



Motion

Councillor Anthony Ceccacci

Re: Support of Primary Health Care Access Points and Physician Recruitment

“That Chatham-Kent support primary care access points and physician recruitment in the following ways:

- 1. To establish a Primary Care Family Physician Incentive reserve, of \$140,000 annually or \$420,000 total for the remainder of the 2024-2027 Multi-Year Budget, funded initially by a transfer of \$420,000 from the Strategic Reserve and base funding be considered by the next Council in the 2028-2031 Multi-Year Budget.**
- 2. That the Primary Care Family Physician Incentive reserve be made available to Primary Care organizations in Chatham-Kent (CKFHT, CKCHC, TVFHT, TDFHT) for the purpose of providing practice incentives to newly established primary care physicians in Chatham-Kent, for up to \$25,000 per physician recruit where no additional community grants are available, and \$15,000 per physician recruit where community grants are available, or, in exceptional circumstances, directly to new physicians who establish solo practices in Chatham-Kent outside of the four named primary care organizations above.**
- 3. That the Primary Care Family Physician Incentive reserve may also be made available to those same organizations to apply for up to \$20,000 once every five years, as a matched grant to support capital funding or new builds/renovations that are for the express purpose of expanding clinical space to accommodate new physician offices in primary care across Chatham-Kent.**
- 4. That the CAO and General Manager of Development Services, or their delegates, be authorized to review and approve applications for grants from this reserve, and that the CAO and General Manager of Development Services be authorized to enter into appropriate agreements with each of the primary care organizations to facilitate the transfer of funds in the above circumstances, and for a process for partial pay-back of physician recruitment grants for services of less than five years given in alignment with**

the current practice of the physician task force, such agreements to be satisfactory to the Director, Legal Services.

- 5. For the Municipality of Chatham-Kent, as both a partner to the Chatham-Kent Ontario Health Team, and community leader, continue to support the work of the Physician Recruitment and Retention Task Force across its departments where appropriate to do so, in particular through the departments of Community Attraction and Promotion, Economic Development (Small Business Centre), and Communication departments in effort to increase the number of Chatham-Kent residents able to access primary care in CK.”**

Municipality of Chatham-Kent
Chief Administrative Office
Community Culture & Connections
Information Report

To: Mayor and Members of Council

From: Audrey Ansell, Director, Community Culture & Connections
Bruce McAllister, General Manager, Development Services

Date: November 18, 2024

Subject: Support of Primary Health Care Access Points

This report is for the information of Council.

Background

At the June 10, 2024, Council meeting, Council voted in support of the following motion brought forward by Councillor Ceccacci:

"Whereas Chatham-Kent is a growing community with an increasing requirement for evolving, expanding and accessible primary health care access points.

And whereas the provincial government has recognized the importance of primary health care access and has taken measures to address systemic issues within the sector, including establishing Ontario Health Teams (OHTs), funding mobile clinics in rural areas, opening additional medical training locations, and reducing the administrative burden on physicians.

Recognizing that Chatham-Kent is in competition with communities across the country to attract primary health care providers and services, be it therefore resolved that Administration investigate and report back on creative ways to support/and or incentivize the development of primary health care access points. The report should provide suggestions/ recommendations for the role of the municipality and consider incentive options with an impact to future budgets."

This report responds to the motion and provides information for Council consideration.

Comments

Primary health care is described by the Canadian Institute for Health information as "routine care, care for urgent but minor or common health problems, as well as mental health care and maternity and child care and is usually provided by a family physician or

a nurse practitioner”¹. In Ontario, the provincial [Ministry of Health](#) sets the priorities and direction for primary care with areas of focus that include:

- Advancing team-based primary care by planning and implementing programs, services and health human resources initiatives at local and regional levels.
- Supporting access to primary care.
- Managing and overseeing contracts and accountabilities for Community Health Centres, Family Health Teams and Nurse Practitioner-Led Clinics.
- Supporting Ontario Health Teams to facilitate the implementation of primary care networks to foster strong primary care engagement and leadership.

In Chatham-Kent, primary care access points include family health teams, mobile and walk-in clinics, as well as via telemedicine options. In recent years, pharmacists in Ontario have been approved to prescribe medications to treat many minor ailments. Increasingly, hospital emergency departments have also become access points to primary care for those without a family doctor.

The local and provincial shortage of family doctors has been well documented and a Chatham-Kent Family Physician Recruitment and Retention Task Force (“Task Force”) was formed in 2020 as a collaborative effort to address the issue. The Task Force has provided the following information regarding the current needs (see Attachment A):

- 2.5 million Ontario residents are estimated to be without a family doctor
- In Chatham-Kent there are 32,421 unattached patients (i.e., not rostered to a family doctor or nurse practitioner)
- Based on current rostering trends (1,500 patients per physician) and potential retirements, Chatham-Kent needs 45 Family Physicians

Healthcare is entirely within the jurisdiction of the provincial government, which continues to work to address sectoral issues such as the burden of administrative paperwork on doctors, overall access for Ontarians to primary health care, and increasing medical training spots. Just recently, on October 25, 2024, the provincial government announced it was expanding “[Learn and Stay Grant](#)” to train more family doctors in Ontario to try and close the gap for people who do not currently have access to a regular health care provider. As part of these new changes, medical schools will be required to prioritize 95 per cent of undergraduate medical school seats for Ontario residents.

Notwithstanding the jurisdiction of health care and the general grey area in terms of where ownership and responsibility for primary care lies, the Municipality of Chatham-Kent has provided support to the health care sector over many years. Council has received information on and financially underpinned efforts to support access to health care and to primary health care, including family doctors, in the following ways:

¹ <https://www.cihi.ca/en/topics/primary-care#:~:text=This%20type%20of%20care%20typically,end%2Dof%2Dlife%20care.>

- Core Grant to the Chatham-Kent Health Alliance to support doctor attraction.
- \$400,000 total one-time funding provided to the Chatham-Kent Family Physician Recruitment & Retention Taskforce (2019–2023). Attachment B – Council Direction and Support of Family Physician Recruitment outlines the various stages of this support.

Actions and Achievements in Chatham-Kent

The summary of achievements of the Chatham-Kent Family Physician Recruitment & Retention Task Force over the four-year funding period were presented to Council on November 15, 2023, by the Co-Chair of the Task Force. The work of the Task Force continued into 2024 as a result of unspent municipal grant dollars carried over from the COVID pandemic era (which restricted activities and outreach) as well as financial support provided by the CKOHT. By the end of 2024, all Task Force funding will have been used.

The Task Force has focused on attraction and retention by promoting the opportunities in Chatham-Kent to qualified doctors as well as to medical students (many with links to Chatham-Kent), and family medicine residents and has also acknowledged the contributions of family doctors practicing in the community. Recruitment is a long game as it can take 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).

The outcomes of the Task Force's work include:

- Recruited 15 Family Medicine doctors from 2020-2023
- 60% recruited from CK Family Medicine Residency Training program
- Incentive payments of \$10,000 per full-time (f/t) and \$5,000 per part-time (p/t) new family doctor recruited to assist with establishing their practice.
- Working to recruit 13 Family Medicine doctors in 2024.

Actions in Other Communities

Actions to address family doctor shortages are typically part of a tri-party collaborative effort spanning community support (sponsorships and fund raising), the health care sector and municipality.

The Chatham-Kent Task Force is a member of the Southern Ontario Physician Recruitment Alliance (SOPRA), an alliance of physician recruiters working collaboratively and pooling efforts and resources. The Task Force has provided information on how communities within SOPRA support and fund physician recruitment (Attachment A – page 3). The chart highlights that the majority of the sample receive municipal funding (in whole or part) towards physician recruitment.

SOPRA has also collated information on direct physician [incentives offered across Ontario](#) and these include items such as: Physician incentives ranging from \$5,000 to \$150,000; Relocation grants; Subsidized or rent-free periods; and Forgivable loans.

Grants and/or incentives are generally offered by municipalities through specifically tailored Community Improvement Plan (CIP) programs under the *Planning Act*. However, based on review, it does not appear that any municipalities in Ontario have created CIP programs to incent the recruitment of physicians. Instead, municipalities that are providing incentives are doing so directly because it is viewed to be in the interest of the entire municipality.

Funding Suggestions from the Task Force

The Task Force has suggested funding options and ideas for support including:

- Municipal funding for the CK Physician Recruitment & Retention Task Force operating budget (including recruiter role).
- 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.
- Municipal funding to grant back the equivalent to 1st year of municipal property taxes for place of residence and/or office setting.
- Support to find the spouse work.
- Build up a soft incentive program to welcome them to the community.
- Legal services; accounting services; subscriptions (i.e., DoctorCare) - pay for a certain period of time.

Information provided on ongoing Task Force financial requirements is outlined in Attachment A and in summary includes:

Total Operating Budget: \$124,000–\$141,000

- Operational costs: Marketing/Advertising, Recruitment Fairs, Learner Engagement, Retention Events; \$82,000–\$99,000
- Staffing – Part-time Recruiter role and administrative costs (Note: costs will increase for a full-time role) - \$42,000

Total Incentives Budget: Dependent on the number of new physicians recruited

- A Physician Incentives Budget for new family physicians coming to Chatham-Kent to establish a full-time clinic. Funding per physician of \$65,000 - \$100,000 with a 5-year return of service (ROS) agreement. If the physician leaves before the ROS then a percentage of the incentive would have to be repaid.
- Anywhere from 3-12 months of rent and/or overhead costs to allow the physician to onboard their patients and build their roster.

Municipal options for creative ways to provide ongoing support

Council tasked municipal administration with finding creative ways to support primary care access points and a number of ideas and options are presented below:

1. Provide a matching grant, to a maximum amount, in collaboration with the CKOHT or other partners to support the operational needs of the Task Force.
2. Formally create a Family Physician Incentives Reserve (FPIR) to allow the Municipality to provide incentive funding directly to family physicians establishing practices in Chatham-Kent, with return of service agreements in place and provisions made to allow for pro-rated incentives based on full/part time work. Community groups may wish to provide incentive top ups from the proceeds of their local fundraising efforts².
3. Provide grants for the construction and/or renovation of new family health team hub facilities³, or for specific equipment requirements.
4. Explore the opportunity to align the work of the Task Force with health care sector workforce initiatives spearheaded by the CKOHT (e.g., HR Working Group), with the potential for the Task Force to become a working group of the Ontario Health Team (as in the [Hills of Headwaters](#) model).
5. Support family physicians and their families in selecting Chatham-Kent as a place to live and in settling and establishing connections to the community through continued support from the Community Attraction & Promotion division.
6. Support family physicians in establishing and running businesses through training offered by the CK Small Business Centre and other community partners.
7. Support the promotional work of the Task Force by leveraging municipal communication and promotion efforts.
8. Explore the potential for municipal contributions to a soft-incentive package.
9. Ongoing advocacy work.

Council Term Priorities

This report supports the following Council Term Priorities:

			
Deliver Excellent Service	Promote Safety & Well-Being	Grow Our Community	Ensure Environmental Sustainability

² The CK Family Health Team has announced [fund raising efforts to attract family doctors to Wallaceburg](#)

³ An example is the new Blenheim Healthcare Hub, where fund raising efforts have already commenced.

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Consultation

The Chatham-Kent Ontario Health Team and the Chatham-Kent Family Physician Task Force provided information to support the preparation of this report.

Communication

Communication is proposed to be through the inclusion of this report on the Council agenda and minutes and a copy will be shared with the Task Force.

Diversity, Equity, Inclusion and Justice (DEIJ)

Health care can be considered a fundamental human right and as such, efforts to support primary health care access achieve and support all DEIJ goals.

Financial Implications

There are no financial implications of this information report. If Council were to approve any specific option presented, a business case would be developed to bring back to a future Budget Update for funding considerations. Council may also access one-time funds from reserves such as the CIP Reserve or Strategic Reserve.

Prepared by: Audrey Ansell M.A., Ec.D., Director, Community Culture & Connections
Bruce McAllister, General Manager, Development Services

Reviewed by:

Gord Quinton, MBA, CPA, CGA, Chief Financial Officer/Treasurer, General Manager
Finance, Budget and Information Technology & Transformation

Michael Duben, Chief Administrative Officer

Attachments:

Attachment A – October 2024 Briefing Note on Family Physician Recruitment

Attachment B – Council Direction and Support of Family Physician Recruitment

C. CK Family Physician Recruitment & Retention Task Force



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

Council direction and updates - family physician attraction and retention work.

Council Meeting	Information
December 17, 2018	<p>https://pub-chatham-kent.escribemeetings.com/FileStream.ashx?DocumentId=1642</p> <p>Council approved the following motion brought forward by Councillor Thompson: “Whereas the rate of general/family physicians in Chatham-Kent is 76.9 per 100,000 population, which is lower than the Eire St. Clair LHIN (92.5 per 100,000), which is lower than the province (109.4/100,000); and Whereas in 2018, Chatham-Kent had approximately 65 primary practice physicians and of these primary practice physicians 25% were between the ages of 55 and 64 and another 17% were 65 and older; and Whereas 62% of primary practice physicians practice in the city of Chatham; and Whereas in 2017 46% of Chatham City Centre and 58.5% of Rural Kent residents reported that their emergency room visit was for a condition that could have been managed by their primary care provider, had that provider been available; and Whereas current data is not available on resident satisfaction with the location of their primary care practitioner in relation to where they live, anecdotal data continues to have residents seeking a primary care practitioner in their local community. Therefore be it resolved that Administration work with the Erie St. Clair LHIN to help fund and reinstate a primary care practitioner recruitment and retention program for Chatham-Kent. And that an upside limit of \$100,000 be submitted to the 2019 budget in support of this program.”</p>
January 31, 2019	<p>During Budget deliberations, Council approved the following motion: “That \$100,000 (one time) be added to fund the Primary Care Practitioner and Retention program and that this be funded from the Strategic Development Reserve #17266 and that the use of the money be explained in a report to Council before utilization of the funds.”</p>
November 4, 2019	<p>Per the motion of January 31, 2019, Council approved the recommendations in a report regarding the use of \$100k of funds: Physician Recruitment and Retention Initiatives</p>
November 23, 2020	<p>Annual update: Physician Recruitment and Retention Initiatives – 2020 Task Force Update</p>
December 6, 2021	<p>Annual update: Family Physician Recruitment and Retention Initiatives – 2021 Task Force Update</p>
January 16, 2023	<p>Annual update: Family Physician Recruitment & Retention Task Force – 2022 Update</p>
November 15, 2023	<p>Presentation to Council on Budget opening night; delivered by Denise Waddick, Co-chair of the Family Physician Task Force regarding the achievements of the Task Force from 2019—2023.</p>