	Yes	Receive financial support from 5 municipalities for recruitment. Hospital employee.
St. Thomas/Elgin	Yes	100% funded through the county and the city - the city pays 40% and the county 60%. TOTAL budget for the year is \$195,000.00
London	Yes	Funded by City Council, the hospitals, LEDC (the economic development corporation), and the LMPCA in kind, which is the primary care physician group.
Huron-Perth	No	funded by hospital, but rural hospital foundations do support with the financial incentives for new comprehensive family physicians
Sarnia	Yes	main municipal funder actually committed to 4 years of funding last year, which has been highly beneficial for long-term planning
Cambridge	Yes	60% municipal funded (was in budget line with Economic Development). Now has to apply every year. Funds for recruiter and recruitment costs.
Niagara Region	Yes	100% levy from the Regional Municipality under the Public Health Umbrella and 5 of the 12 local area municipalities have their own regional budgets to offer incentives
Listowel and Wingham	Yes	funded by a combination of multiple municipalities

Current Initiatives

In March 2023 - the CPSO created an amendment for US, UK, Ireland, and Australia Board Certified Physicians. They can now apply directly to the CPSO for a license to practice family medicine without supervision or writing additional exams.

- Now Canadians who trained abroad can come back to Canada to practice without having to write additional exams. This is a huge improvement!
- **In Fall 2023 an alliance was created called the Southern Ontario Physician Recruiters (SOPRA)**
- SOPRA is a membership driven organization with the primary objective being to create awareness of practice opportunities in Southern Ontario and to create a lead platform to share resources and marketing collaboration and enhance physician HHR data for planning purposes.



- We are significantly enhancing our recruitment efforts to include improving working relationships with our local family medicine residents while simultaneously enhancing our global repatriation of Canadians studying abroad and the attraction of doctors across the UK, US, Ireland and Australia.
- The past 12 months have been a period of significant growth from a concept to 5 separate alliances and one overarching organization (Ontario Physician Recruiters Alliance) to support the work of physician recruiters across Ontario.
 - Southern Ontario Physician Recruitment Alliance (SOPRA)
 - Eastern Ontario Physician Recruitment Alliance
 - Central Ontario Physician Recruitment Alliance
 - North Eastern Physician Recruitment Alliance
 - North Western Physician Recruitment Alliance

SOPRA 2023/2024:

- We have attended over 10 career fairs across UK and US
- Our database now has just over 844 leads from all events/job portal/advertisements/individual efforts.
- We continue to strengthen relationships with local and regional family medicine residency program/residents

Future Planning of SOPRA 2025:

- Our job board is evolving into a provincial site as we include others across the 5 alliances. This will assist in communicating with recruiters across Ontario and draw additional exposure to SOPRA's postings through the advertising efforts of all 5 alliances.
- Continue to look for other recruitment fairs to attend and increase our social media exposure
- With the establishment of OPRA, we are in a stronger position provincially to advocate for changes in the system through this level.

Proposed Chatham-Kent Family Physician Recruitment & Retention Task Force Budget Breakdown

- Marketing/Advertising - \$5,000 - \$10,000
- Recruitment Fairs - \$15,000 - \$25,000 (as part of SOPRA member, attend 1-2 international events)
- Learner Engagement - \$10,000 (medical students and residents)
- Retention Events - \$10,000 - \$12,000 (for current family physicians)
- CK Task Force expenses - \$42,000 (recruiter role and administrative costs)

- Proposed above budget \$82,000-\$99,000 with a part-time physician recruiter. If a full-time recruiter position is desired, then the cost would increase.

Would like to see municipal funding for the CK Physician Recruitment & Retention Task Force operating budget (including recruiter role) and possibly another fund that would just provide physician incentives. It could be a fundraising goal, or have local business sponsor the task force specifically for physician incentives. The incentives can be financial and/or other options the community think they could provide for new physicians in our community. The funds could be divided over a return of service agreement).



Proposed Physician Incentives for Chatham-Kent Family Physicians:

- \$65,000 - \$100,000 incentive fee for new physicians coming into Chatham-Kent for a full-time clinic
- Return of service agreement – 5 years (if physician leaves before the ROS then a percentage of the money would have to be repaid)
- Anywhere from 3-12 months of rent and/or overhead costs. This would allow the physician to onboard their patients and build their roster.

Other Suggestions:

- Waive taxes for 1st year for their place of residence and/or office setting
- Support to find the spouse work
- Build up our soft incentive program to welcome them to the community
- Legal services; accounting services; subscriptions (i.e DoctorCare) pay for a certain period of time

Physician Recruitment Incentives Across Ontario

Please click on the above link for a document that was created by one of my SOPRA colleagues for physician incentives per community (it includes the source).

Further Information on FHT's and FHO's:

Family Health Teams

Family Health Organizations

- For information regarding physician challenges, the following is taken from this article:
[Family medicine has become more complex](#)
- This new funding model is a welcome change to the current fee-for-service compensation that worked when 10-minute appointments were adequate to manage patients who came in for a single issue. Today's patients are different: they are living longer and, as such, are developing comorbidities. Similarly, with the exponential increase in medical knowledge and advancements in technology, the scope of family medicine has also changed and become more complex, as has the health care system. In fact, evidence shows that family physicians are providing more services per patient than ever before, which means family physicians are seeing fewer patients and are only able to bill for a portion of the time they spend caring for them. The cumulative impact of all of these issues is fewer medical students choosing family medicine as a career.
- Yet, the cost of running a business—rent, overhead, supplies, and staff—is increasing. Referencing data from the Canadian Medical Association and the Canadian Institute for Health Information, the CFPC notes in its position statement on remuneration that “as of 2017 approximately 28 per cent of family physicians’ gross income goes toward overhead costs,” making family medicine the lowest paid medical specialty in Canada.
- OMA – [Stop the Crisis](#) - Ontario's doctors' solutions to stop the crisis in health care